

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

ADDRESS (number and street) 4914 WOODFIELD DRIVE

Check if different than previously reported. (ACC)

ST JOSEPH

MO

64506

2. **FEC IDENTIFICATION NUMBER** ▼

C C00559005

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MO

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer Loes Jean Hedge

Signature of Treasurer Loes Jean Hedge

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

Report Covering the Period: From: M M / D D / Y Y Y Y 12 / 03 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8698.00	8698.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8698.00	8698.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8490.50	8633.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8490.50	8633.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9064.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	9542.25	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4650.00	4650.00
(ii) Unitemized.....	3748.00	3748.00
(iii) TOTAL of contributions from individuals ▶	8398.00	8398.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	300.00	300.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8698.00	8698.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	9000.00	9000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	9000.00	9000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17698.00	17698.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8490.50	8633.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8490.50	8633.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-143.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17698.00
25. SUBTOTAL (add Line 23 and Line 24).....	17554.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8490.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9064.27

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

Full Name (Last, First, Middle Initial) A. Rose Briscoe		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2013
Mailing Address P.O. Box 243		Transaction ID : SA11AI.4112
City St. Joseph	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Attorney	Supporter
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Rolf & Ilse Christen		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2014
Mailing Address 60731 Hwy M		Transaction ID : SA11AI.4231
City Green City	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Supporters
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Kendall Hunt		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2014
Mailing Address 8202 NW Cadwallader		Transaction ID : SA11AI.4192
City Kansas	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer	Occupation Not Employed	Ear Mark through Actblue
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

Full Name (Last, First, Middle Initial) ActBlue		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2014
Mailing Address		Transaction ID : SA11AI.4192.0
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer	Occupation	Conduit entry for Ear Mark contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 705.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) Kendall & Sharon Hunt		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2014
Mailing Address 8202 Cadawallader, Rd		Transaction ID : SA11AI.4129
City	State	Zip Code
Kansas City	MO	64132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	Supporters
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Dr. Sharon Kosek		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2014
Mailing Address 2 Wishbone Rd.		Transaction ID : SA11AI.4173
City	State	Zip Code
St. Joseph	MO	64506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	Supporter
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

A. Full Name (Last, First, Middle Initial)
Karel, John Rogers, Verhagen

Mailing Address RR 1 Box 64B

City Newark State MO Zip Code 63458

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

Name of Employer Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
 300.00
 Supporters

B. Full Name (Last, First, Middle Initial)
The Missouri State Democratic Committee

Mailing Address

City Jefferson City State MO Zip Code

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 2500.00
 In-kind - Voter Data

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2800.00

4650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

A. Full Name (Last, First, Middle Initial)
Shelby County Democratic Club

Mailing Address 501 . Mill Street

City Shelbina State MO Zip Code 63468

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11C.4204

Amount of Each Receipt this Period
300.00

Contribution from Shelby County Democrats for campaign of Dr. W. A. (Bill) Hedge

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

300.00

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

A. Full Name (Last, First, Middle Initial)
Dr. W. A. (Bill) Hedge

Mailing Address 4914 Woodfield Drive

City St. Joseph State MO Zip Code 64506

FEC ID number of contributing federal political committee. **C** H2MO06202

Name of Employer Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2014

Transaction ID : SA13A.4208

Amount of Each Receipt this Period
 9000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

9000.00

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

Full Name (Last, First, Middle Initial) A. Cookman Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 424 South 6th Street		Amount of Each Disbursement this Period 394.93 Transaction ID : SB17.4248
City St. Joseph State MO Zip Code 64501	Purpose of Disbursement Campaign flyers 004 Category/Type	
Candidate Name COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Cookman Printing		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 424 South 6th Street		Amount of Each Disbursement this Period 48.69 Transaction ID : SB17.4249
City St. Joseph State MO Zip Code 64501	Purpose of Disbursement Campaign Cards 004 Category/Type	
Candidate Name COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Cookman Printing		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 424 South 6th Street		Amount of Each Disbursement this Period 210.99 Transaction ID : SB17.4252
City St. Joseph State MO Zip Code 64501	Purpose of Disbursement Campaign Cards 004 Category/Type	
Candidate Name COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	394.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

Full Name (Last, First, Middle Initial) A. Cookman Printing		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 424 South 6th Street		Amount of Each Disbursement this Period 28.64 Transaction ID : SB17.4256
City State Zip Code St. Joseph MO 64501	Purpose of Disbursement Campaign Letters 004	
Candidate Name COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Dream Weaver Graphics		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1414 South Belt Hwy		Amount of Each Disbursement this Period 481.53 Transaction ID : SB17.4258
City State Zip Code St. Joseph MO 64507	Purpose of Disbursement Campaign T-shirts 004	
Candidate Name COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Dream Weaver Graphics		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1414 South Belt Hwy		Amount of Each Disbursement this Period 287.39 Transaction ID : SB17.4278
City State Zip Code St. Joseph MO 64507	Purpose of Disbursement T-Shirts 004	
Candidate Name COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	797.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

Full Name (Last, First, Middle Initial) A. Stars and Stripes		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 7560 W 100th Place		Amount of Each Disbursement this Period 2438.50
City Bridgewater	State IL	
Zip Code 60455	Purpose of Disbursement Door Hangers	Transaction ID : SB17.4260
Candidate Name COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE	Category/Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 06		

Full Name (Last, First, Middle Initial) B. Stars and Stripes		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 7560 W 100th Place		Amount of Each Disbursement this Period 2290.00
City Bridgewater	State IL	
Zip Code 60455	Purpose of Disbursement Campaign yard signs	Transaction ID : SB17.4262
Candidate Name COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 06		

Full Name (Last, First, Middle Initial) c. The Missouri State Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 2500.00
City Jefferson City	State MO	
Zip Code	Purpose of Disbursement In-kind - Voter Data	Transaction ID : SB17.4157
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7228.50
TOTAL This Period (last page this line number only).....	8420.99

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE** Transaction ID : **SC/10.4208**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. W. A. (Bill) Hedge	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4914 Woodfield Drive		

City	State	ZIP Code
St. Joseph	MO	64506

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9000.00	0.00	9000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 19 / Y 2014 Y	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	9000.00
TOTALS This Period (last page in this line only).....	9000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT DR. W.A. (BILL) HEDGE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Firehouse, Designs, Inc.

Mailing Address 6222 King Hill

City State Zip Code
St. Joseph MO 64505

Nature of Debt (Purpose):
Banners

Outstanding Balance Beginning This Period **Transaction ID : SD10.4282**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="542.25"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="542.25"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="9000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="9542.25"/>