FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

06 APR 18 PM 12: 15

Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

Missourians for Kit Bond

ADDRESS (number and street) ▼ 147 N. Meramec, Suite 100

☐ Check if different than previously reported. (ACC)

St. Louis | MO | 63105

2. FEC IDENTIFICATION NUMBER ▼ C00216705

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

STATE ▼ DISTRICT MO

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on ☐ ☐ ☐ In the State of ☐

(c) 30-Day POST-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐ ☐ ☐ In the State of ☐

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Heather Grote

Signature of Treasurer Electronically Filed by Heather Grote Date 04 11 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Missourians for Kit Bond

Report Covering the Period: From: 01 01 2006 To: 03 31 2006

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	19275.00	78706.97
(b) Total Contribution Refunds (from Line 20(d))	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	19275.00	78506.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	40264.14	399512.71
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	205345.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	40264.14	194167.27
8. Cash on Hand at Close of Reporting Period (from Line 27)	891109.10	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

26020232039

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Missourians for Kit Bond

Report Covering the Period: From: 01 01 2006 To: 03 31 2006

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	3250.00	7400.00
(ii) Unitemized	25.00	16398.00
(iii) TOTAL of contributions from individuals ▶	3275.00	23798.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	16000.00	54908.97
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	19275.00	78706.97
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	11926.57
13. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	205345.44
15. OTHER RECEIPTS (Dividends, Interest, etc.)	685.19	21325.16
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	19960.19	317304.14

25020232648

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	40264.14	399512.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	200.00
21. OTHER DISBURSEMENTS	12560.00	327598.50
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	52824.14	727311.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	923973.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 18, page3)	19960.19
25. SUBTOTAL (add Line 23 and Line 24)	943933.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	52824.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	891109.10

26020320241

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 5 / 25

[ ] 11a [ ] 11b [X] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
American Hospital Assn. PAC

Mailing Address Attn: Ms. Kristen Morris
325 Seventh Street, N.W.

City: Washington State: DC Zip Code: 20004

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 13 / 2006

Transaction ID: 80411.C48138

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DLA PAC

Mailing Address 1200 New Hampshire Avenue, Suite 8

City: Washington State: DC Zip Code: 20036

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 13 / 2006

Transaction ID: 80411.C48139

Amount of Each Receipt this Period: 4000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Freddie PAC

Mailing Address 8200 Jones Branch Road
Mailstop 604

City: Mc Lean State: VA Zip Code: 22102

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 03 / 2006

Transaction ID: 80411.C48141

Amount of Each Receipt this Period: 5000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶

26020232042

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 6 / 25

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Siebel PAC

Mailing Address 2207 Bridgepointe Pkwy

City: San Mateo | State: CA | Zip Code: 94404-5009

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☒ Primary ☐ General ☐ Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 01 / 20 / 2006

Transaction ID: 60411.C48131

Amount of Each Receipt this Period: 5000.00

Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Washington Political Action Committee

Mailing Address Attn: Mr. Morris Amitay
444 North Capitol Street, NW, Suit

City: Washington | State: DC | Zip Code: 20001

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: ☒ Primary ☐ General ☐ Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 30 / 2006

Transaction ID: 60411.C48137

Amount of Each Receipt this Period: 1000.00

Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	16000.00

25020232043

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A.
Full Name (Last, First, Middle Initial)
John McHenry
Mailing Address 418 Meadowbrook Dr
City: Jefferson City
State: MO
Zip Code: 65109
FEC ID number of contributing federal political committee. C
Name of Employer: None
Occupation: Retired
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 22 / 2006
Transaction ID: 60411.C48133
Amount of Each Receipt this Period: 500.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Sewell McMillan
Mailing Address 1 Sheraton Drive
City: Saint Louis
State: MO
Zip Code: 63124
FEC ID number of contributing federal political committee. C
Name of Employer: None
Occupation: Retired
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 01 / 10 / 2006
Transaction ID: 60411.C48138
Amount of Each Receipt this Period: 1000.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Craig ODear
Mailing Address 4516 N. Mulberry
City: Kansas City
State: MO
Zip Code: 64116
FEC ID number of contributing federal political committee. C
Name of Employer: Bryan Cave Et Al
Occupation: Attorney
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 02 / 2006
Transaction ID: 60411.C48140
Amount of Each Receipt this Period: 250.00
Receipt
[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

