



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C011182

1. DATE OF REPORT	OFFICE USE ONLY
10/12/2009	B8 P10

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Citizens for Donna Baringer	
3. COMMITTEE MAILING ADDRESS 6476 Murdoch CITY / STATE / ZIP St. Louis, MO 63109	4. COMMITTEE TELEPHONE NUMBER 314-481-8024
5. TREASURER'S NAME Lisa G. Frederick	
6. TREASURER'S MAILING ADDRESS 6327 Devonshire CITY / STATE / ZIP St. Louis, MO 63109	7. TREASURER'S TELEPHONE NUMBER HOME: 314-351-6652 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Louise D. Tonkovich	
9. DEPUTY TREASURER'S MAILING ADDRESS 48 Willmore Road CITY / STATE / ZIP St. Louis, MO 63109	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: 314-353-2562 WORK:
11. DATE OF ELECTION March, 2011	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 07/01/2009 THROUGH 09/30/2009	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Donna Baringer 6476 Murdoch St. Louis, MO 63109 (314) 481-8024 Alderman 16th Ward, City of St. Louis <input checked="" type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20__
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE





Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Citizens for Donna Baringer	DATE OF REPORT 10/12/2009	OFFICE USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION			
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 625.00				
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 15,950.00		MONEY ON HAND			
3. ALL LOANS RECEIVED THIS PERIOD	+ 0					
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ 0					
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 15,950.00				25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 10,199.93
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 0				26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 15,950.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 15,950.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)			
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0		a) Disbursements By Check \$ 0	- 0		
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 16,575.00	b) Disbursements By Cash \$ 0	- 0		
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 26,149.93		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 4,354.72	INDEBTEDNESS			
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 0					
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 0					
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ 0				29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 0				30. LOANS RECEIVED THIS PERIOD	+ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 4,354.72	31. NEW DEBTS INCURRED THIS PERIOD	+ 0		
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	32. PAYMENTS MADE ON LOANS THIS PERIOD	- 0		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 685.00	33. CREDITS RECEIVED ON LOANS THIS PERIOD	- 0		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- 0		
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ 0		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0		
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0					
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 685.00				
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION				
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 0					
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ 0					
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ 0					
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0					



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for Donna Baringer		2. REPORT DATE 10/12/2009	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ 0
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ 15,375.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 15,375.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 15,375.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 0
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A			\$ 0
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$ 0
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ 575.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$ 0
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$ 0
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$ 0
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ 0
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ 0
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 15,950.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 15,950.00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for Donna Baringer		2. REPORT DATE 10/12/2009	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4. AMOUNT PAID OR INCURRED THIS PERIOD
3. CATEGORY OF EXPENDITURE			
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 0
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)
8. NAME AND ADDRESS OF RECIPIENT			11. AMOUNT THIS PERIOD
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 0
13. SUBTOTAL: ANY ATTACHED PAGES			+ 0
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 0
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 0
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 0
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 0
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0
C. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 0
24. SUBTOTAL: ANY ATTACHED PAGES			\$ 0
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ 0
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 0
28. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$ 0



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Donna Baringer
DATE: 10/12/2009

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Friends of Gregory F.X. Daly ADDRESS: 4127 Upton Ct. CITY / STATE: St. Louis, MO 63116 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/16/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: S.M. Wilson & Co. ADDRESS: 2185 Hampton Ave. CITY / STATE: St. Louis, MO 63139 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/21/2009	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: TGB, Inc. ADDRESS: 1104 S. Jefferson CITY / STATE: St. Louis, MO 63104 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/21/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Claire West-Scoville ADDRESS: 3216 Beth Ct. CITY / STATE: Grain Valley, MO 64029 EMPLOYER: consultant <input type="checkbox"/> COMMITTEE:	09/28/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Tom Bess Automotive ADDRESS: 4922 Macklind CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/28/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Geyer Avenue Developments ADDRESS: 706 DeMun Ave, CITY / STATE: St. Louis, MO 63105 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/25/2009	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Valley Beef LLC ADDRESS: 107 S. Meramec CITY / STATE: St. Louis, MO 63105 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/25/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: William J. Kuehling ADDRESS: 1779 Bradburn Dr. CITY / STATE: St. Louis, MO 63131 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/28/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 3,750.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Donna Baringer	DATE 10/12/2009
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Carpenter for Recorder Comm. ADDRESS: 7153 Whaley CITY / STATE: St. Louis, MO 63116 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/28/2009 -----	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Christopher Hohn ADDRESS: 5107 Donovan Ave. CITY / STATE: St. Louis, MO 63109 EMPLOYER: attorney <input type="checkbox"/> COMMITTEE:	09/28/2009 -----	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Health Care Leadership Comm. ADDRESS: 221 E. Capitol Dr. CITY / STATE: Jefferson City, MO 65101 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/30/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Mom's Deli Inc. ADDRESS: 4412 Jamieson CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/28/2009 -----	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: St. Louis Assoc. of Realtors ADDRESS: 12777 Olive Blvd. CITY / STATE: St. Louis, MO 63141 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/25/2009 -----	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Hawthorne Site Management ADDRESS: 5247 Fyler CITY / STATE: St. Louis, MO 63139 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/25/2009 -----	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Johnson & Son Trucking ADDRESS: 1006 College Rd. CITY / STATE: Lebanon, IL 62254 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/25/2009 -----	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gateway Contractors ADDRESS: 701 Military Rd. CITY / STATE: St. Louis, MO 63125 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/21/2009 -----	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 3,725.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Donna Baringer
DATE: 10/12/2009

