



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ELECTRICAL WORKERS VOLUNTARY, POL, EDU &amp; 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	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		166615.27
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	166615.27									
(c) Total Receipts (from Line 19) .....	41459.73	41459.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	208075.00	208075.00								
7. Total Disbursements (from Line 31) .....	30146.40	30146.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	177928.60	177928.60								
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	0	8

 To: 

M	M
0	3

D	D
3	1

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	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	37025.00	37025.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	37025.00	37025.00
(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) .....	37025.00	37025.00
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 .....	4350.00	4350.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	84.73	84.73
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)) .....	41459.73	41459.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41459.73	41459.73

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	226.40	226.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	226.40	226.40
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.....	29920.00	29920.00
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))..	30146.40	30146.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30146.40	30146.40

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	37025.00	37025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37025.00	37025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	226.40	226.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	226.40	226.40

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

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

FOR LINE NUMBER: PAGE 6 / 33  
(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)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.** Full Name (Last, First, Middle Initial)  
CALLAHAN FOR STATE SENATE  
Mailing Address 132 EAST SHORT

City State Zip Code  
INDEPENDENCE MO 64050

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 2 / 2 0 0 8  
**Transaction ID: SA16.7479**  
 Amount of Each Receipt this Period  
 1350.00  
 REFUND OF CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
CITIZENS TO RE-ELECT CHUCK GRAHAM  
Mailing Address 102 W GREEN MEADOWS

City State Zip Code  
COLUMBIA MO 65203

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 2 / 2 0 0 8  
**Transaction ID: SA16.7478**  
 Amount of Each Receipt this Period  
 1350.00  
 REFUND OF CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT REBECCA MCCLANAHAN  
Mailing Address PO BOX 634

City State Zip Code  
KIRKSVILLE MO 63501

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 4 / 2 0 0 8  
**Transaction ID: SA16.7480**  
 Amount of Each Receipt this Period  
 300.00  
 REFUND OF CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 / 33	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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) FRIENDS FOR TIM GREEN		Date of Receipt
	Mailing Address 621 PRIGGE RD		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ST LOUIS	MO	63138
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1350.00"/>	Transaction ID: SA16.7508
			Amount of Each Receipt this Period <input type="text" value="1350.00"/>
			REFUND OF DONATION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1350.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="4350.00"/>

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

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21B.7560 Date of Disbursement
	Mailing Address PO BOX	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City OGDEN State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement 1120 POL	<input type="text" value="98.00"/>
	Candidate Name	<input type="text"/>
	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) MISSOURI DIRECTOR OF REVENUE	Transaction ID: SB21B.7562 Date of Disbursement
	Mailing Address P O BOX 700	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City JEFFERSON CITY State MO Zip Code 65105	Amount of Each Disbursement this Period
	Purpose of Disbursement MO 1120	<input type="text" value="21.00"/>
	Candidate Name	<input type="text"/>
	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="119.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="119.00"/>

# 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)  
11TH WARD REGULAR DEMOCRATIC ORGANIZATION

Mailing Address 6145 COLORADO AVE

City ST LOUIS State MO Zip Code 63111

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7495

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
13TH DEMOCRATIC SENATORIAL COMMITTEE

Mailing Address 906 OLIVE ST STE 900

City ST LOUIS State MO Zip Code 63101

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
13TH DEMOCRATIC SENATORIAL COMMITTEE

Mailing Address 906 OLIVE ST STE 900

City ST LOUIS State MO Zip Code 63101

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7589

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)  
27TH WARD REGULAR DEMOCRATIC ORGANIZATION

Mailing Address 6000 WEST FLORISSANT AVE

City ST LOUIS State MO Zip Code 63136

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

280.00

B.

Full Name (Last, First, Middle Initial)  
ADAIR COUNTY CENTRAL COMMITTEE

Mailing Address 25305 EAGLE LN

City KIRKSVILLE State MO Zip Code 63505

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7497

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)  
AIRPORT TOWNSHIP DEMOCRATIC CLUB, INC.