TOTAL This Period (last page this line number only) ▶

26020232045

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 8 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A.
Full Name (Last, First, Middle Initial)
Bob Richter

Mailing Address Rr 1

City: La Grange
State: MO
Zip Code: 63448

FEC ID number of contributing federal political committee: C

Name of Employer: Self
Occupation: Farmer

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 01 / 10 / 2006

Transaction ID: 60411.C48130

Amount of Each Receipt this Period: 1000.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
William Wolte

Mailing Address PO Box 1091

City: Laurie
State: MO
Zip Code: 65038-1091

FEC ID number of contributing federal political committee: C

Name of Employer: None
Occupation: Retired

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 22 / 2006

Transaction ID: 60411.C48132

Amount of Each Receipt this Period: 500.00

Receipt

[ ] Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶ 3260.00

26020320045

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 9 / 25

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A.
Full Name (Last, First, Middle Initial)
Business Bank Of St. Louis
Mailing Address 8000 Forsyth
City: Saint Louis State: MO Zip Code: 63105-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 19882.58

Date of Receipt: 03 / 31 / 2006
Transaction ID: 6D411.C48142
Amount of Each Receipt this Period: 652.24
Other Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Commerce Brokerage Services, Inc.
Mailing Address 8000 Forsyth Blvd.
City: Saint Louis State: MO Zip Code: 63105-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 287.91

Date of Receipt: 03 / 31 / 2006
Transaction ID: 6D411.C48143
Amount of Each Receipt this Period: 32.95
Other Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	685.19
TOTAL This Period (last page this line number only) ▶	685.19

26020232046

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
American Viewpoint

Mailing Address 300 North Lee Street, Suite 400

City: Alexandria State: VA Zip Code: 22314-

Purpose of Disbursement: RESEARCH FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2432
Date of Disbursement: 01 / 30 / 2006

Amount of Each Disbursement this Period: 1000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RESEARCH FEE

B. Full Name (Last, First, Middle Initial)
Grote & Associates, LLC

Mailing Address 26 N. Eighth St, Suite 301

City: Jefferson City State: MO Zip Code: 65102-

Purpose of Disbursement: FUNDRAISING CONSULTANT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2451
Date of Disbursement: 03 / 02 / 2006

Amount of Each Disbursement this Period: 500.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FUNDRAISING CONSULTANT

C. Full Name (Last, First, Middle Initial)
Stacy Burks

Mailing Address 311 S. Dove Valley

City: Springfield State: MO Zip Code: 65802-

Purpose of Disbursement: TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2460
Date of Disbursement: 03 / 03 / 2006

Amount of Each Disbursement this Period: 25.34

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 1525.34

TOTAL This Period (last page this line number only) ▶

26020329947

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Stacy Burks

Mailing Address 311 S. Dove Valley

City Springfield | State MO | Zip Code 65802-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2463
Date of Disbursement
03 / 11 / 2006

Amount of Each Disbursement this Period
66.36

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL

B. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address P.O. Box 650553

City Dallas | State TX | Zip Code 75265-

Purpose of Disbursement
MOBILE PHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2443
Date of Disbursement
02 / 07 / 2006

Amount of Each Disbursement this Period
29.52

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MOBILE PHONE

C. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address P.O. Box 650553

City Dallas | State TX | Zip Code 75265-

Purpose of Disbursement
MOBILE PHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2458
Date of Disbursement
03 / 03 / 2006

Amount of Each Disbursement this Period
34.14

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MOBILE PHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 130.02

TOTAL This Period (last page this line number only) ▶

25020232048

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address P.O. Box 650553

City: Dallas State: TX Zip Code: 75265-

Purpose of Disbursement: MOBILE PHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2468
Date of Disbursement: 03 / 31 / 2006

Amount of Each Disbursement this Period: 34.14

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MOBILE PHONE

B. Full Name (Last, First, Middle Initial)
Greenwing Development, LLC

Mailing Address P.O. Box 756

City: Columbia State: MO Zip Code: 65205-

Purpose of Disbursement: LEASE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2434
Date of Disbursement: 02 / 02 / 2006

