

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

JOTTE FOR CONGRESS

ADDRESS (number and street) 120 ORCHARD AVENUE

Check if different than previously reported. (ACC)

ST LOUIS

MO

63119

2. **FEC IDENTIFICATION NUMBER** ▼

C C00503474

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MO

02

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

/  /

through

/  /

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 Mark Charles Schreiber

Signature of Treasurer Mark Charles Schreiber

[Electronically Filed]

Date

/  /

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

Write or Type Committee Name  
**JOTTE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	37019.00	37019.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37019.00	37019.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	16020.33	16020.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16020.33	16020.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	154514.90	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**JOTTE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	26394.00	26394.00
(ii) Unitemized.....	10625.00	10625.00
(iii) TOTAL of contributions from individuals ▶	37019.00	37019.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	37019.00	37019.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	37019.00	37019.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16020.33	16020.33
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	16020.33	16020.33

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	133516.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37019.00
25. SUBTOTAL (add Line 23 and Line 24).....	170535.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16020.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	154514.90

**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 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ronald Aylward**

Mailing Address 55 Muirfield Court

City State Zip Code  
St. Louis MO 63141

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

Name of Employer Occupation  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : SA11AI.4683**

Amount of Each Receipt this Period  
1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Laura Baalman**

Mailing Address 2032 Brookcreek Lane

City State Zip Code  
Kirkwood MO 63122

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

Name of Employer Occupation  
Balanced Care for Women Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2012

**Transaction ID : SA11AI.4708**

Amount of Each Receipt this Period  
250.00

check

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Michael Baker**

Mailing Address 3680 Creekside Drive

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Occupation  
EPMG, PC Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2012

**Transaction ID : SA11AI.4703**

Amount of Each Receipt this Period  
300.00

paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

1550.00

**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 6 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Omar Billano**

Mailing Address 2831 Shook Hill Circle

City Birmingham State AL Zip Code 35223

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : SA11AI.4720**

Amount of Each Receipt this Period  
 500.00  
 check

**B.** Full Name (Last, First, Middle Initial)  
**Prof. Richard Bradley**

Mailing Address 3523 Pickering Lane

City Pearland State TX Zip Code 77584

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

Name of Employer University of Texas Health Sci Occupation Associate Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.4715**

Amount of Each Receipt this Period  
 250.00  
 paypal

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Marlene Buckler**

Mailing Address 7941 Pine Glen Court

City Sarasota State FL Zip Code 34238

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2012

**Transaction ID : SA11AI.4697**

Amount of Each Receipt this Period  
 500.00  
 paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

**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 7 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Neil Christen**

Mailing Address 4805 Laurel Grace

City Anniston State AL Zip Code 36207

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012

**Transaction ID : SA11AI.4718**

Amount of Each Receipt this Period  
 500.00  
 check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Joseph Clinton**

Mailing Address 701 Park Avenue

City Minneapolis State MN Zip Code 55436

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

Name of Employer Hennepin Co Medical Center Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2012

**Transaction ID : SA11AI.4717**

Amount of Each Receipt this Period  
 500.00  
 paypal

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Dempsey**

Mailing Address 1257 Log Cabin Lane

City St. Louis State MO Zip Code 63124

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

Name of Employer Partee Associates, LLC Occupation Business Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012

**Transaction ID : SA11AI.4728**

Amount of Each Receipt this Period  
 1000.00  
 check

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

**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 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Leonard Dino**

Mailing Address 14324 Bramblewood Court

City State Zip Code  
Chesterfield MO 63017

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

Name of Employer Occupation  
LDI Integrated Pharmacy Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2012

**Transaction ID : SA11AI.4815**

Amount of Each Receipt this Period  
500.00  
check

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jerome Doyle**

Mailing Address 1563 Cedar Shake Road

City State Zip Code  
Glencoe MO 63038

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

Name of Employer Occupation  
Industrial Spring of St. Louis Business Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 25 / 2012

**Transaction ID : SA11AI.4729**

Amount of Each Receipt this Period  
500.00  
check

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Sean Doyle**

Mailing Address 935 Chelsea

City State Zip Code  
Glendale MO 63122

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

Name of Employer Occupation  
Express 2000 Staff

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 22 / 2012

**Transaction ID : SA11AI.4726**

Amount of Each Receipt this Period  
250.00  
check

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00



**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 OF 29			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Scott Dunn**

Mailing Address 43 Sylvester Avenue

City State Zip Code  
St. Louis MO 63119

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

Name of Employer Occupation  
Mercy Hospital Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : SA11AI.4802**

