



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BB SW

Statement of Committee Organization

1. Statement Information

Date: AUGUST 23, 2015

Type: ☐ New ☒ Amended (if amending, enter MEC ID C091206 & section changed 6)

2. Committee Information

PLOCHER FOR MISSOURI

Name of Committee

P.O. BOX 140105 CLAYTON MO 63105

(314) 308-9733
Telephone Number

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

REBELLA SMUGLIA-PLOCHER

Treasurer's Name (First & Last)

12819 WOODVAHEY CT DES PERES, MO 63131

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 494-4204

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

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 for all committees)

N

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

DEAN PLOCHER P.O. BOX 140105 CLAYTON, MO 63105

Name & Mailing Address, City, State & Zip of Candidate

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Telephone Number (Candidate Committees Only)

NOVEMBER 3, 2015

Election Date

STATE REPRESENTATIVE 89TH

Office Sought & Political Subdivision

REPUBLICAN

Political Party

SUPPORT

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.

Dean Plocher
Committee Treasurer

1/11/10
Candidate (Candidate Committees Only)