Amount of Each Disbursement this Period: 3047.22

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LEASE

C. Full Name (Last, First, Middle Initial)
Greenwing Development, LLC

Mailing Address P.O. Box 756

City: Columbia State: MO Zip Code: 65205-

Purpose of Disbursement: UTILITIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2461
Date of Disbursement: 03 / 03 / 2006

Amount of Each Disbursement this Period: 386.41

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3467.77

TOTAL This Period (last page this line number only) ..... ▶

26032329429

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Holiday Inn Executive Center

Mailing Address 2200 I-70 Drive SW

City: Columbia State: MO Zip Code: 65203-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2437
Date of Disbursement: 02 / 02 / 2006

Amount of Each Disbursement this Period: 1249.11

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City: Memphis State: TN Zip Code: 38101-

Purpose of Disbursement: OVERNIGHT DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2424
Date of Disbursement: 01 / 09 / 2006

Amount of Each Disbursement this Period: 86.38

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OVERNIGHT DELIVERY

C. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City: Memphis State: TN Zip Code: 38101-

Purpose of Disbursement: OVERNIGHT DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2433
Date of Disbursement: 01 / 30 / 2006

Amount of Each Disbursement this Period: 20.21

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OVERNIGHT DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶ 1335.70

TOTAL This Period (last page this line number only) ▶

25020232050

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City: Memphis State: TN Zip Code: 38101-

Purpose of Disbursement: OVERNIGHT DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2435
Date of Disbursement: 02 / 02 / 2006

Amount of Each Disbursement this Period: 10.87

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OVERNIGHT DELIVERY

B. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City: Memphis State: TN Zip Code: 38101-

Purpose of Disbursement: OVERNIGHT DELIVERY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2444
Date of Disbursement: 02 / 08 / 2006

Amount of Each Disbursement this Period: 12.31

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OVERNIGHT DELIVERY

C. Full Name (Last, First, Middle Initial)
Jefferson City Flying Service

Mailing Address P.O. Box 336

City: Jefferson City State: MO Zip Code: 65102-

Purpose of Disbursement: CHARTER AIRFARE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2442
Date of Disbursement: 02 / 07 / 2006

Amount of Each Disbursement this Period: 3731.38

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CHARTER AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶ 3764.56

TOTAL This Period (last page this line number only) ▶

26020222551

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Jefferson City Flying Service

Mailing Address P.O. Box 336

City: Jefferson City State: MO Zip Code: 65102-

Purpose of Disbursement: CHARTER AIRFARE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2484
Date of Disbursement: 03 / 17 / 2006

Amount of Each Disbursement this Period: 2084.87

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CHARTER AIRFARE

B. Full Name (Last, First, Middle Initial)
Mason Enterprises, L.L.C.

Mailing Address 147 N. Meramec, Suite 100

City: Saint Louis State: MO Zip Code: 63105-

Purpose of Disbursement: COMPLIANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2419
Date of Disbursement: 01 / 02 / 2006

Amount of Each Disbursement this Period: 1000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPLIANCE

C. Full Name (Last, First, Middle Initial)
Mason Enterprises, L.L.C.

Mailing Address 147 N. Meramec, Suite 100

City: Saint Louis State: MO Zip Code: 63105-

Purpose of Disbursement: COMPLIANCE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2447
Date of Disbursement: 02 / 10 / 2006

Amount of Each Disbursement this Period: 500.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPLIANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 3584.87

TOTAL This Period (last page this line number only) ▶

26020312052

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A.

Full Name (Last, First, Middle Initial)
Mason Enterprises, L.L.C.

Mailing Address 147 N. Meramec, Suite 100

City: Saint Louis | State: MO | Zip Code: 63105-

Purpose of Disbursement: COMPLIANCE

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2462
Date of Disbursement: 03 / 06 / 2006

Amount of Each Disbursement this Period: 500.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPLIANCE

B.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address Clayton Branch

City: Saint Louis | State: MO | Zip Code: 63105-

Purpose of Disbursement: POSTAGE

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2425
Date of Disbursement: 01 / 09 / 2006

Amount of Each Disbursement this Period: 195.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

C.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address Clayton Branch

City: Saint Louis | State: MO | Zip Code: 63105-

Purpose of Disbursement: POSTAGE

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2427
Date of Disbursement: 01 / 18 / 2006

Amount of Each Disbursement this Period: 195.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 890.00

TOTAL This Period (last page this line number only) ▶

25020232053

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Precision Marketing, Inc.