Amount of Each Receipt this Period  
300.00  
check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Elizabeth Fagan**

Mailing Address 760 Stinson Road

City State Zip Code  
Lucas TX 75002

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

Name of Employer Occupation  
EmCare Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11AI.4848**

Amount of Each Receipt this Period  
500.00  
paypal

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Jere Fitts**

Mailing Address PSC 1012 Box 681

City State Zip Code  
FPO AA 34058

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

Name of Employer Occupation  
CSC, Inc Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 18 / 2012

**Transaction ID : SA11AI.4750**

Amount of Each Receipt this Period  
250.00  
paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

1050.00

**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 10 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. John Gallagher**

Mailing Address 5948 East Calle De Paisano

City State Zip Code  
Phoenix AZ 85018

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

Name of Employer Occupation  
Self-Employed Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012

**Transaction ID : SA11AI.4768**

Amount of Each Receipt this Period  
250.00  
check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Michael Gillogley**

Mailing Address 6225 North Point Way

City State Zip Code  
Sacramento CA 95831

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

Name of Employer Occupation  
EMP Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 03 / 2012

**Transaction ID : SA11AI.4733**

Amount of Each Receipt this Period  
250.00  
payroll

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Stephen Grant**

Mailing Address 1 Cherry Hills Drive

City State Zip Code  
Aiken SC 29803

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

Name of Employer Occupation  
Carolina Care Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 03 / 2012

**Transaction ID : SA11AI.4734**

Amount of Each Receipt this Period  
250.00  
paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

750.00

**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 11 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Lynda Gray**

Mailing Address 2896 West Kensington Lane

City State Zip Code  
Fresno CA 93711

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

Name of Employer Occupation  
Retired Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 25 / 2012

**Transaction ID : SA11AI.4762**

Amount of Each Receipt this Period  
250.00  
paypal

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William Guyol**

Mailing Address 174 S. Collier #404

City State Zip Code  
Marco Island FL 34145

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

Name of Employer Occupation  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2012

**Transaction ID : SA11AI.4806**

Amount of Each Receipt this Period  
250.00  
check

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Bill Heegaard**

Mailing Address 4915 10th Avenue South

City State Zip Code  
Minneapolis MN 55417

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

Name of Employer Occupation  
HCMC Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 20 / 2012

**Transaction ID : SA11AI.4752**

Amount of Each Receipt this Period  
500.00  
paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**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 12 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Randall Howell**

Mailing Address 2924 Scarsdale Manor Drive

City St. Charles State MO Zip Code 63303

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

Name of Employer Washington University Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : SA11AI.4833**

Amount of Each Receipt this Period  
 500.00  
 paypal

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Kendrick Johnson**

Mailing Address 1284 Freswick Drive

City Folsom State CA Zip Code 95630

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

Name of Employer California Emergency Physician Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.4840**

Amount of Each Receipt this Period  
 300.00  
 paypal

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Kevin Journagan**

Mailing Address 560 Purdue Avenue

City University City State MO Zip Code 63130

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

Name of Employer Mercy St. Louis Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2012

**Transaction ID : SA11AI.4776**

Amount of Each Receipt this Period  
 250.00  
 paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

1050.00

**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 13 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Christopher Kramer**

Mailing Address 4412 Gull Point Drive

City State Zip Code  
Lee's Summit MO 64082

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

Name of Employer Occupation  
Self-Employed Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
244.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.4831**

Amount of Each Receipt this Period  
 244.00  
 check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Thomas Luetzow**

Mailing Address N7406 County Trunk E

City State Zip Code  
Watertown WI 53094

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

Name of Employer Occupation  
FQLSC Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2012

**Transaction ID : SA11AI.4755**

Amount of Each Receipt this Period  
 250.00  
 check

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Ned Magen**

Mailing Address 969 Keystone Drive

City State Zip Code  
Soldotna AK 99669

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

Name of Employer Occupation  
Central Peninsula Hospital Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 17 / 2012

**Transaction ID : SA11AI.4749**

Amount of Each Receipt this Period  
 250.00  
 paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

744.00

**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 14 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Cynthia Markus**

Mailing Address 43rd Avenue East

City State Zip Code  
Seattle WA 98112

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

Name of Employer Occupation  
North Sound Emergency Medicine Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 14 / 2012

