

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

ADDRESS (number and street) 8600 HILLCREST ROAD

Check if different than previously reported. (ACC)

KANSAS CITY MO 64138

2. **FEC IDENTIFICATION NUMBER** C00206177

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

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

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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 PATRICK JULO

Signature of Treasurer Electronically Filed by PATRICK JULO Date 10 13 2010

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							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		283291.49
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	360946.15									
(c) Total Receipts (from Line 19)	52219.66	170283.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	413165.81	453574.65								
7. Total Disbursements (from Line 31)	85396.50	125805.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	327769.31	327769.31								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	52131.21	169875.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52131.21	169875.37
(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)	52131.21	169875.37
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	88.45	407.79
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))	52219.66	170283.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52219.66	170283.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	2417.50	9126.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2417.50	9126.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
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.....	67979.00	101679.00
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))..	85396.50	125805.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85396.50	125805.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	52131.21	169875.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52131.21	169875.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2417.50	9126.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2417.50	9126.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.

Full Name (Last, First, Middle Initial)

Bank Midwest

Mailing Address 11th & Walnut

City State Zip Code
Kansas City MO 64106

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 135823.67

Date of Receipt

M M / D D / Y Y Y Y Y
07 30 2010

Transaction ID: SA17.7386

Amount of Each Receipt this Period

29.00

INTEREST

B.

Full Name (Last, First, Middle Initial)

Bank Midwest

Mailing Address 11th & Walnut

City State Zip Code
Kansas City MO 64106

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 152408.29

Date of Receipt

M M / D D / Y Y Y Y Y
08 31 2010

Transaction ID: SA17.7387

Amount of Each Receipt this Period

31.03

INTEREST

C.

Full Name (Last, First, Middle Initial)

Bank Midwest

Mailing Address 11th & Walnut

City State Zip Code
Kansas City MO 64106

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 170283.16

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2010

Transaction ID: SA17.7388

Amount of Each Receipt this Period

28.42

INTEREST

SUBTOTAL of Receipts This Page (optional)

88.45

TOTAL This Period (last page this line number only)

88.45

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) Bank Midwest	Transaction ID: SB21B.7397 Date of Disbursement
	Mailing Address 11th & Walnut	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kansas City State MO Zip Code 64106	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="31.25"/>
	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) GREATER KANSAS CITY AFL-CIO	Transaction ID: SB21B.7391 Date of Disbursement
	Mailing Address 1021 PENNSYLVANIA	<input type="text" value="08"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City KANSAS CITY State MO Zip Code 64105	Amount of Each Disbursement this Period
	Purpose of Disbursement LABOR ORGANIZING	<input type="text" value="1000.00"/>
	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) JACKSON COUNTY DEMOCRATIC COMMITTEE	Transaction ID: SB21B.7396 Date of Disbursement
	Mailing Address 1617 MAIN, SUITE 200	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City KANSAS CITY State MO Zip Code 64108	Amount of Each Disbursement this Period
	Purpose of Disbursement TICKETS-CHILI DINNER	<input type="text" value="1000.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2031.25"/>
TOTAL 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 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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.

Full Name (Last, First, Middle Initial)
Kansas AFL-CIO

Mailing Address 2132 SW 36th St.

City State Zip Code
Topeka KS 66611

Purpose of Disbursement
REGISTRATION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7389

Date of Disbursement

/ /

Amount of Each Disbursement this Period

255.00

SUBTOTAL of Disbursements This Page (optional)

255.00

TOTAL This Period (last page this line number only)

2286.25

**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 checked="" 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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

<p>A. Full Name (Last, First, Middle Initial) CLEAVER FOR CONGRESS</p> <p>Mailing Address 2300 MAIN STREET SUITE 1000</p> <p>City KANSAS CITY State MO Zip Code 64108</p> <p>Purpose of Disbursement CONTRIBUTUON</p> <p>Candidate Name CLEAVER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7398 Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) LISA FOR KANSAS</p> <p>Mailing Address PO BOX 25752</p> <p>City SHAWNEE MISSION State KS Zip Code 66225</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name LISA FOR KANSAS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7402 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MOORE, STEPHENE ANN</p> <p>Mailing Address 8319 MULLEN</p> <p>City LENEXA State KS Zip Code 66215</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FRIENDS OF STEPHENE MOORE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7399 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	15000.00