Mailing Address 3427 ST. MARK LN

City ST. ANN State MO Zip Code 63074

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7547

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

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

680.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CAMPAIGN FOR DEBBIE COOK</b>	<b>Transaction ID: SB29.7577</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8	
	Mailing Address 1275 PINEHURST CLUB CT		Amount of Each Disbursement this Period 100.00
	City O FALLON State MO Zip Code 63366		
	Purpose of Disbursement DONATION		
	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>CAMPAIGN TO ELECT KING TAYLOR</b>	<b>Transaction ID: SB29.7542</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8	
	Mailing Address 9953 LEWIS & CLARK BLVD STE 307		Amount of Each Disbursement this Period 325.00
	City ST LOUIS State MO Zip Code 63136		
	Purpose of Disbursement DONATION		
	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>CITIZENS FOR JOSEPH GAMBINO</b>	<b>Transaction ID: SB29.7526</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8	
	Mailing Address 1923 DOVERCLIFF CT		Amount of Each Disbursement this Period 175.00
	City CHESTERFIELD State MO Zip Code 63017		
	Purpose of Disbursement DONATION		
	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) ..... ▶

600.00

**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 PATRICIA YAEGER

Mailing Address 11101 FLORI

City ST LOUIS State MO Zip Code 63123

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7546

Date of Disbursement

/

Amount of Each Disbursement this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR SALLY LIPPMANN

Mailing Address 135 SHADY HOLLOW DR

City EUREKA State MO Zip Code 63025

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7538

Date of Disbursement

/

Amount of Each Disbursement this Period

100.00

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

Mailing Address 5002 COLUMBIA

City ST LOUIS State MO Zip Code 63139

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7489

Date of Disbursement

/

Amount of Each Disbursement this Period

50.00

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

350.00

**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 14 / 33

<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>CITIZENS FOR STEVE STENDEL</b>	<b>Transaction ID: SB29.7506</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8	
	Mailing Address PO BOX 25118		
	City ST LOUIS State MO Zip Code 63125	Amount of Each Disbursement this Period	200.00
	Purpose of Disbursement DONATION		
	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>CITIZENS TO ELECT JOHN BRAZEALE</b>	<b>Transaction ID: SB29.7523</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8	
	Mailing Address 2280 GRANT DR		
	City ARNOLD State MO Zip Code 63010	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement DONATION		
	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>CITIZENS TO ELECT MIKE O'MARA</b>	<b>Transaction ID: SB29.7586</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8	
	Mailing Address 2913 REDFORD CREEK CT		
	City FLORISSANT State MO Zip Code 63031	Amount of Each Disbursement this Period	650.00
	Purpose of Disbursement DONATION		
	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) ..... ▶

**950.00**

**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 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 TO ELECT ROBERT YOUNG

Mailing Address PO BOX 2055

City FLORISSANT State MO Zip Code 63032

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7514

Date of Disbursement

/

Amount of Each Disbursement this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
CLINT FOR TREASURER

Mailing Address 1960 ACORN TRAIL DR

City FLORISSANT State MO Zip Code 63031

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7550

Date of Disbursement

/

Amount of Each Disbursement this Period

1025.00

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT BOB FOERSTEL

Mailing Address 9815 EAGLE HILL LN

City ST LOUIS State MO Zip Code 63127

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7522

Date of Disbursement

/

Amount of Each Disbursement this Period

325.00

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

1450.00

**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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT CARL GULOTTA</b></p> <p>Mailing Address 2525 TROJAN CIR</p> <p>City TROY State MO Zip Code 63379</p> <p>Purpose of Disbursement DONATION</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><b>Transaction ID:</b> SB29.7584</p> <p>Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT DEBBIE BIXLER</b></p> <p>Mailing Address 11 BRENTMOOR CT</p> <p>City ST CHARLES State MO Zip Code 63303</p> <p>Purpose of Disbursement DONATION</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><b>Transaction ID:</b> SB29.7574</p> <p>Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT DON RYAN</b></p> <p>Mailing Address 12 MARYBETH CT</p> <p>City O'FALLON State MO Zip Code 63366</p> <p>Purpose of Disbursement DONATION</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><b>Transaction ID:</b> SB29.7564</p> <p>Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 325.00</p>