**Transaction ID : SA11Al.4748**

Amount of Each Receipt this Period  
1000.00

paypal

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald McNutt**

Mailing Address 6760 Southwest Avenue

City State Zip Code  
St. Louis MO 63143

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

Name of Employer Occupation  
Midwest Petroleum President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2012

**Transaction ID : SA11Al.4804**

Amount of Each Receipt this Period  
250.00

check

**C.** Full Name (Last, First, Middle Initial)  
**Dr. John Newcomb**

Mailing Address 15643 Compass Drive

City State Zip Code  
Northport AL 35475

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

Name of Employer Occupation  
West Alabama Emergency Phys Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11Al.4844**

Amount of Each Receipt this Period  
500.00

paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**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 15 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Joyce Norman**

Mailing Address 5801 Laramie Avenue

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11AI.4811**

Amount of Each Receipt this Period  
 1000.00

paypal

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Robert O'Connor**

Mailing Address 515 Foxdale Lane

City Charlottesville State VA Zip Code 22903

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

Name of Employer University of Virginia Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 06 / 2012

**Transaction ID : SA11AI.4737**

Amount of Each Receipt this Period  
 500.00

paypal

**C.** Full Name (Last, First, Middle Initial)  
**Dr. David Pillow, Jr**

Mailing Address 5332 Wateka Drive

City Dallas State TX Zip Code 75209

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11AI.4812**

Amount of Each Receipt this Period  
 500.00

paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

**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 16 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Michael Platt**

Mailing Address 8900 Adrienne Court

City State Zip Code  
Louisville KY 40245

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

Name of Employer Occupation  
University of Louisville Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2012

**Transaction ID : SA11AI.4826**

Amount of Each Receipt this Period  
250.00  
check

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Greg Pohlman**

Mailing Address 7220 Lindell Blvd

City State Zip Code  
St. Louis MO 63130

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

Name of Employer Occupation  
Schroeder & Associates PC Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SA11AI.4773**

Amount of Each Receipt this Period  
2500.00  
check

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jack Pohrer**

Mailing Address 15 Overbrook Drive

City State Zip Code  
St. Louis MO 63124

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

Name of Employer Occupation  
St. Louis Parking Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SA11AI.4785**

Amount of Each Receipt this Period  
250.00  
check

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00



**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 17 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Gregory Polites**

Mailing Address 31 Bonhomme Grove Court

City State Zip Code  
Chesterfield MO 63017

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

Name of Employer Occupation  
Barnes Jewish Hospital Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2012

**Transaction ID : SA11AI.4798**

Amount of Each Receipt this Period  
250.00  
check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. John Proctor**

Mailing Address 5004 Bentgrass Court

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
Team Health Emergency Medicine Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2012

**Transaction ID : SA11AI.4839**

Amount of Each Receipt this Period  
200.00  
check

**C.** Full Name (Last, First, Middle Initial)  
**Ms Deanie Reis**

Mailing Address 7 Greenbriar Drive

City State Zip Code  
St. Louis MO 63124

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : SA11AI.4821**

Amount of Each Receipt this Period  
1500.00  
check

**SUBTOTAL** of Receipts This Page (optional).....

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

1950.00

**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 18 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Robert Rosenbloom**

Mailing Address 5029 Westwood Blvd

City State Zip Code  
Culver City CA 90231

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

Name of Employer Occupation  
Self-employed Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 03 / 2012

**Transaction ID : SA11AI.4732**

Amount of Each Receipt this Period  
500.00  
paypal

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Patricia Ryan**

Mailing Address 7040 Est Soyoluna Place

City State Zip Code  
Tuscon AZ 85715

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

Name of Employer Occupation  
Northwest Tuscon Emer Physicia Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012

**Transaction ID : SA11AI.4765**

Amount of Each Receipt this Period  
500.00  
paypal

**C.** Full Name (Last, First, Middle Initial)  
**Dr. David Sarkarati**

Mailing Address 500 Winderly Place

City State Zip Code  
Maitland FL 32751

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

Name of Employer Occupation  
Florida Emergency Physicians Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.4851**

Amount of Each Receipt this Period  
1000.00  
check

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

**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 19 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. David Sawyer**

Mailing Address 150 Spence Drive

City Pass Christian State MS Zip Code 39571

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2012

**Transaction ID : SA11AI.4769**

Amount of Each Receipt this Period  
 500.00  
 check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Timothy Seay**

Mailing Address 2614 S. Wildwind Circle

City The Woodlands State TX Zip Code 77380

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

Name of Employer Greater Houston Emergency Phy Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11AI.4827**