Mailing Address P.O. Box 6446

City Arlington State VA Zip Code 22206-

Purpose of Disbursement
PRINTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2436
Date of Disbursement
02 / 02 / 2006

Amount of Each Disbursement this Period
12181.12

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

B. Full Name (Last, First, Middle Initial)
Melissa Reh

Mailing Address 1517 Highland Valley

City Chesterfield State MO Zip Code 63005-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2446
Date of Disbursement
02 / 08 / 2006

Amount of Each Disbursement this Period
25.47

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL

C. Full Name (Last, First, Middle Initial)
Melissa Reh

Mailing Address 1517 Highland Valley

City Chesterfield State MO Zip Code 63005-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2467
Date of Disbursement
03 / 31 / 2006

Amount of Each Disbursement this Period
77.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 12283.59

TOTAL This Period (last page this line number only) ▶

25020232054

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A.
Full Name (Last, First, Middle Initial)
St. Louis Metro Sentinel Newspaper

Transaction ID: 60411.E2465
Date of Disbursement: 03 / 17 / 2006

Mailing Address 2900 North Market

City: Saint Louis | State: MO | Zip Code: 63106-

Amount of Each Disbursement this Period: 1350.00

Purpose of Disbursement: ADVERTISEMENT

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

ADVERTISEMENT

B.
Full Name (Last, First, Middle Initial)
Sprint PCS

Transaction ID: 60411.E2423
Date of Disbursement: 01 / 09 / 2006

Mailing Address P.O. Box 8077

City: London | State: KY | Zip Code: 40742-

Amount of Each Disbursement this Period: 369.75

Purpose of Disbursement: MOBILE PHONE

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

MOBILE PHONE

C.
Full Name (Last, First, Middle Initial)
Sprint PCS

Transaction ID: 60411.E2431
Date of Disbursement: 01 / 23 / 2006

Mailing Address P.O. Box 8077

City: London | State: KY | Zip Code: 40742-

Amount of Each Disbursement this Period: 369.75

Purpose of Disbursement: MOBILE PHONE

Candidate Name

Category/Type

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

MOBILE PHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 2089.60

TOTAL This Period (last page this line number only) ▶

2006 0315 2555

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A.
Full Name (Last, First, Middle Initial)
Sprint PCS

Mailing Address P.O. Box 8077

City: London | State: KY | Zip Code: 40742-

Purpose of Disbursement: MOBILE PHONE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2452
Date of Disbursement: 03 / 03 / 2006

Amount of Each Disbursement this Period: 371.41

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MOBILE PHONE

B.
Full Name (Last, First, Middle Initial)
U.S. Senate Restaurant

Mailing Address First & C Streets N.E.

City: Washington | State: DC | Zip Code: 20510-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2466
Date of Disbursement: 03 / 17 / 2006

Amount of Each Disbursement this Period: 650.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FOOD/BEVERAGE

C.
Full Name (Last, First, Middle Initial)
Visa Businesscard

Mailing Address P.O. Box 13607

City: Kansas City | State: MO | Zip Code: 64199-

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2420
Date of Disbursement: 01 / 09 / 2006

Amount of Each Disbursement this Period: 5550.74

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 6572.15

TOTAL This Period (last page this line number only) ..... ▶

20030130054

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Mpix, Inc.

Mailing Address

City: Columbia | State: MO | Zip Code: 65203-

Purpose of Disbursement: PRINTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2421
Date of Disbursement: 01 / 09 / 2006

Amount of Each Disbursement this Period: 2139.75

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: PRINTING

B. Full Name (Last, First, Middle Initial)
Ritz Carlton Hotel

Mailing Address: 100 Carondelet Plaza

City: Saint Louis | State: MO | Zip Code: 63105-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2422
Date of Disbursement: 01 / 09 / 2006

Amount of Each Disbursement this Period: 3000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

C. Full Name (Last, First, Middle Initial)
Visa Businesscard

Mailing Address: P.O. Box 13607

City: Kansas City | State: MO | Zip Code: 64199-

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2429
Date of Disbursement: 01 / 23 / 2006

Amount of Each Disbursement this Period: 2314.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 2314.20

