



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

Missouri Ethics Commission  
 Office Use: BB FEB 28 2018

**1. Statement Information**

Date: 2/20/18  
 Type:  New  Amended (if amending, enter MEC ID C061595 & section changed 20305)

**2. Committee Information**

Name of Committee: 11th WARD DEMOCRATIC ORGANIZATION  
 Address: 4914 Michigan St Louis, Mo. 63111 Telephone Number: (314) 402-8622  
 Official Committee Email Address: \_\_\_\_\_  
 County Clerk or Board of Election Commissioners: ST Louis City Board of Election  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): ROBERT DIECKHANS  
 Treasurer's Mailing Address, City, State, & Zip: 4914 Michigan St Louis Mo 63111  
 Treasurer's Home Telephone Number: (314) 210-1810  
 Treasurer's Work Telephone Number: \_\_\_\_\_  
 Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
 Deputy Treasurer's Home Telephone Number: \_\_\_\_\_  
 Deputy 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 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.

Signature: Robert V Dieckhans  
 Committee Treasurer: \_\_\_\_\_ Candidate (Candidate Committees Only): \_\_\_\_\_