

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

NORTHWEST MISSOURI VICTORY

ADDRESS (number and street)

PO BOX 14194

☐Check if different
than previously
reported. (ACC)

PARKVILLE

MO

64152

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00442608

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)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
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2008

through

11

24

2008

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

Robert J. Saunders

Signature of Treasurer

Electronically Filed by Robert J. Saunders

Date

11

28

2008

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 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NORTHWEST MISSOURI VICTORY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		27460.00
(b) Cash on Hand at Beginning of Reporting Period	11715.83	
(c) Total Receipts (from Line 19)	52550.00	271899.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64265.83	299359.00
7. Total Disbursements (from Line 31)	55014.65	290107.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9251.18	9251.18
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	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NORTHWEST MISSOURI VICTORY

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	34850.00	208000.00
(i) Itemized (use Schedule A)	0.00	1100.00
(ii) Unitemized	34850.00	209100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	17700.00	62799.00
(c) Other Political Committees (such as PACs)	52550.00	271899.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	52550.00	271899.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52550.00	271899.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1214.65	6353.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1214.65	6353.82
22. Transfers to Affiliated/Other Party Committees.....	53800.00	282755.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	999.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	999.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55014.65	290107.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55014.65	290107.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	52550.00	271899.00
34. Total Contribution Refunds (from Line 28(d))	0.00	999.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52550.00	270900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1214.65	6353.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1214.65	6353.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)

Lynda Azima

Mailing Address 5921 Ward Parkway

City

Kansas City

State

MO

Zip Code

64113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.4461

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James Bartimus

Mailing Address 11150 Overbrook Road #200

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bartimus Frickleton Roberson

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.4493

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Jr. James C. Bowers

Mailing Address 5810 Lakefront Lane

City

St. Joseph

State

MO

Zip Code

64504

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Goss Bowers

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.4480

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY**A.**

Full Name (Last, First, Middle Initial)

Patricia Garney

Mailing Address 4200 N. Hickory Lane

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.4475

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Bill George

Mailing Address 11129 Brookwood Avenue

City

Shawnee Mission

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Transportati-
on ServicesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.4463

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Timothy Gokey

Mailing Address 600 East 45th Street

City

Kansas City

State

MO

Zip Code

64110

FEC ID number of contributing
federal political committee.

C

Name of Employer
H&R BlockOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.4474

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)

Patrick K. Gray

Mailing Address 2528 West 91st Street

City

Leawood

State

KS

Zip Code

66206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4467

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Herbert M. Kohn

Mailing Address 5049 Wornall, Unit 6B

City

Kansas City

State

MO

Zip Code

64112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bryan Cave

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.4476

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John Kurtz

Mailing Address 1718 Walnut

City

Kansas City

State

MO

Zip Code

64108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbard & Kurtz

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.4482

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)

Aaron G. March

Mailing Address 4510 Belleview #300

City

Kansas City

State

MO

Zip Code

64111

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Goss

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4470

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ken McClain

Mailing Address 510 North Delaware Street

City

Independence

State

MO

Zip Code

64050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humphrey Farrington McClain

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4484

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Phillip Patrick Scaglia

Mailing Address 2903 SW 13th Terrace

City

Lee's Summit

State

MO

Zip Code

64081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Powerful Performance Solutions

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.4483

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)

Dale L. Schulte

Mailing Address 2003 West 69th Terrace

City State Zip Code
Mission Hills KS 66208

FEC ID number of contributing
federal political committee.

C

Name of Employer
 White Goss Bowers

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4465

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Paul Schumaker

Mailing Address 1012 S. Wyckford Road

City State Zip Code
Olate KS 66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.4478

Amount of Each Receipt this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

William Sessions

Mailing Address 3526 Harrison Parkway

City State Zip Code
Kansas City MO 64109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.4491

Amount of Each Receipt this Period

2300.00

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)
 Glenn Solomon

Mailing Address 1401 Elm Street #4100

City State Zip Code
 Dallas TX 75202

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Simbol Commercial

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.4487

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
 V S.U. Trimble

Mailing Address 11830 State Route BB

City State Zip Code
 Rolla MO 65401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4489

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
 Chad Troutwine

Mailing Address 22741 Pacific Coast Highway #300

City State Zip Code
 Malibu CA 90265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Veritas Prop.

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4486

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY**A.**

Full Name (Last, First, Middle Initial)

John R. Weisenfels

Mailing Address 4510 Belleview #300

City

Kansas City

State

MO

Zip Code

64111

FEC ID number of contributing
federal political committee.

