



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C011182

1. DATE OF REPORT 01/12/2010	OFFICE USE ONLY <i>W</i>
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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 10/01/2009 THROUGH 12/31/2009	
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 Aldерwoman 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 checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input 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. <i>Louise D. Tonkovich, DEPUTY</i> TREASURER'S SIGNATURE TREASURER	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. <i>Donna Baringer</i> CANDIDATE'S SIGNATURE

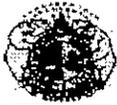
Missouri Ethics Commission
JAN 14 2010



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Citizens for Donna Baringer	DATE OF REPORT 01/12/2009	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		\$ 16,575.00		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 17,425.00		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)	\$ 17,425.00			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 500.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 17,425.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 17,925.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- 7,290.02
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0		a) Disbursements By Check \$ 7,290.02	- 7,290.02
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 34,500.00	b) Disbursements By Cash \$	
EXPENDITURES			28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 36,284.91
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 4,354.72	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 7,290.02			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 0			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ 0			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 7,290.02		30. LOANS RECEIVED THIS PERIOD	+ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 11,644.74	31. NEW DEBTS INCURRED THIS PERIOD	+ 0
CONTRIBUTIONS MADE			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				
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 01/12/2010	
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: See Attached Pages			\$
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			+ 11,770.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 11,770.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 11,270.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 500.00
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			\$ 6,155.00
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)			\$ 500.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 17,425.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 17,425.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Donna Baringer	DATE 01/12/2010
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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 CD-1 (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: Casey & Devoti ADDRESS: 10 S. Broadway CITY / STATE: St. Louis, MO 63102 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Hawthorne Site Management ADDRESS: 5327 Fyler CITY / STATE: St. Louis, MO 63139 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Mary McBride LLC ADDRESS: 6708 Chippewa CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Clarice's Bridal Fashions ADDRESS: 4627 Hampton CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Patrick McCarthy ADDRESS: 1309 Convention Pl. CITY / STATE: St. Louis, MO 63103 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Schaefer's Auto Care ADDRESS: 6520 Chippewa CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: WC&D Enterprises ADDRESS: 2765 LaSalle St. CITY / STATE: St. Louis, MO 63104 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Midwest Money Co. ADDRESS: 5901 Hampton CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 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)		\$ 1,750.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Donna Baringer
DATE: 01/12/2010

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: Vinci LLC ADDRESS: 5750 Delor CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009	\$ 120.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Citizens to Elect Jeffrey Boyd ADDRESS: 1438 Rowan Ave. CITY / STATE: St. Louis, MO 63112 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/12/2009	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Judith Longinette ADDRESS: 6374 Devonshire CITY / STATE: St. Louis, MO 63109 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/12/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Jeff Rainford ADDRESS: 5921 Highfield CITY / STATE: St. Louis, MO 63109 EMPLOYER: City of St. Louis <input type="checkbox"/> COMMITTEE:	11/12/2009	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Dennis Moeller ADDRESS: 6976 Hi View CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Citizens for Wessels ADDRESS: 3955 Dover CITY / STATE: St. Louis, MO 63116 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/12/2009	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Friends of Louise Tonkovich ADDRESS: 48 Willmore Rd. CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/12/2009	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Joe Keaveny for Senate ADDRESS: 6219 Westminster CITY / STATE: St. Louis, MO 63130 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/12/2009	\$ 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)		\$ 1,170.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Donna Baringer	DATE 01/12/2010
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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: Committee to Elect Roddy ADDRESS: 130 S. Bemiston CITY / STATE: St. Louis, MO 63105 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/12/2009	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Friends of Gregory F.X. Daly ADDRESS: 4127 Upton Ct. CITY / STATE: St. Louis, MO 63116 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/12/2009	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: People to Elect Kennedy Committee ADDRESS: 7305 Manchester Rd. CITY / STATE: St. Louis, MO 63143 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/12/2009	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Geri Cunningham ADDRESS: 4036 Cambridge CITY / STATE: Jefferson City, MO 65109 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/06/2009	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Villa for Representative ADDRESS: 3847 Holly Hills CITY / STATE: St. Louis, MO 63116 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	10/06/2009	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Anthony Sestric ADDRESS: 3967 Holly Hills CITY / STATE: St. Louis, MO 63116 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	11/12/2009	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Brenda Luetkemeyer ADDRESS: 1700 Western Pines Ct. CITY / STATE: O'Fallon, MO 63368 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/12/2009	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Murphy for Sheriff ADDRESS: 7359 Yates CITY / STATE: St. Louis, MO 63116 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/12/2009	\$ 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)		\$ 1,375.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Donna Baringer	DATE 01/12/2010
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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. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: Eichelberger Realty LLC ADDRESS: 5825 Gravois CITY / STATE: St. Louis, MO 63116 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/20/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: John Asbury ADDRESS: 5705 Holly Hills CITY / STATE: St. Louis, MO 63109 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/10/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: James Titus ADDRESS: 4711 Prague CITY / STATE: St. Louis, MO 63109 EMPLOYER: Consultant <input type="checkbox"/> COMMITTEE:	11/12/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Russell Smith ADDRESS: 4716 Prague CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/06/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Steven Brazile ADDRESS: 4715 Vienna CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	10/06/2009 -----	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: James Seitz ADDRESS: 16737 Benton Taylor Dr. CITY / STATE: Chesterfield, MO 63005 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	11/21/2009 -----	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: McCubbins Inc. LLC ADDRESS: 5600 Walsh CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/21/2009 -----	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Sharamitaro & Assoc. ADDRESS: 4227 Watson CITY / STATE: St. Louis, MO 6310916 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/19/2009 -----	\$ 200.00 <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)		\$ 2,000.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Donna Baringer
DATE: 01/12/2010

