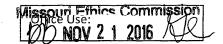


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: NOVEMBER 9,2016		
	Type: New Amended (if amending, enter MEC ID CO	91206 & section cha	anged <u>6</u>
2.	Committee Information		
	PLOCHER FOR MISSOURI		
	P.O. BOX 16065 CLAYTON, MO 631	DS	(314) 821 - 3326 Telephone Number
	Official Chamber St. (1841)	County Clerk or Board of Election Commissio	
	Committee Type: Campaign Candidate Continuing (F		
3.	Treasurer/Deputy Treasurer Information		
	REBECCA SMUGALA - PLOCHER Treasurer's Name (First & Last)		
		Treasurer's Email Address (optional)	
	12819 WOODYAUEY CT ST LOUIS, MO 6313) Treasurer's Mailing Address, City, State, & Zip	(314) Treasurer's Home Telephone Number	() 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 & Totale of an Nex	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	pack) No
5.	Official Bank Account Information (required by all committees)		
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
,	DEAN PLOCHER PO. BOXINGUS CLAYTON, MO 63105	()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	inly)
,	AUGUST / WB SATE KINUS CONTAINS OF THE Sought & Political Subdivision	KEMBITCAN 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 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 durishable under Ch. 575 RSMo.		
	Rus Plan	//world	\mathcal{O}
	Committee Treasurer	Candidate Candidate Committees Only)	