



# Statement of Committee Organization

1. **Statement Information**

Date: 9-10-2015

Type:  New  Amended (if amending, enter MECID C011182 & section changed 3, 6, 8)

2. **Committee Information**

Name of Committee \_\_\_\_\_

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**

CHRIS HOHN  
 Treasurer's Name (First & Last)

5107 DONOVAN AVE. ST. LOUIS, MO 63109  
 Treasurer's Mailing Address, City, State, & Zip

(314) 832-6358  
 Treasurer's Home Telephone Number

(314) 552-6159  
 Treasurer's Office Telephone Number

LOUISE TONKOVICH  
 Deputy Treasurer's Name (if one appointed)

48 WILLMORE RD. ST. LOUIS, MO 63109  
 Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 353-2562  
 Deputy Treasurer's Home Telephone Number

(314) 249-9520  
 Deputy Treasurer's Office 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)**

DONNA BAKINGER ST. LOUIS, MO 63109  
 Name & Mailing Address, City, State & Zip of Candidate

(314) 481-8024  
 Telephone Number (Candidate Committees Only)

AUGUST, 2016  
 Election Date

DISTRICT 82  
 Office Sought & Political Subdivision

DEMOCRAT  
 Political Party

SUPPORT  
 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.

Chris Hohn  
 Committee Treasurer

Donna Bakinger  
 Candidate (Candidate Committees Only)