



Office Use: ME

Statement of Committee Organization

1. Statement Information

Date: 01/21/2013
 Type: New Amended (if amending, enter MEC ID C081331 & section changed 2,3,6)

2. Committee Information

Friends of Diehl
 Name of Committee
2404 White Stable Road, Town & Country, MO 63131 (314) 805-3570
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis County Clerk
 Official Committee Email Address County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Dean Plocher
 Treasurer's Name (First & Last)
PO Box 16065, Clayton, MO 63105
 Treasurer's Mailing Address, City, State, & Zip
Jennifer M. Toppins
 Deputy Treasurer's Name (if one appointed)
PO Box 599, Farmington, MO 63640
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) (314) 308-9733 (314) 721-9009
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional) (573) 631-1326 (573) 756-8961
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)
 Additional Committee Officer's Mailing Address, City, State, & Zip
 Connected Organization's Name (if any)
 Connected Organization's Mailing Address, City, State, & Zip
 CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Account Name _____ Account Number _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

John J. Diehl, 2404 White Stable Rd, Town & Country, MO 63131 (314) 805-3570 _____
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08/15/2014 State Rep 89th District Republican Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) - Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

[Signature] [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)