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

**475.00**

**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) <b>COMMITTEE TO ELECT JOHN SCHLERETH</b>	<b>Transaction ID: SB29.7602</b>
	Mailing Address 1910 HILDRED	Date of Disbursement MM / DD / YYYY 03 / 24 / 2008
	City JENNINGS State MO Zip Code 63136	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement DONATION	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT JOSEPH TURNER</b>	<b>Transaction ID: SB29.7596</b>
	Mailing Address 8514 HAMILTON	Date of Disbursement MM / DD / YYYY 03 / 24 / 2008
	City JENNINGS State MO Zip Code 63136	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement DONATION	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT LEWIS REED</b>	<b>Transaction ID: SB29.7591</b>
	Mailing Address 415 N TUCKER	Date of Disbursement MM / DD / YYYY 03 / 18 / 2008
	City ST LOUIS State MO Zip Code 63103	Amount of Each Disbursement this Period 625.00
	Purpose of Disbursement DONATION	Category/ Type
	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) ▼

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

**725.00**

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT LINDA NASH</p> <p>Mailing Address 4283 MISSOURI PACIFIC RD</p> <p>City ARNOLD State MO Zip Code 63010</p> <p>Purpose of Disbursement DONATION</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><b>Transaction ID:</b> SB29.7501</p> <p>Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MIRANDA JONES</p> <p>Mailing Address 8919 COZENS</p> <p>City JENNINGS State MO Zip Code 63136</p> <p>Purpose of Disbursement DONATION</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><b>Transaction ID:</b> SB29.7598</p> <p>Date of Disbursement 03 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT PATRICK BARCLAY</p> <p>Mailing Address 860 CARRIAGE HILL DR</p> <p>City ST PETERS State MO Zip Code 63304</p> <p>Purpose of Disbursement DONATION</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><b>Transaction ID:</b> SB29.7579</p> <p>Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p>

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

200.00

**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) COMMITTEE TO ELECT RALPH SIDEBOTTOM	Transaction ID: SB29.7593 Date of Disbursement
	Mailing Address 11 RAVENWOOD CT	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City LAKE ST LOUIS State MO Zip Code 63367	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="50.00"/>
	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) COMMITTEE TO ELECT REED	Transaction ID: SB29.7559 Date of Disbursement
	Mailing Address 415 N TUCKER	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City ST LOUIS State MO Zip Code 63103	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="250.00"/>
	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) COMMITTEE TO ELECT ROBERT BEAMER	Transaction ID: SB29.7534 Date of Disbursement
	Mailing Address 460 E MAIN ST	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City TROY State MO Zip Code 63379	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="100.00"/>
	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="400.00"/>
<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

**A. FERGUSON TOWNSHIP OPEN DEMOCRATIC CLUB**

Full Name (Last, First, Middle Initial)

FERGUSON TOWNSHIP OPEN DEMOCRATIC CLUB

Mailing Address 202 SO ELIZABETH AVE

City FERGUSON State MO Zip Code 63135

Purpose of Disbursement DONATION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.7536

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

100.00

**B. FRANKLIN COUNTY DEMOCRATIC CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

FRANKLIN COUNTY DEMOCRATIC CENTRAL COMMITTEE

Mailing Address PO BOX 274

City UNION State MO Zip Code 63084

Purpose of Disbursement DONATION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.7533

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

300.00

**C. FRANKLIN COUNTY LABOR/POLITICAL COMMITTEE**

Full Name (Last, First, Middle Initial)