TOTAL This Period (last page this line number only) ▶

25922022657

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Sonomas

Mailing Address 223 Pennsylvania Ave., NW

City: Washington | State: DC | Zip Code: 20003-

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2430
Date of Disbursement: 01 / 23 / 2006

Amount of Each Disbursement this Period: 2314.20

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/BEVERAGE

B. Full Name (Last, First, Middle Initial)
Visa Businesscard

Mailing Address P.O. Box 13607

City: Kansas City | State: MO | Zip Code: 64199-

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2441
Date of Disbursement: 02 / 07 / 2006

Amount of Each Disbursement this Period: 360.44

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Visa Businesscard

Mailing Address P.O. Box 13607

City: Kansas City | State: MO | Zip Code: 64199-

Purpose of Disbursement: CREDIT CARD: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2453
Date of Disbursement: 03 / 03 / 2006

Amount of Each Disbursement this Period: 1726.70

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ 2067.14

TOTAL This Period (last page this line number only) ▶

26032125 3 6 9 5

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

PAGE 22 / 25

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 305 E Ash St

City: Columbia | State: MO | Zip Code: 65201-4427

Purpose of Disbursement: RENTAL CAR

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2457
Date of Disbursement: 03 / 03 / 2006

Amount of Each Disbursement this Period: 323.67

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: RENTAL CAR

B. Full Name (Last, First, Middle Initial)
Occasions Caterers

Mailing Address 5458 3rd St NE

City: Washington | State: DC | Zip Code: 20011-6316

Purpose of Disbursement: CATERING EXPENSE

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2454
Date of Disbursement: 03 / 03 / 2006

Amount of Each Disbursement this Period: 400.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: CATERING EXPENSE

C. Full Name (Last, First, Middle Initial)
Raphael Hotel

Mailing Address 325 Ward Pkwy

City: Kansas City | State: MO | Zip Code: 64112-2111

Purpose of Disbursement: FOOD/LODGING

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2458
Date of Disbursement: 03 / 03 / 2006

Amount of Each Disbursement this Period: 361.32

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD/LODGING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

29931243159

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
Staples.COM

Mailing Address

City: Columbia
State: MO
Zip Code: 65203-

Purpose of Disbursement
SUPPLIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2455
Date of Disbursement
03 / 03 / 2006

Amount of Each Disbursement this Period
211.06

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	40034.84

26020232060

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 18a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

PAGE 24 / 25

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A. Full Name (Last, First, Middle Initial)
The Salvation Army

Mailing Address 615 Slaters Ln

City: Alexandria | State: VA | Zip Code: 22314-1112

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 60411.E2428
Date of Disbursement: 01 / 18 / 2006

Amount of Each Disbursement this Period: 6500.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Commerce Bank

Mailing Address 8000 Forsyth Blvd.

City: Clayton | State: MO | Zip Code: 63105-

Purpose of Disbursement
ACCOUNT FEE

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 60411.E2469
Date of Disbursement: 01 / 01 / 2006

Amount of Each Disbursement this Period: 40.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Commerce Bank

Mailing Address 8000 Forsyth Blvd.

City: Clayton | State: MO | Zip Code: 63105-

Purpose of Disbursement
ACCOUNT FEE

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 60411.E2471
Date of Disbursement: 03 / 01 / 2006

Amount of Each Disbursement this Period: 10.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6550.00

TOTAL This Period (last page this line number only) ▶

26022320361

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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[ ] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [X] 21

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NAME OF COMMITTEE (In Full)
Missourians for Kit Bond

A.

Full Name (Last, First, Middle Initial)
Commerce Bank

Mailing Address 8000 Forsyth Blvd.

City: Clayton State: MO Zip Code: 63105-

Purpose of Disbursement
ACCOUNT FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [X] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2470
Date of Disbursement
02 / 01 / 2006

Amount of Each Disbursement this Period
10.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
March of Dimes

Mailing Address 1275 Mamaroneck Ave

City: White Plains State: NY Zip Code: 10605-5201

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [X] Primary [ ] General [ ] Other (specify)

Transaction ID: 60411.E2448
Date of Disbursement
02 / 01 / 2006

Amount of Each Disbursement this Period
6000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6010.00

TOTAL This Period (last page this line number only) ▶ 12560.00

2602023052

rians For Kit Bond
Meramec, Suite 100
ıs, MO 63105

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PHONE: (202) 224-0922

United States Senate

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