Amount of Each Receipt this Period  
 1000.00  
 paypal

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Riley Selby, III**

Mailing Address 624 Hancock Street

City Edwardsville State IL Zip Code 62025

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

Name of Employer Emergency Resources Inc Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2012

**Transaction ID : SA11AI.4738**

Amount of Each Receipt this Period  
 500.00  
 paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

**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 20 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Richard Stennes**

Mailing Address 2533 Calle Del Oro

City La Jolla State CA Zip Code 92037

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

Name of Employer Associated Emergency Phy Grp Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.4836**

Amount of Each Receipt this Period  
**500.00**  
 paypal

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Peter Stull**

Mailing Address 3626 Lovejoy Court NE

City Olympia State WA Zip Code 98506

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2012**

**Transaction ID : SA11AI.4830**

Amount of Each Receipt this Period  
**500.00**  
 check

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Gary Tamkin**

Mailing Address 4 Valley High

City Lafayette State CA Zip Code 94549

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 10 / 2012**

**Transaction ID : SA11AI.4742**

Amount of Each Receipt this Period  
**300.00**  
 paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

**1300.00**

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

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

FOR LINE NUMBER: PAGE 21 OF 29  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Harry Wingate III**

Mailing Address 1121 Ramser Drive

City Bogart State GA Zip Code 30622

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

Name of Employer Self-Employed Occupation Emergency Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 18 / 2012**

**Transaction ID : SA11AI.4754**

Amount of Each Receipt this Period  
**250.00**  
 check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Stephanie Wood**

Mailing Address 343 Roscoe Blvd N

City Ponte Verda State FL Zip Code 32082

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

Name of Employer Titan Occupation Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 14 / 2012**

**Transaction ID : SA11AI.4775**

Amount of Each Receipt this Period  
**1000.00**  
 check

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Barbara Yates**

Mailing Address 1216 E 527th Road

City Morrisville State MO Zip Code 65710

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

Name of Employer Locums Occupation Emergency Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11AI.4843**

Amount of Each Receipt this Period  
**500.00**  
 paypal

**SUBTOTAL** of Receipts This Page (optional).....

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

**1750.00**

**26394.00**

**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)	PAGE 22 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cindy Becker</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2012
Mailing Address 5555 Heintz Road Apt #9		Amount of Each Disbursement this Period 516.12 <b>Transaction ID : SB17.4877</b>
City St. Louis	State MO Zip Code 63129	
Purpose of Disbursement campaign office support	Category/Type 001	
Candidate Name <b>JOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

Full Name (Last, First, Middle Initial) <b>B. Cindy Becker</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2012
Mailing Address 5555 Heintz Road Apt #9		Amount of Each Disbursement this Period 63.69 <b>Transaction ID : SB17.4879</b>
City St. Louis	State MO Zip Code 63129	
Purpose of Disbursement reimbursement:mileage/name badges	Category/Type 001	
Candidate Name <b>JOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

Full Name (Last, First, Middle Initial) <b>c. Cindy Becker</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 5555 Heintz Road Apt #9		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4881</b>
City St. Louis	State MO Zip Code 63129	
Purpose of Disbursement campaign office support	Category/Type 001	
Candidate Name <b>JOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2579.81
<b>TOTAL</b> This Period (last page this line number only).....	

**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)		PAGE 23 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cindy Becker</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 5555 Heintz Road Apt #9		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4885</b>
City St. Louis	State MO Zip Code 63129	
Purpose of Disbursement campaign office suport	Category/Type 001	
Candidate Name <b>JOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

Full Name (Last, First, Middle Initial) <b>B. RANDALL STEPHEN JOTTE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 120 ORCHARD AVENUE		Amount of Each Disbursement this Period 117.00 <b>Transaction ID : SB17.4892</b>
City ST LOUIS	State MO Zip Code 63119	
Purpose of Disbursement chargify reimbursement	Category/Type 001	
Candidate Name <b>JOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

