



Statement of Committee Organization

1. Statement Information

Date: 10/27/16
 Type: New Amended (if amending, enter MEC ID C161365 & section changed _____)

2. Committee Information

justintoengesformayor2017
 Name of Committee
3935 Michigan ave apt 1n st.louis mo 63118
 Committee Mailing Address, City, State, & Zip
(314) 349-5753
 Telephone Number

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Justin Toenges
 Treasurer's Name (First & Last)
3935 Michigan ave apt 1n st.louis mo 63118
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(314) 349-5753
 Treasurer's Home Telephone Number
 Treasurer's Work Telephone Number _____

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 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 _____

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)

a. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Justin Toenges 3935 Michigan ave st.louis mo 63118
 Name & Mailing Address, City, State & Zip of Candidate
(314) 349-5753
 Telephone Number (Candidate Committees Only)
april 7 2017
 Election Date
mayor City of St Louis
 Office Sought & Political Subdivision
democrat
 Political Party
support
 Support or Oppose

b. 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)