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: W. Thomas Reeves ADDRESS: 19 Bellerive Country Club CITY / STATE: St. Louis, MO 63141 EMPLOYER: <input type="checkbox"/> COMMITTEE: Downtown Now	09/28/2009	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Kathy Reeves ADDRESS: 19 Bellerive Country Club CITY / STATE: St. Louis, MO 63141 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/28/2009	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Clayton Investment Corp ADDRESS: 625 N. Euclid CITY / STATE: St. Louis, MO 63108 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/28/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gateway Taxi, Inc. ADDRESS: 600 S. Vandeventer CITY / STATE: St. Louis, MO 63110 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/28/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gilmore Electric ADDRESS: 6723 Plainview CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/29/2009	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Heat & Frost Insulators Local. No. 1 PAC ADDRESS: 3325 Hollenberg Dr. CITY / STATE: Bridgeton, MO 63044 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/30/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Williams for St. Louis ADDRESS: P.O. Box 1643 CITY / STATE: St. Louis, MO 63188 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/28/2009	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Friends of Tom Hayes ADDRESS: 5835 Delor CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/30/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 3,050.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Donna Baringer
DATE: 10/12/2009

INSTRUCTIONS
PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.
 Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.
 If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Major Brands Inc. PAC ADDRESS: 6701 Southwest Ave. CITY / STATE: St. Louis, MO 63143 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/30/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: CHIPP Political Fund ADDRESS: 1401 Hampton CITY / STATE: St. Louis, MO 63139 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/29/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Alex Aboussie & Son, Inc. ADDRESS: 3800 Hampton CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/29/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Enterprise Holdings Inc. PAC ADDRESS: 600 Corporate Park Dr. CITY / STATE: St. Louis, MO 63105 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/30/2009	\$ 375.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Solis Foods, Inc. ADDRESS: 5127 Hampton CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/25/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: John Hobein ADDRESS: 5463 Rhodes CITY / STATE: St. Louis, MO 63109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	09/30/2009	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Bernie Elking ADDRESS: 5001 S. Kingshighway CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/30/2009	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: 66th Legislative Comm. ADDRESS: 6035 Weber Rd. CITY / STATE: St. Louis, MO 63123 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/30/2009	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 2,375.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Donna Baringer
DATE: 10/12/2009

INSTRUCTIONS

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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Stephen Jacobsmeyer ADDRESS: 6604 Itaska CITY / STATE: St. Louis, MO 63109 EMPLOYER: Jacobsmeyer Realty <input type="checkbox"/> COMMITTEE:	09/30/2009	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Duffe-Nuernberger Realty ADDRESS: 1425 S. 18th St. CITY / STATE: St. Louis, MO 63104 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/29/2009	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Charles Drury ADDRESS: 10 Woodbridge Manor Rd. CITY / STATE: St. Louis, MO 63141 EMPLOYER: Drury Inns <input type="checkbox"/> COMMITTEE:	09/29/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Citizens for Jennifer Joyce ADDRESS: 3805A Fillmore CITY / STATE: St. Louis, MO 63116 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	09/30/2009	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Slay Transportation Co. ADDRESS: 1441 Hampton CITY / STATE: St. Louis, MO 63139 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/28/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Vector Communications ADDRESS: 701 N. 15th St. CITY / STATE: St. Louis, MO 63103 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/30/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gregory Smith ADDRESS: 51 Clement Ln. CITY / STATE: St. Louis, MO 63124 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/30/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Magellan Barter & Import ADDRESS: 9651 St. Charles Rock Rd. CITY / STATE: St. Louis, MO 63114 EMPLOYER: <input type="checkbox"/> COMMITTEE:	09/30/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 2,475.00