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) BENLON FOR KANSAS	Transaction ID: SB29.7482 Date of Disbursement																			
	Mailing Address 8725 W. 79TH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	1	0												
	City OVERLAND PARK State KS Zip Code 66204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name BENLON FOR KANSAS	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) BIGGS FOR KANSAS	Transaction ID: SB29.7434 Date of Disbursement																			
	Mailing Address PO BOX 2368	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
	City TOPEKA State KS Zip Code 66601	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name BIGGS FOR KANSAS	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CARLIN FOR REPRESENTATIVE	Transaction ID: SB29.7477 Date of Disbursement																			
	Mailing Address PO BOX 32	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	1	0												
	City MANHATTEN State KS Zip Code 66505	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name CARLIN FOR REPRESENTATIVE	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00
2000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) CENTRAL MISSOURI BLUE COLLAR WORKERS POLITICAL <hr/> Mailing Address PO BOX 8727 <hr/> City KANSAS CITY State MO Zip Code 64114 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CENTRAL MISSOURI BLUE COLLAR WORKERS PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7419 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
B.	Full Name (Last, First, Middle Initial) CITIZENS FOR FLETCHALL <hr/> Mailing Address 10310 E. BANNISTER RD <hr/> City KANSAS CITY State MO Zip Code 64134 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CITIZENS FOR FLETCHALL Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7510 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div>
C.	Full Name (Last, First, Middle Initial) CITIZENS FOR JAKE ZIMMERMAN <hr/> Mailing Address 8711 DELMAR <hr/> City OLIVETTE State MO Zip Code 63124 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CITIZENS FOR JAKE ZIMMERMAN Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7441 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">325.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">2825.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A. Full Name (Last, First, Middle Initial) CITIZENS FOR JOHN BULLARD <hr/> Mailing Address 3613 SHADY BEND DRIVE <hr/> City INDEPENDENCE State MO Zip Code 64052 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CITIZENS FOR JOHN BULLARD Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7450 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 254.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) CITIZENS FOR MATT SIMMONS <hr/> Mailing Address 2324 PLUM BROVE DR <hr/> City O'FALLON State MO Zip Code 63368 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CITIZENS FOR MATT SIMMONS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7495 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) CITIZENS FOR PAUL WOODY <hr/> Mailing Address 1022 SHERBROOKE RD <hr/> City ST. CHARLES State MO Zip Code 63303 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CITIZENS FOR PAUL WOODY Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7469 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

1254.00

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

<p>A. Full Name (Last, First, Middle Initial) CITIZENS FOR ROBBIE MAKINEN</p> <p>Mailing Address 18921 E VALLEYVIEW PKWY, #138</p> <p>City INDEPENDENCE State MO Zip Code 64055</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CITIZENS FOR ROBBIE MAKINEN</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7509</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR VICKI LORENZ ENGLUND</p> <p>Mailing Address PO BOX 270545</p> <p>City ST. LOUIS State MO Zip Code 63127</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CITIZENS FOR VICKI LORENZ ENGLUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7491</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT CHARLIE NORR</p> <p>Mailing Address 2133 N. CAMPBELL</p> <p>City SPRINGFIELD State MO Zip Code 65803</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CITIZENS TO ELECT CHARLIE NORR</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7427</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

<p>A. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT DALE TOMS</p> <p>Mailing Address 5670 SW ST. RTE T</p> <p>City POLO State MO Zip Code 64671</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CITIZENS TO ELECT DALE TOMS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7407</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CLAY COUNTY DEMOCRATIC CENTRAL COM.</p> <p>Mailing Address 2110 HILLVIEW ROAD</p> <p>City LIBERTY State MO Zip Code 64106</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CLAY COUNTY DEMOCRATIC CENTRAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7430</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) COIMMITTEE TO ELECT KENNY BIERMANN</p> <p>Mailing Address 3308 APPLE DR</p> <p>City ST. CHARLES State MO Zip Code 63301</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name COMMITTEE TO ELECT KENNY BIERMANN</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7498</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 325.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1525.00