Full Name (Last, First, Middle Initial) <b>c. Majority Designs</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2012
Mailing Address 4020 North Lincoln Blvd. Ste 100		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4855</b>
City Oklahoma City	State OK Zip Code 73105	
Purpose of Disbursement consulting services	Category/Type 001	
Candidate Name <b>JOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5117.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 24 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Majority Designs</b>		M M / D D / Y Y Y Y 01 / 31 / 2012	
Mailing Address 4020 North Lincoln Blvd. Ste 100		Amount of Each Disbursement this Period	
City Oklahoma City State OK Zip Code 73105		3000.00	
Purpose of Disbursement consulting services		Transaction ID : SB17.4857	
Candidate Name JOTTE FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MO District: 02		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Majority Designs</b>		M M / D D / Y Y Y Y 02 / 13 / 2012	
Mailing Address 4020 North Lincoln Blvd. Ste 100		Amount of Each Disbursement this Period	
City Oklahoma City State OK Zip Code 73105		206.27	
Purpose of Disbursement print materials		Transaction ID : SB17.4878	
Candidate Name JOTTE FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MO District: 02		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. Majority Designs</b>		M M / D D / Y Y Y Y 02 / 22 / 2012	
Mailing Address 4020 North Lincoln Blvd. Ste 100		Amount of Each Disbursement this Period	
City Oklahoma City State OK Zip Code 73105		284.91	
Purpose of Disbursement design/print/mail services		Transaction ID : SB17.4864	
Candidate Name JOTTE FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MO District: 02		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3491.18
<b>TOTAL</b> This Period (last page this line number only) .....	



**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)	PAGE 25 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Majority Designs</b>		M M / D D / Y Y Y Y 02 / 27 / 2012	
Mailing Address 4020 North Lincoln Blvd. Ste 100		Amount of Each Disbursement this Period	
City Oklahoma City	State OK	Zip Code 73105	25.00
Purpose of Disbursement design/print/mail services		Category/Type 001	<b>Transaction ID : SB17.4880</b>
Candidate Name <b>JOTTE FOR CONGRESS</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MO District: 02			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Majority Designs</b>		M M / D D / Y Y Y Y 03 / 01 / 2012	
Mailing Address 4020 North Lincoln Blvd. Ste 100		Amount of Each Disbursement this Period	
City Oklahoma City	State OK	Zip Code 73105	3000.00
Purpose of Disbursement Consulting Services		Category/Type 001	<b>Transaction ID : SB17.4861</b>
Candidate Name <b>JOTTE FOR CONGRESS</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MO District: 02			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. Pay Pal</b>		M M / D D / Y Y Y Y 01 / 31 / 2012	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose	State CA	Zip Code 95131	210.60
Purpose of Disbursement Paypal Fees for January		Category/Type 003	<b>Transaction ID : SB17.4858</b>
Candidate Name <b>JOTTE FOR CONGRESS</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MO District: 02			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3235.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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)		PAGE 26 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Pay Pal</b>		M M / D D / Y Y Y Y 02 / 29 / 2012	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		65.18	
Purpose of Disbursement Paypal Fees for February		Transaction ID : SB17.4859	
Candidate Name <b>JOTTE FOR CONGRESS</b>		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Pay Pal</b>		M M / D D / Y Y Y Y 03 / 31 / 2012	
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		267.39	
Purpose of Disbursement Paypal Fees for March		Transaction ID : SB17.4863	
Candidate Name <b>JOTTE FOR CONGRESS</b>		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. United States Postal Service</b>		M M / D D / Y Y Y Y 02 / 29 / 2012	
Mailing Address Brentwood Branch		Amount of Each Disbursement this Period	
City Brentwood State MO Zip Code 63144		180.00	
Purpose of Disbursement postage		Transaction ID : SB17.4882	
Candidate Name <b>JOTTE FOR CONGRESS</b>		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	512.57
<b>TOTAL</b> This Period (last page this line number only).....	14936.16

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

JOTTE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

RANDALL STEPHEN JOTTE

Primary

General

Other (specify) ▼

Mailing Address

120 ORCHARD AVENUE

City

State

ZIP Code

ST LOUIS

MO

63119

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

11500.00

0.00

11500.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
10 / 01 / 2011

M M / D D / Y Y Y Y  
NONE

0.00 % (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

11500.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **JOTTE FOR CONGRESS** Transaction ID : **SC/10.4121**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDALL STEPHEN JOTTE</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 120 ORCHARD AVENUE		

City	State	ZIP Code
ST LOUIS	MO	63119

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 01 / Y 2011	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	3500.00
<b>TOTALS</b> This Period (last page in this line only).....	

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **JOTTE FOR CONGRESS** Transaction ID : **SC/10.4113**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDALL STEPHEN JOTTE</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 120 ORCHARD AVENUE		

City	State	ZIP Code
ST LOUIS	MO	63119

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
85000.00	0.00	85000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2011	M / D / Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	85000.00
<b>TOTALS</b> This Period (last page in this line only).....	100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.