C

Name of Employer
White GossOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.4472

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mike White

Mailing Address 4510 Belleview

City

Kansas City

State

MO

Zip Code

64111

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Goss SchulteOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.4468

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

34850.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 21

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY**A.**

Full Name (Last, First, Middle Initial)

Hoyer for Congress Committee

Mailing Address 7905 Malcom Road #102

City	State	Zip Code
Clinton	MD	20735

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: SA11C.4496

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

United Food & Commercial Workers Intl. Union ABC

Mailing Address 1775 K Street NW

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	8

Transaction ID: SA11C.4498

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Waddell & Reed Financial Inc. PAC

Mailing Address 6300 Lamar Avenue

City	State	Zip Code
Overland Park	KS	66202

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Transaction ID: SA11C.4495

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional)

17700.00

TOTAL This Period (last page this line number only)

17700.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4500

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

4.50

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4501

Date of Disbursement

10 / 04 / 2008

Amount of Each Disbursement this Period

29.50

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4502

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

5.95

SUBTOTAL of Disbursements This Page (optional)

39.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4513

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

147.50

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4514

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

29.50

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4520

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

4.50

SUBTOTAL of Disbursements This Page (optional)

181.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City State Zip Code
Phoenix AZ 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4524

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

5.95

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 8351 NW Prairie View Road

City State Zip Code
Kansas City MO 64151

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4499

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

90.55

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 8351 NW Prairie View Road

City State Zip Code
Kansas City MO 64151

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4504

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

121.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 8351 NW Prairie View Road

City Kansas City State MO Zip Code 64151

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4507

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 8351 NW Prairie View Road

City Kansas City State MO Zip Code 64151

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4509

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 8351 NW Prairie View Road

City Kansas City State MO Zip Code 64151

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.4512

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 8351 NW Prairie View Road</p> <p>City Kansas City State MO Zip Code 64151</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4516</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>25.00</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 8351 NW Prairie View Road</p> <p>City Kansas City State MO Zip Code 64151</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4521</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 3 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>141.81</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 6238 N. Chatham Avenue</p> <p>City Kansas City State MO Zip Code 64151</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4518</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>459.00</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

625.81

TOTAL This Period (last page this line number only)

1043.76

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 NORTHWEST MISSOURI VICTORY

A. Full Name (Last, First, Middle Initial) KAY FOR CONGRESS	Transaction ID: SB22.4505 Date of Disbursement
Mailing Address PO BOX 14194	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 7 / 2 0 0 8</div> </div>
City PARKVILLE State MO Zip Code 64152	Amount of Each Disbursement this Period
Purpose of Disbursement Joint Fundraising Proceeds	<div>5000.00</div>
Candidate Name KAY BARNES	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KAY FOR CONGRESS	Transaction ID: SB22.4511 Date of Disbursement
Mailing Address PO BOX 14194	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 1 / 2 0 0 8</div> </div>
City PARKVILLE State MO Zip Code 64152	Amount of Each Disbursement this Period
Purpose of Disbursement Joint Fundraising Proceeds	<div>12000.00</div>
Candidate Name KAY BARNES	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KAY FOR CONGRESS	Transaction ID: SB22.4517 Date of Disbursement
Mailing Address PO BOX 14194	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 8</div> </div>
City PARKVILLE State MO Zip Code 64152	Amount of Each Disbursement this Period
Purpose of Disbursement Joint Fundraising Proceeds	<div>1500.00</div>
Candidate Name KAY BARNES	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

18500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 NORTHWEST MISSOURI VICTORY

A. Full Name (Last, First, Middle Initial) MISSOURI DEMOCRATIC STATE COMMITTEE	Transaction ID: SB22.4503 Date of Disbursement
Mailing Address P.O. Box 719	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 7 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Jefferson City MO 65102</div> </div> <div> <div>Purpose of Disbursement</div> <div>Joint Fundraising Proceeds</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>6500.00</div>
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	
B. Full Name (Last, First, Middle Initial) MISSOURI DEMOCRATIC STATE COMMITTEE	Transaction ID: SB22.4506 Date of Disbursement
Mailing Address P.O. Box 719	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Jefferson City MO 65102</div> </div> <div> <div>Purpose of Disbursement</div> <div>Joint Fundraising Proceeds</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>6000.00</div>
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	
C. Full Name (Last, First, Middle Initial) MISSOURI DEMOCRATIC STATE COMMITTEE	Transaction ID: SB22.4508 Date of Disbursement
Mailing Address P.O. Box 719	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 7 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Jefferson City MO 65102</div> </div> <div> <div>Purpose of Disbursement</div> <div>Joint Fundraising Proceeds</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Category/Type</div> <div></div> </div>	Amount of Each Disbursement this Period <div>10000.00</div>
<div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State: District:</div> <div></div> </div>	

SUBTOTAL of Disbursements This Page (optional)

22500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORTHWEST MISSOURI VICTORY

A.

Full Name (Last, First, Middle Initial)
MISSOURI DEMOCRATIC STATE COMMITTEE

Mailing Address P.O. Box 719

City State Zip Code
Jefferson City MO 65102

Purpose of Disbursement
Joint Fundraising Proceeds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB22.4510

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6800.00

B.

Full Name (Last, First, Middle Initial)
MISSOURI DEMOCRATIC STATE COMMITTEE

Mailing Address P.O. Box 719

City State Zip Code
Jefferson City MO 65102

Purpose of Disbursement
Joint Fundraising Proceeds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB22.4515

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

12800.00

TOTAL This Period (last page this line number only)

53800.00