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 15 / 34

<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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) Committee for Caldwell	Transaction ID: SB29.7463 Date of Disbursement
	Mailing Address 17227 SE Y Hwy	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Dearborn State MO Zip Code 64439	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name Committee for Caldwell	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ALBERT HOAG	Transaction ID: SB29.7426 Date of Disbursement
	Mailing Address 1110 KENT DRIVE	<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City BELTON State MO Zip Code 64012	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name COMMITTEE TO ELECT ALBERT HOAG	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CLAY RODGERS	Transaction ID: SB29.7488 Date of Disbursement
	Mailing Address 104 SE MORELAND SCHOOL RD.	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City BLUE SPRINGS State MO Zip Code 64014	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name COMMITTEE TO ELECT CLAY RODGERS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL 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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A. COMMITTEE TO ELECT GAIL MCCANN BEATTY

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 22333

City KANSAS CITY State MO Zip Code 64113

Purpose of Disbursement CONTRIBUTION

Candidate Name COMMITTEE TO ELECT GAIL MCCANN BEATTY

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7507

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

B. COMMITTEE TO ELECT GREG WALTERS

Full Name (Last, First, Middle Initial)

Mailing Address 8958 EAST 60TH STREET

City RAYTOWN State MO Zip Code 64133

Purpose of Disbursement CONTRIBUTION

Candidate Name COMMITTEE TO ELECT GREG WALTERS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7468

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

500.00

C. COMMITTEE TO ELECT JASON GRILL

Full Name (Last, First, Middle Initial)

Mailing Address 5555 NW BARRY RD., STE. A

City KANSAS CITY State MO Zip Code 64154

Purpose of Disbursement CONTRIBUTION

Candidate Name COMMITTEE TO ELECT JASON GRILL

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7409

Date of Disbursement

07 / 14 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JEFF ROORDA</p> <p>Mailing Address 6797 HAVEN HILL</p> <p>City BARNHART State MO Zip Code 63012</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name COMMITTEE TO ELECT JEFF ROORDA</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.7462</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT KIM COOPER</p> <p>Mailing Address 5801 E 187TH, LOT 13</p> <p>City BELTON State MO Zip Code 64012</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name COMMITTEE TO ELECT KIM COOPER</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.7414</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT LEXI NORRIS</p> <p>Mailing Address PO BOX 20223</p> <p>City KANSAS CITY State OH Zip Code 64195</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name COMMITTEE TO ELECT LEXI NORRIS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.7489</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT LINDA R. FISCHER</p> <p>Mailing Address 3245 CEDAR FALLS RD.</p> <p>City BONNE TERRE State MO Zip Code 63628</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name COMMITTEE TO ELECT LINDA R. FISCHER</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7421</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT SHANA ALTHOUSE</p> <p>Mailing Address PO BOX 1533</p> <p>City MISSION State KS Zip Code 66222</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name COMMITTEE TO ELECT SHANA ALTHOUSE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7436</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT SHANA ALTHOUSE</p> <p>Mailing Address PO BOX 1533</p> <p>City MISSION State KS Zip Code 66222</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name COMMITTEE TO ELECT SHANA ALTHOUSE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7471</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT TOM BRANDON	Transaction ID: SB29.7422
	Mailing Address 1025 BLUEBERRY LANE	Date of Disbursement MM / DD / YYYY 07 / 14 / 2010
	City LIBERTY State MO Zip Code 64068	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION	011 Category/Type
	Candidate Name COMMITTEE TO ELECT TOM BRANDON	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT TOMMIE L. PIERSON	Transaction ID: SB29.7504
	Mailing Address 1269 SHEPLEY DR	Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
	City ST. LOUIS State MO Zip Code 63137	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement CONTRIBUTION	011 Category/Type
	Candidate Name COMMITTEE TO ELECT TOMMIE L. PIERSON	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
C.	Full Name (Last, First, Middle Initial) CONWAY FOR STATE REPRESENTATIVE	Transaction ID: SB29.7464
	Mailing Address 712B FRANCIS ST	Date of Disbursement MM / DD / YYYY 08 / 26 / 2010
	City ST. JOSEPH State MO Zip Code 64501	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION	011 Category/Type
	Candidate Name CONWAY FOR STATE REPRESENTATIVE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1250.00
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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A. Full Name (Last, First, Middle Initial)
DALE SWENSON FOR KANSAS HOUSE

Mailing Address 300 SW 10TH ST.

