

CO11182



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

Missouri Ethics Commission

Office Use:  
NOV 24 2024  
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Statement of Committee Organization

1. **Statement Information**

Date: 11/24/2024  
Type:  New  Amended (if amending, enter MEC ID CO11182 & section changed \_\_\_\_\_)

2. **Committee Information**

Name of Committee: Citizens for Donna Baringer  
Mailing Address: 5942 Bishops Place St. Louis MO 63109 Telephone Number: (314) 481-8024  
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): Donna Baringer  
Treasurer's Mailing Address, City, State, & Zip: 5942 Bishops Place St. Louis MO 63109  
Treasurer's Email Address (optional): \_\_\_\_\_  
Treasurer's Home Telephone Number: (314) 481-8024  
Treasurer's Work Telephone Number: (314) 481-8024  
Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
Deputy Treasurer's Email Address (optional): \_\_\_\_\_  
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: \_\_\_\_\_

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.

Committee Treasurer: \_\_\_\_\_  
Candidate (Candidate Committees Only): \_\_\_\_\_

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