FRANKLIN COUNTY LABOR/POLITICAL COMMITTEE

Mailing Address PO BOX 21

City UNION State MO Zip Code 63084

Purpose of Disbursement DONATION

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.7484

Date of Disbursement

01 / 18 / 2008

Amount of Each Disbursement this Period

200.00

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

600.00

**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)  
FRANKLIN COUNTY LABOR/POLITICAL COMMITTEE

Mailing Address PO BOX 21

City UNION State MO Zip Code 63084

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7576

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS FOR ANNETTE PENDILTON

Mailing Address 10522 EWELL DR

City ST LOUIS State MO Zip Code 63137

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7600

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS FOR MIKE HOEHN

Mailing Address 11 WINDSOR PL DR

City ST CHARLES State MO Zip Code 63304

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7572

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

100.00

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

500.00

**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 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) FRIENDS OF DONALD KRANK <hr/> Mailing Address 11621 BRISTOL ROCK RD <hr/> City BLACK JACK State MO Zip Code 63033 <hr/> Purpose of Disbursement DONATION 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: SB29.7556 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 325.00
	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) FRIENDS OF JIM WEISS <hr/> Mailing Address 1044 VOGEL ESTATES LN <hr/> City ARNOLD State MO Zip Code 63010 <hr/> Purpose of Disbursement DONATION 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: SB29.7528 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	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) FRIENDS OF JOHN GRIB <hr/> Mailing Address 8 ALANDALE CT <hr/> City FLORISSANT State MO Zip Code 63031 <hr/> Purpose of Disbursement DONATION 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: SB29.7504 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8
	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) ▼

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

725.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS TO ELECT MARK SCHMIDT <hr/> Mailing Address 1065 ST ANTHONY <hr/> City FLORISSANT State MO Zip Code 63033 <hr/> Purpose of Disbursement DONATION 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: SB29.7532 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 325.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS TO RE-ELECT TIM POGUE <hr/> Mailing Address 418 BUSH DR <hr/> City BALLWIN State MO Zip Code 63021 <hr/> Purpose of Disbursement DONATION 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: SB29.7604 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 150.00
<b>C.</b>	Full Name (Last, First, Middle Initial) GREATER ST LOUIS AREA & VICINITY PORT COUNCIL <hr/> Mailing Address 458 GRAVOIS <hr/> City ST LOUIS State MO Zip Code 63116 <hr/> Purpose of Disbursement DONATION 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: SB29.7491 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 100.00

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

575.00

**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 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) HOUSE CAPITOL DEMOCRAT INNER CIRCLE <hr/> Mailing Address 1003 BOONVILLE RD <hr/> City JEFFERSON CITY State MO Zip Code 65109 <hr/> Purpose of Disbursement DONATION 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: SB29.7588 Date of Disbursement MM / DD / YYYY 03 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 300.00
B.	Full Name (Last, First, Middle Initial) JEFFERSON COUNTY DEMOCRATIC CENTRAL COMMITTEE <hr/> Mailing Address 6026 CLEARVIEW <hr/> City HOUSE SPRINGS State MO Zip Code 63051 <hr/> Purpose of Disbursement DONATION 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: SB29.7500 Date of Disbursement MM / DD / YYYY 01 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 200.00
C.	Full Name (Last, First, Middle Initial) JEFFERSON COUNTY DEMOCRATIC CENTRAL COMMITTEE <hr/> Mailing Address 6026 CLEARVIEW <hr/> City HOUSE SPRINGS State MO Zip Code 63051 <hr/> Purpose of Disbursement DONATION 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: SB29.7530 Date of Disbursement MM / DD / YYYY 02 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 320.00

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

820.00

**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 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)  
JEFFERSON COUNTY LABOR/POLITICAL COMMITTEE

Mailing Address 7859 ASHWOOD

City BARNHART State MO Zip Code 63012

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7485

Date of Disbursement

/   /

Amount of Each Disbursement this Period

170.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFERSON COUNTY LABOR/POLITICAL COMMITTEE

Mailing Address 7859 ASHWOOD

City BARNHART State MO Zip Code 63012

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7531

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**C.** Full Name (Last, First, Middle Initial)  
KYLE KIMBERLIN FOR MAYOR

