



# Statement of Committee Organization

**1. Statement Information**

Date: 8/20/15  
 Type:  New  Amended (if amending, enter MEC ID C081331 & section changed 2, 3, 5)

**2. Committee Information**

Name of Committee: Friends of Diehl  
 Committee Mailing Address, City, State, & Zip: 2404 White Stable  
 Telephone Number: (314) 863 6200

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**

Treasurer's Name (First & Last): John J Diehl, Jr  
 Treasurer's Mailing Address, City, State, & Zip: 2404 White Stable RD 63131  
 Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Home Telephone Number: (314) 9939449  
 Treasurer's Work Telephone Number: \_\_\_\_\_  
 Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
 Deputy Treasurer's Email Address (optional): \_\_\_\_\_  
 Dep. Treasurer's Home Telephone Number: \_\_\_\_\_  
 Dep. Treasurer's Work Telephone Number: \_\_\_\_\_

**4. Additional Committee Information**

Additional Committee Officers Name & Title (if any): \_\_\_\_\_  
 Additional Committee Officer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
 Connected Organization's Name (if any): **AMENDMENT**  
 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)**

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

Name & Mailing Address, City, State & Zip of Candidate: \_\_\_\_\_  
 Telephone Number (Candidate Committees Only): \_\_\_\_\_  
 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.

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