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: The Shrewsbury Committee ADDRESS: 6048 Guilford PL. CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/15/2009 -----	\$ 1,000.00 <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:	11/19/2009 ----- \$500.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Joseph Neill ADDRESS: 5201 Hampton CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE: Attorney	11/19/2009 -----	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Thomas Springer CPA ADDRESS: 8777 Big Bend CITY / STATE: St. Louis, MO 63119 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/19/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Auer Associates, Inc. ADDRESS: 3501 Juniata CITY / STATE: St. Louis, MO 63118 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/19/2009 -----	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: AGC of St. Louis PAC ADDRESS: 6330 Knox Industrial Dr. CITY / STATE: St. Louis, MO 63139 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	11/25/2009 -----	\$ 275.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: S.M. Wilson & Co. ADDRESS: 2185 Hampton CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/25/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Charter Communications ADDRESS: 12405 Powerscourt Dr. CITY / STATE: St. Louis, MO 63131 EMPLOYER: <input type="checkbox"/> COMMITTEE:	10/19/2009 -----	\$ 350.00 <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)		\$ 2,675.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Donna Baringer	DATE 01/12/2010
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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: AT&T Missouri Employee PAC ADDRESS: One AT&T Center CITY / STATE: St. Louis, MO 63101 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/03/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: WC Investment Management ADDRESS: 1430 Washington Ave. CITY / STATE: St. Louis, MO 63103 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/03/2009 -----	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: G. Lupone ADDRESS: 3400 Ivanhoe CITY / STATE: St. Louis, MO 63139 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/03/2009 -----	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Anheuser Busch Cos. ADDRESS: One Busch Center CITY / STATE: St. Louis, MO 63118 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/17/2009 -----	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Lemay Ferry Hardward ADDRESS: 6401 Hampton CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/17/2009 -----	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Thomas Hough ADDRESS: 68 Briarcliff CITY / STATE: St. Louis, MO 63124 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/30/2009 -----	\$ 500.00 <input checked="" 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
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 2,300.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Donna Baringer
DATE: 01/12/2010

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: AT&T Missouri Employee PAC ADDRESS: One AT&T Center CITY / STATE: St. Louis, MO 63101 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/03/2009 -----	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: WC Investment Management ADDRESS: 1430 Washington Ave. CITY / STATE: St. Louis, MO 63103 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/03/2009 -----	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: G. Lupone ADDRESS: 3400 Ivanhoe CITY / STATE: St. Louis, MO 63139 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/03/2009 -----	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Anheuser Busch Cos. ADDRESS: One Busch Center CITY / STATE: St. Louis, MO 63118 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/17/2009 -----	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Lemay Ferry Hardware ADDRESS: 6401 Hampton CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/17/2009 -----	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Thomas Hough ADDRESS: 68 Briarcliff CITY / STATE: St. Louis, MO 63124 EMPLOYER: Consultant <input type="checkbox"/> COMMITTEE:	12/30/2009 -----	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Johnny Gitto's ADDRESS: 6997 Chippewa CITY / STATE: St. Louis, MO 63109 EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/19/2009 -----	\$ 500.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	-----	\$ <input 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)		\$ 2,800.00



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 01/12/2010	
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 printing \$95.25, bank fees \$54.36			149.61
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 149.61
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ 0
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 149.61
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: Majority Strategies ADDRESS: 5630 Pershing CITY / STATE: St. Louis, MO 63112	10/01/2009	campaign consulting	\$ 2,000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: St. Louis Pre-Sort ADDRESS: 5051 Southwest CITY / STATE: St. Louis, MO 63110	10/27/2009	mail service	\$ 623.96 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Creative Litho ADDRESS: 3021 Cherokee St. CITY / STATE: St. Louis, MO 63118	10/27/2009	printing	\$ 676.51 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: St. Louis Pre-Sort ADDRESS: 5051 Southwest CITY / STATE: St. Louis, MO 63118	11/02/2009	mail service	\$ 300.12 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Majority Strategies ADDRESS: 5630 Pershing CITY / STATE: St. Louis, MO 63112	11/03/2009	campaign consulting	\$ 1,250.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 4,850.59
13. SUBTOTAL: ANY ATTACHED PAGES			+ 2,289.82
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 7,140.41
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 7,290.02
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 7,290.02
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)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
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
EXPENDITURES MADE - SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Donna Baringer
DATE: 01/12/2010

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to Item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
NAME AND ADDRESS OF RECIPIENT			
Del Pietro's 5625 Hampton St. Louis, MO 63109	11/19/2009	expenses fundraiser	\$ 650.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Johnny Gitto's 6997 Chippewa St. Louis, MO 63109	11/12/2009	expenses fundraiser	\$ 250.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Donna Baringer 6476 Murdoch St. Louis, MO 63109	12/12/2009	reimburse printing	\$ 239.82 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
St. Louis Pre-Sort 5051 Southwest St. Louis, MO 63110	12/12/2009	mail service	\$ 150.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Majority Strategies 5630 Pershing St. Louis, MO 63112	11/30/2009	campaign consulting	\$ 1,000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES			
(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ 2,289.82