Mailing Address 811 WOOLF RD

City WARRENTON State MO Zip Code 63383

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

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

670.00

**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)

LEVOTA FOR STATE REP

Mailing Address 5101 SHRANK AVE

City INDEPENDENCE State MO Zip Code 64055

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7490

Date of Disbursement

01 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

LIBBY FITZGERALD BD OF TRUST ST LOUIS COMM COLLEGE

Mailing Address 1445 SHAGBARK CT

City CHESTERFIELD State MO Zip Code 63017

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7567

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARCUS SHEPARD CAMPAIGN FUND

Mailing Address 11201 CATHY DR

City FESTUS State MO Zip Code 63028

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7548

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

325.00

SUBTOTAL of Disbursements This Page (optional) ▶

950.00

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) MCCULLOCH FOR PROSECUTOR	Transaction ID: SB29.7537
	Mailing Address PO BOX 220428	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City ST. LOUIS State MO Zip Code 63122	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement DONATION	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) MINERAL AREA LABOR LEGISLATIVE COMMITTEE	Transaction ID: SB29.7563
	Mailing Address PO BOX 11	Date of Disbursement MM / DD / YYYY 03 / 17 / 2008
	City PARK HILLS State MO Zip Code 63601	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement DONATION	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) MISSOURI DEMOCRATIC PARTY	Transaction ID: SB29.7513
	Mailing Address 208 MADISON ST	Date of Disbursement MM / DD / YYYY 02 / 12 / 2008
	City JEFFERSON CITY State MO Zip Code 65109	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement DONATION	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1850.00
<b>TOTAL</b> 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 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) MISSOURI DEMOCRATIC PARTY	Transaction ID: SB29.7606 Date of Disbursement
	Mailing Address 208 MADISON ST	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City State Zip Code JEFFERSON CITY MO 65109	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="1250.00"/>
	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.	Full Name (Last, First, Middle Initial) MURPHY FOR SHERIFF COMMITTEE	Transaction ID: SB29.7493 Date of Disbursement
	Mailing Address 7359 YATES	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City State Zip Code ST. LOUIS MO 63116	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="500.00"/>
	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:	

C.	Full Name (Last, First, Middle Initial) NEIGHBORS TO RE-ELECT BOB AUBUCHON	Transaction ID: SB29.7520 Date of Disbursement
	Mailing Address 7416 SUNSET DR	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City State Zip Code HAZELWOOD MO 63042	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="100.00"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1850.00"/>
<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

A.	Full Name (Last, First, Middle Initial) OAKVILLE TOWNSHIP DEMOCRATIC ORGANIZATION	Transaction ID: SB29.7488 Date of Disbursement
	Mailing Address PO BOX 510271	<input type="text" value="01"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City ST LOUIS State MO Zip Code 63151	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="150.00"/>
	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.	Full Name (Last, First, Middle Initial) PAGE FOR MISSOURI	Transaction ID: SB29.7552 Date of Disbursement
	Mailing Address 17 WINDSOR TERRACE LN	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City CREVE COEUR State MO Zip Code 63141	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="300.00"/>
	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:	

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR MICHAEL SPRENG	Transaction ID: SB29.7553 Date of Disbursement
	Mailing Address PO BOX 0972	<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City FLORISSANT State MO Zip Code 63032	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="200.00"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="650.00"/>
<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)

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<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>PROJECT 2000</b>	<b>Transaction ID: SB29.7486</b> Date of Disbursement 01 / 18 / 2008	
	Mailing Address 3301 HOLLENBERG DR		
	City BRIDGETON State MO Zip Code 63044 Purpose of Disbursement DONATION Candidate Name	Amount of Each Disbursement this Period 200.00	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>B.</b>	Full Name (Last, First, Middle Initial) <b>ST CHARLES DEMOCRATIC CLUB</b>	<b>Transaction ID: SB29.7525</b> Date of Disbursement 02 / 22 / 2008	
	Mailing Address 3821 PINE FOREST LN		
	City ST CHARLES State MO Zip Code 63304 Purpose of Disbursement DONATION Candidate Name	Amount of Each Disbursement this Period 300.00	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>C.</b>	Full Name (Last, First, Middle Initial) <b>ST FRANCOIS COUNTY DEMOCRATS</b>	<b>Transaction ID: SB29.7566</b> Date of Disbursement 03 / 17 / 2008	
	Mailing Address 113 WESTMOOR DR		
	City BONNE TERRE State MO Zip Code 63640 Purpose of Disbursement DONATION Candidate Name	Amount of Each Disbursement this Period 100.00	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) ▼	

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

**600.00**

**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 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)  
TRI-COUNTY LABOR/LEGISLATIVE CLUB

Mailing Address 20 SUNNYVIEW DR

City State Zip Code  
ST PETERS MO 63376

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7483

Date of Disbursement

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

Amount of Each Disbursement this Period

525.00

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

525.00

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

29920.00