

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

Office Use:
( 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

## **Statement of Committee Organization**

1	Statement Information			
	Date: NOVENNIBUR 23, 2015			
	Type: New Amended (if amending, enter MEC ID CO	9 1 206 & section ch	anged)	
2.				
	PLOCHER FOR MISSOURE			
	Name of Committee	1210		
	P.D. BOX 16065 CLAYTON MISSOURI	<u> 65105</u>	(314) 308-9733 Telephone Number	
			•	
		County Clerk or Board of Election Commission	oners	
	Committee Type: Campaign Candidate Continuing (F	PAC) Debt Service Expl	oratory Political Party	
3.	Treasurer/Deputy Treasurer Information			
	REBIELLA SIMULARIA - ROCHER Treasurer's Name (First & Last)			
	,	Treasurer's Email Address (optional)		
	128 [ 9 WOOD VALLEY G. ST. LOUIS, MO 6313]	(314) 494-42-04 Tracurer's Home Telephone Number	Treasurer's Work Telephone Number	
	reaster 3 Walling Address, City, State, & 2.p	reasurer 3 frome receptione Number	reasurer s work rerepriorie Namber	
	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 (1977)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip	
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, C	ity, State, & Zip	
	CANDIDATES. De very hour more than one condidate committee of		Paradia	
5.	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)	res (refer to instructions on i	раск) NO	
	,			
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)		
	DEAN PLOCHER P. D. BOX 1600S CLAYTON, MO 63105	/ \	/	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)	
	AUGUST 2, 2016 STATE REPRESENTATIVE 89  Election Date Office Sought & Political Subdivision	THE REPUBLICAN	SUPPORT	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	Signature(s) Check certification(s) & sign (required by all comm	nittees)		
	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 d	declaration made herein is puni	snable under Ch. 575 RSMo.	
	Rus Plan	1/Moj Ul		
	Committee Treasurer	Candidate (Candidate Committees Only)		

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

Page 1 of 3

Missouri Ethics Commission