

C000892

Missouri Ethics Commission



# Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

## Statement of Committee Organization

Office Use:  
APR 02 2021  
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### 1. Statement Information

Date: MARCH 29, 2021

Type:  New  Amended (if amending, enter MEC ID C000892 & section changed 2, 3, 4, 8)

### 2. Committee Information

16<sup>TH</sup> WARD DEMOCRATIC ORGANIZATION  
Name of Committee

48 WILLMORE RD, ST. LOUIS, MO 63109 (314) 249-9520  
Committee Mailing Address, City, State, & Zip Telephone Number

ST. LOUIS, CITY BOARD OF ELECTIONS  
Official Committee Contact: County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

### 3. Treasurer/Deputy Treasurer Information

LOUISE TONKOVICH  
Treasurer's Name (First & Last)

48 WILLMORE ROAD ST. LOUIS, MO 63109 (314) 249-9520  
Treasurer's Mailing Address, City, State, & Zip Treasurer's Email Address (optional) Treasurer's Home Telephone Number Treasurer's Work Telephone Number

CHRISTOPHER MURPHEY  
Deputy Treasurer's Name (if one appointed)

6467 KINSEY PL. ST. LOUIS, MO 63109 (314) 346-3268  
Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

### 4. Additional Committee Information

NONE  
Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip  
Connected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip

AMENDMENT

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)

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)

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.

Louise Tonkovich  
Committee Treasurer

Candidate (Candidate Committees Only)