



# Missouri Ethics Commission (MEC)

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

Missouri Ethics Commission  
Office Use:  
NOV 21 2016

## Statement of Committee Organization

### 1. Statement Information

Date: NOVEMBER 9, 2016

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

### 2. Committee Information

Name of Committee: PLOCHER FOR MISSOURI

Committee Mailing Address: P.O. BOX 16065 CLAYTON, MO 63105

Telephone Number: (314) 821-3326

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): REBECCA SMUGLIA-PLOCHER

Treasurer's Mailing Address, City, State, & Zip: 12819 WOODYALLEY CT ST LOUIS, MO 63131

Treasurer's Email Address (optional): \_\_\_\_\_

Treasurer's Home Telephone Number: (314) 821-3326

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 of 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 by all committees)

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

Name & Mailing Address, City, State & Zip of Candidate: DEAN PLOCHER P.O. BOX 16065 CLAYTON, MO 63105

Telephone Number (Candidate Committees Only): \_\_\_\_\_

Election Date: AUGUST 7, 2018

Office Sought & Political Subdivision: STATE REPRESENTATIVE 89TH

Political Party: REPUBLICAN

Support or Oppose: SUPPORT

### 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]