

CO11182



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov
Statement of Committee Organization

MO Ethics Commission

Office Use 25 2022

Rec'd by email

1. **Statement Information**

Date: 7-22-22
Type: ☐ New ☒ Amended (if amending, enter MEC ID CO11182 & section changed 6)

2. **Committee Information**

Name of Committee _____
Committee Mailing Address, City, State, & Zip _____ Telephone Number _____
Official Committee Email Address _____ 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**

Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
Treasurer's Mailing Address, City, State, & Zip _____ 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 & 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 _____

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)**

DONNA M BARINGER (314) 422-6473 _____
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
8-2-2022 STATE REP B2 DEMOCRATIC SUPPORT
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 D. Tonkovich
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)