

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 ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

ADDRESS (number and street) 5850 ELIZABETH AVE ST. LOUIS MO 63110 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00041939 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2011 through 03 31 2011

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 THOMAS G SANSEVERE

Signature of Treasurer Electronically Filed by THOMAS G SANSEVERE Date 04 14 2011

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

Table with 7 columns and 1 row. Column 1: Office Use Only. Column 7: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		152908.22
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	152908.22									
(c) Total Receipts (from Line 19) .....	7853.18	7853.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	160761.40	160761.40								
7. Total Disbursements (from Line 31) .....	69300.00	69300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	91461.40	91461.40								
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) .....	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**

Write or Type Committee Name

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	7837.00	7837.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7837.00	7837.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7837.00	7837.00
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.) .....	16.18	16.18
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)) .....	7853.18	7853.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7853.18	7853.18

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	69300.00	69300.00
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))..	69300.00	69300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69300.00	69300.00

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) .....	7837.00	7837.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7837.00	7837.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# 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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR JAKE ZIMMERMAN

Mailing Address 9046 OLD BONHOMME RD

City OLIVETTE State MO Zip Code 63132

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8737

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR JOSEPH GAMBINO

Mailing Address 1923 DOVERCLIFF CT

City CHESTERFIELD State MO Zip Code 63017

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8723

Date of Disbursement

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

Amount of Each Disbursement this Period

325.00
--------

**C.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR KEITH ENGLISH

Mailing Address 755 PELICAN LN

City FLORISSANT State MO Zip Code 63031

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8711

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1825.00

**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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR PROP S	Transaction ID: SB29.8815 Date of Disbursement
	Mailing Address 510 LARKIN AVE	<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City FERGUSON State MO Zip Code 63135	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS TO ELECT BRIDGET QUINLISK DAILEY	Transaction ID: SB29.8748 Date of Disbursement
	Mailing Address 3707 OAKMOUNT	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City ST LOUIS State MO Zip Code 63121	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS TO ELECT JEFFREY BOYD	Transaction ID: SB29.8765 Date of Disbursement
	Mailing Address 5879 MARTIN LUTHER KING DR	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City ST LOUIS State MO Zip Code 63112	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS TO ELECT PATTI YORK MAYOR <hr/> Mailing Address 81 BLAIR PL <hr/> City ST CHARLES State MO Zip Code 63301 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8745 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS TO ELECT PATTI YORK MAYOR <hr/> Mailing Address 81 BLAIR PL <hr/> City ST CHARLES State MO Zip Code 63301 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8814 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00 Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) CITIZENS TO ELECT WILLIAM LAUGHLIN <hr/> Mailing Address 1729 FOREST TRACE DR <hr/> City O FALLON State MO Zip Code 63368 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8724 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 300.00 Category/Type

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

1300.00

**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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A. COMMITTEE FOR CONTINUING THE PROMISE**

Full Name (Last, First, Middle Initial)

COMMITTEE FOR CONTINUING THE PROMISE

Mailing Address 2157 TELFORD

City ST LOUIS State MO Zip Code 63125

Purpose of Disbursement CONTRIBUTION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.8731

Date of Disbursement

02 / 08 / 2011

Amount of Each Disbursement this Period

250.00

**B. COMMITTEE TO ELECT GUS MANTIA**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT GUS MANTIA

Mailing Address 51 WILLMORE RD

City ST LOUIS State MO Zip Code 63109

Purpose of Disbursement CONTRIBUTION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.8709

Date of Disbursement

01 / 17 / 2011

Amount of Each Disbursement this Period

1000.00

**C. COMMITTEE TO ELECT MARK BEHLMANN**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT MARK BEHLMANN

Mailing Address 1020 RUE ST FRANCOIS ST

City FLORISSANT State MO Zip Code 63031

Purpose of Disbursement CONTRIBUTION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.8752

Date of Disbursement

02 / 24 / 2011

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1500.00

**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)

PAGE 10 / 13

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT SHIRLEY PARO Mailing Address 9934 CALAMET DR City ST LOUIS State MO Zip Code 63137 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8770 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2011
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL NO 1 MISSOURI PAC Mailing Address 5850 ELIZABETH AVE City ST LOUIS State MO Zip Code 63110 Purpose of Disbursement TRANSFER OF FUNDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8739 Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2011
	Amount of Each Disbursement this Period 10000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION 1 MISSOURI PAC Mailing Address 5850 ELIZABETH AVE City ST LOUIS State MO Zip Code 63110 Purpose of Disbursement TRANSFER OF FUNDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8824 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2011
	Amount of Each Disbursement this Period 40000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

50300.00

**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)

PAGE 11 / 13

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS FOR GINA WALSH</b>	<b>Transaction ID:</b> SB29.8729 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1	
	Mailing Address 1246 BAKEWELL		
	City ST LOUIS State MO Zip Code 63137	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name	Category/Type	
	Office Sought: <input 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: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS FOR MICHAEL G CORCORAN</b>	<b>Transaction ID:</b> SB29.8759 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1	
	Mailing Address 10736 ST MATTHEW		
	City ST ANN State MO Zip Code 63074	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name	Category/Type	
	Office Sought: <input 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: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS TO ELECT TOM SANSEVERE</b>	<b>Transaction ID:</b> SB29.8758 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1	
	Mailing Address 18 NO ELIZABETH		
	City FERGUSON State MO Zip Code 63135	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CONTRIBUTION		
	Candidate Name	Category/Type	
	Office Sought: <input 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: District:		

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

2000.00

**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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS TO ELECT TOM SCHNEIDER

Mailing Address 265 GERALD

City FLORISSANT State MO Zip Code 63031

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8715

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS TO ELECT TOM SCHNEIDER

Mailing Address 265 GERALD

City FLORISSANT State MO Zip Code 63031

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8747

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
IBEW - COPE

Mailing Address 900 SEVENTH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8710

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.	Full Name (Last, First, Middle Initial) MORRIS FOR SCHOOL BOARD	Transaction ID: SB29.8741 Date of Disbursement
	Mailing Address 510 LARKIN AVE	<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City FERGUSON State MO Zip Code 63135	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THE COMMITTEE TO ELECT MATT DOELL	Transaction ID: SB29.8761 Date of Disbursement
	Mailing Address PO BOX 294	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City EUREKA State MO Zip Code 63025	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TRI-COUNTY LABOR/LEGISLATIVE CLUB	Transaction ID: SB29.8734 Date of Disbursement
	Mailing Address 20 SUNNYVIEW DR	<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City ST PETERS State MO Zip Code 63376	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="325.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="925.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="64450.00"/>