



CITIZENS FOR RESPONSIBLE GOVERNMENT  
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Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for any transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

-Schedule B of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a non-multicandidate political committee and its affiliates, from making a contribution to a candidate for federal office in excess of \$1,000 per election. Please refer to the Campaign Guide for information on how a committee qualifies for multicandidate status.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.

If your committee has met the criteria for multicandidate status, please file FEC FORM 1M "Notification of Multicandidate Status" with the Commission. The treasurer must file FEC FORM 1M prior to making a contribution of more than \$1,000 per candidate per election. 11 CFR §102.2(a)(3)

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the

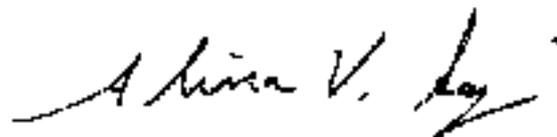
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period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Alissa V. Sagri  
Campaign Finance Analyst  
Reports Analysis Division

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22037681487

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Expenditure Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 21 <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"/> 28 <input type="checkbox"/> 29		

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

NAME OF COMMITTEE (to File)  
*Citizens for Responsible Government*

A. *Friends for Roy Blunt*

Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code

Date of Disbursement  
*5/15/02*

Amount of Each Disbursement This Period  
*25000*

Purpose of Disbursement  
*Political Contribution*

Candidate Name  
*Roy Blunt*

Category Type  
*Other*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *Y*

State: *Missouri*

B.

Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code

Date of Disbursement

Amount of Each Disbursement This Period

Purpose of Disbursement

Candidate Name

Category Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *Y*

State: *Missouri*

C.

Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code

Date of Disbursement

Amount of Each Disbursement This Period

Purpose of Disbursement

Candidate Name

Category Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) *Y*

State: *Missouri*

TOTAL of Disbursements This Page (do not write)

TOTAL This Page (next page this line number only)

Vertical text on the left margin, possibly a stamp or reference number.

Handwritten initials or mark on the right side of the form.

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22037881488

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE	OF
<input checked="" type="checkbox"/> 12A	<input type="checkbox"/> 11	<input type="checkbox"/> 10
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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 CONTRIBUTOR (in Full)  
Citizens For Responsible Government

Full Name (Last, First, Middle Initial)  
A. Occupational Health Services, Inc.

Street Address  
3101 Broadway, Suite 1000

City  
Kansas City, MO

State  
MO

Zip Code  
64111

Date of Receipt  
05 / 02 / 2002

FED ID number of contributing local political committee  
C

Amount of Each Receipt this Period  
2,500.00

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date  
2,500.00

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

Street Address

City  
State  
Zip Code

Date of Receipt

FED ID number of contributing Federal political committee  
C

Amount of Each Receipt this Period

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date

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

Street Address

City  
State  
Zip Code

Date of Receipt

FED ID number of contributing Federal political committee  
C

Amount of Each Receipt this Period

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date

TOTAL of Receipts This Page (optional) ... 2,500.00

2,500.00

TOTAL This Period (over page 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & 10 & 11 & 12 & 13 & 14 & 15 & 16 & 17 & 18 & 19 & 20)

2,500.00

Vertical text on the left margin, possibly a reference or filing number.

2025年03月25日 星期三