City TOPEKA State KS Zip Code 66612

Purpose of Disbursement CONTRIBUTION

Candidate Name DALE SWENSON FOR KANSAS HOUSE

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7474

Date of Disbursement

/

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
ED QUICK FOR CLAY COUNTY

Mailing Address 16004 A HWY.

City LIBERTY State MO Zip Code 64068

Purpose of Disbursement CONTRIBUTION

Candidate Name ED QUICK FOR CLAY COUNTY

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7443

Date of Disbursement

/

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
ELLIOT LAHN FOR KANSAS HOUSE

Mailing Address 911 E. 126TH TERRACE

City OLATHE State KS Zip Code 66061

Purpose of Disbursement CONTRIBUTION

Candidate Name ELLIOT LAHN FOR KANSAS HOUSE

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7478

Date of Disbursement

/

Amount of Each Disbursement this Period

Category/
Type

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)

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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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) ERNZEN FOR AUDITOR	Transaction ID: SB29.7439 Date of Disbursement
	Mailing Address 15607 NE 176TH ST.	<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City HOLT State MO Zip Code 64048	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="325.00"/>
	Candidate Name ERNZEN FOR AUDITOR	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FINNEY FOR KANSAS CAMPAIGN	Transaction ID: SB29.7485 Date of Disbursement
	Mailing Address PO BOX 20355	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City WICHITA State KS Zip Code 67208	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name FINNEY FOR KANSAS CAMPAIGN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR KELLY SCHULTZ	Transaction ID: SB29.7513 Date of Disbursement
	Mailing Address 10455 E. MEXICO GRAVEL	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City COLUMBIA State MO Zip Code 65202	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name FRIENDS FOR KELLY SCHULTZ	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MARK ELLEBRACHT	Transaction ID: SB29.7405 Date of Disbursement 07 / 14 / 2010
	Mailing Address 1146C W. COLLEGE AVE, UNIT C	Amount of Each Disbursement this Period 500.00
	City LIBERTY State MO Zip Code 64068	
	Purpose of Disbursement CONTRIBUTION Candidate Name FRIENDS OF MARK ELLEBRACHT Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) FRIENDS OF MARK ELLEBRACHT	Transaction ID: SB29.7506 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1146C W. COLLEGE AVE, UNIT C	Amount of Each Disbursement this Period 500.00
	City LIBERTY State MO Zip Code 64068	
	Purpose of Disbursement CONTRIBUTION Candidate Name FRIENDS OF MARK ELLEBRACHT Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) FRIENDS OF RYAN MCKENNA	Transaction ID: SB29.7502 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3 BRIARWOOD COURT	Amount of Each Disbursement this Period 500.00
	City CRYSTAL CITY State MO Zip Code 63019	
	Purpose of Disbursement CONTRIBUTION Candidate Name FRIENDS OF RYAN MCKENNA Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A. Full Name (Last, First, Middle Initial) FROWNELTER FOR KANSAS HOUSE <hr/> Mailing Address PO BOX 6145 <hr/> City KANSAS CITY State KS Zip Code 66106 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name FROWNELTER FOR KANSAS HOUSE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7410 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GREATER KANSAS CITY AFL-CIO <hr/> Mailing Address 1021 PENNSYLVANIA <hr/> City KANSAS CITY State MO Zip Code 64105 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7467 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HOLSMAN FOR MISSOURI <hr/> Mailing Address PO BOX 480572 <hr/> City KANSAS CITY State MO Zip Code 64131 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name HOLSMAN FOR MISSOURI Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7487 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) JACKSON COUNTY DEMOCRATIC COMMITTEE	Transaction ID: SB29.7483 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1617 MAIN, SUITE 200	Amount of Each Disbursement this Period 300.00
	City KANSAS CITY State MO Zip Code 64108	
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOE NOVAK FOR THE 39TH	Transaction ID: SB29.7453 Date of Disbursement 08 / 17 / 2010
	Mailing Address 22052 W 66TH ST.	Amount of Each Disbursement this Period 500.00
	City SHAWNEE State KS Zip Code 66226	
	Purpose of Disbursement CONTRIBUTION Candidate Name JOE NOVAK FOR THE 39TH	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JUDY WRIGHT FOR MISSOURI	Transaction ID: SB29.7461 Date of Disbursement 08 / 26 / 2010
	Mailing Address 5821 NE 284TH ST.	Amount of Each Disbursement this Period 500.00
	City TURNEY State MO Zip Code 64493	
	Purpose of Disbursement CONTRIBUTION Candidate Name JUDY WRIGHT FOR MISSOURI	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) KANSANS FOR A DEMOCRATIC HOUSE	Transaction ID: SB29.7459 Date of Disbursement
	Mailing Address PO Box 2083	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name KANSANS FOR A DEMOCRATIC HOUSE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Kansas AFL-CIO	Transaction ID: SB29.7404 Date of Disbursement
	Mailing Address 2132 SW 36th St.	<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Topeka State KS Zip Code 66611	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND	<input type="text" value="-1000.00"/>
	Candidate Name KANSAS AFL-CIO COPE FUND	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) KANSAS AFL-CIO COPE FUND	Transaction ID: SB29.7486 Date of Disbursement
	Mailing Address 2131 SW 36TH ST.	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City TOPEKA State KS Zip Code 66611	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL 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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) KATHY WOLFE MOORE FOR REPRESENTATIVE	Transaction ID: SB29.7472 Date of Disbursement
	Mailing Address 3209 N 131ST ST.	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City KANSAS CITY State KS Zip Code 66109	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name KATHY WOLFE MOORE FOR REPRESENTATIVE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) LUKERT FOR REPRESENTATIVE	Transaction ID: SB29.7428 Date of Disbursement
	Mailing Address 2420 ACORN ROAD	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SABETHA State KS Zip Code 66534	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name LUKERT FOR REPRESENTATIVE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) LUKERT FOR REPRESENTATIVE	Transaction ID: SB29.7494 Date of Disbursement
	Mailing Address 2420 ACORN ROAD	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SABETHA State KS Zip Code 66534	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name LUKERT FOR REPRESENTATIVE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL 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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.

