



Office Use: bro ge

# Statement of Committee Organization

## 1. Statement Information

Date: 6-17-15  
 Type:  New  Amended (if amending, enter MECID CO11182 & section changed 3, 6, 8)

## 2. Committee Information

Name of Committee: Citizens for Donna Baringer

Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number ( )

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): LOUISE TONKOVICH  
 Treasurer's Mailing Address, City, State, & Zip: 48 WILLMORE ROAD ST. LOUIS, MO 63109  
 Treasurer's Home Telephone Number: (314) 353-2562  
 Treasurer's Office Telephone Number: (314) 249-9520

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 Office Telephone Number ( )

## 4. Additional Committee Information

Additional Committee Officer's Name, Title, and \_\_\_\_\_  
AMENDMENT  
 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)

Name & Mailing Address, City, State, & Zip of Candidate: DONNA BARINGER 6476 MURDOCH ST. LOUIS, MO 63109  
ALDERMAN  
 Telephone Number (Candidate Committees Only): (314) 481-8024  
 Election Date: MARCH, 2019 Office Sought & Political Subdivision: WARD 16 CITY OF ST. LOUIS Political Party: DEMOCRAT 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.

Louise Tonkovich \_\_\_\_\_  
 Committee Treasurer Candidate (Candidate Committees Only)