Full Name (Last, First, Middle Initial)
MCKINNEY FOR KANSAS

Mailing Address PO BOX 2754

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MCKINNEY FOR KANSAS

Office Sought: House Senate President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.7470
Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

B.

Full Name (Last, First, Middle Initial)
MEIER FOR REPRESENTATIVE

Mailing Address 31301 175TH STREET

City LEAVENWORTH State KS Zip Code 66048

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MEIER FOR REPRESENTATIVE

Office Sought: House Senate President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.7433
Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

500.00

011
Category/
Type

C.

Full Name (Last, First, Middle Initial)
MISSOURI DEMOCRATIC PARTY

Mailing Address 208 MADISON STREET

City JEFFERSON CITY State MO Zip Code 65109

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MISSOURI DEMOCRATIC PARTY

Office Sought: House Senate President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.7512
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A. Full Name (Last, First, Middle Initial)
MISSOURI SENATE DEM. CAMPAIGN COM.

Mailing Address PO BOX 1834

City State Zip Code
JEFFERSON CITY MO 65102

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.7466
Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
MISSOURI VICTORY 2010

Mailing Address PO BOX 50378

City State Zip Code
ST. LOUIS MO 63105

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MISSOURI VICTORY 2010

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.7448
Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

2400.00

C. Full Name (Last, First, Middle Initial)
MISSOURI VICTORY 2010

Mailing Address PO BOX 50378

City State Zip Code
ST. LOUIS MO 63105

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MISSOURI VICTORY 2010

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.7445
Date of Disbursement

08 / 17 / 2010

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

7300.00

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) MISSOURI VICTORY 2010 <hr/> Mailing Address PO BOX 50378 <hr/> City ST. LOUIS State MO Zip Code 63105 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MISSOURI VICTORY 2010 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7449 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) MONTEE FOR AUDITOR <hr/> Mailing Address PO BOX 1485 <hr/> City ST. JOSEPH State MO Zip Code 64502 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MONTEE FOR AUDITOR Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7432 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) MONTEE FOR AUDITOR <hr/> Mailing Address PO BOX 1485 <hr/> City ST. JOSEPH State MO Zip Code 64502 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MONTEE FOR AUDITOR Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.7497 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)		10200.00
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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) NANCY BAUDER FOR STATE REPRESENTATIVE	Transaction ID: SB29.7492 Date of Disbursement																			
	Mailing Address 721 S 21ST ST	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	6		2	0	1	0												
	City LEAVENWORTH State KS Zip Code 66048	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name NANCY BAUDER FOR STATE REPRESENTATIVE	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) PEOPLE FOR STOUFER	Transaction ID: SB29.7424 Date of Disbursement																			
	Mailing Address PO BOX 25364	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	1	0												
	City KANSAS CITY State MO Zip Code 64119	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name PEOPLE FOR STOUFER	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) RARDIN FOR KANSAS COMMITTEE	Transaction ID: SB29.7493 Date of Disbursement																			
	Mailing Address 10900 W. 104TH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	1	0												
	City OVERLAND PARK State KS Zip Code 66214	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name RARDIN FOR KANSAS COMMITTEE	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00
1500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

<p>A. Full Name (Last, First, Middle Initial) SCAVUZZO FOR STATE REPRESENTATIVE</p> <p>Mailing Address PO BOX 124</p> <p>City HARRISONVILLE State MO Zip Code 64701</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SCAVUZZO FOR STATE REPRESENTATIVE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7416</p> <p>Date of Disbursement 07 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) SCAVUZZO FOR STATE REPRESENTATIVE</p> <p>Mailing Address PO BOX 124</p> <p>City HARRISONVILLE State MO Zip Code 64701</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SCAVUZZO FOR STATE REPRESENTATIVE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7503</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) SEEL FOR KANSAS</p> <p>Mailing Address 8326 SW 77TH ST.</p> <p>City AUBURN State KS Zip Code 66402</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SEEL FOR KANSAS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7480</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A. Full Name (Last, First, Middle Initial)
STAN FROWNFELTER CAMPAIGN

Mailing Address PO BOX 15322

City KANSAS CITY State KS Zip Code 66115

Purpose of Disbursement CONTRIBUTION

011
Category/
Type

Candidate Name
STAN FROWNFELTER CAMPAIGN

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7454
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
STEVE SIX COMMITTEE

Mailing Address PO BOX 478

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement CONTRIBUTION

011
Category/
Type

Candidate Name
STEVE SIX COMMITTEE

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7511
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
SWEARINGEN FOR MISSOURI

Mailing Address PO BOX 165373

City N KANSAS CITY State MO Zip Code 64116

Purpose of Disbursement CONTRIBUTION

011
Category/
Type

Candidate Name
SWEARINGEN FOR MISSOURI

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.7451
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)

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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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) BURROUGHS TOM	Transaction ID: SB29.7455 Date of Disbursement 08 / 17 / 2010
	Mailing Address PO BOX 6145	Amount of Each Disbursement this Period 250.00
	City KANSAS CITY State KS Zip Code 66106	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name TOM BURROUGHS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) TOM HOLLAND FOR KANSAS	Transaction ID: SB29.7438 Date of Disbursement 07 / 21 / 2010
	Mailing Address PO BOX 165	Amount of Each Disbursement this Period 1000.00
	City BALDWIN CITY State KS Zip Code 66006	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name TOM HOLLAND FOR KANSAS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) TOM HOLLAND FOR KANSAS	Transaction ID: SB29.7458 Date of Disbursement 08 / 17 / 2010
	Mailing Address PO BOX 165	Amount of Each Disbursement this Period 2000.00
	City BALDWIN CITY State KS Zip Code 66006	011 Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name TOM HOLLAND FOR KANSAS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

3250.00

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)
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

A.	Full Name (Last, First, Middle Initial) WAITS FOR COUNTY LEGISLATURE	Transaction ID: SB29.7417 Date of Disbursement
	Mailing Address 204 W KANSAS, SUITE 204	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City INDEPENDENCE State MO Zip Code 64050	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name WAITS FOR COUNTY LEGISLATURE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHIPPLE FOR KANSAS	Transaction ID: SB29.7412 Date of Disbursement
	Mailing Address 2925 S. WALNUT	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WICHITA State KS Zip Code 67217	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name WHIPPLE FOR KANSAS	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHIPPLE FOR KANSAS	Transaction ID: SB29.7476 Date of Disbursement
	Mailing Address 2925 S. WALNUT	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WICHITA State KS Zip Code 67217	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name WHIPPLE FOR KANSAS	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="67979.00"/>