

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

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

ADDRESS (number and street)

4914 WOODFIELD DRIVE

Check if different  
than previously  
reported. (ACC)

ST JOSEPH

MO

64506

2. FEC IDENTIFICATION NUMBER ▼

C

C00559005

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MO

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
11 / 04 / 2014in the  
State of

MO

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2014

through

M M / D D / Y Y Y Y  
10 / 15 / 2014

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

Type or Print Name of Treasurer Loes Jean Hedge

Signature of Treasurer

Loes Jean Hedge

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 22 / 2014

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3533.85	32898.85
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3533.85	32898.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	12369.10	26812.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	12369.10	26812.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15085.97	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	9000.00	

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1470.00

22699.00

(ii) Unitemized .....

2063.85

9899.85

(iii) TOTAL of contributions from individuals ▶

3533.85

32598.85

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs) .....

0.00

300.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3533.85

32898.85

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

9000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

9000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3533.85

41898.85

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12369.10	26812.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	12369.10	26812.88

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23921.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3533.85
25. SUBTOTAL (add Line 23 and Line 24).....	27455.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12369.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15085.97

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address P.O. Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

740.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : SA11AI.4588**

Amount of Each Receipt this Period

25.00

The above entry is earmarked through this conduit

Full Name (Last, First, Middle Initial)

**B. Buchanan County Democratic Women's Club**

Mailing Address 4 Tata Drive

City

St. Joseph

State

MO

Zip Code

64507

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

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2014

**Transaction ID : SA11AI.4547**

Amount of Each Receipt this Period

700.00

Dem Club Supporter

Full Name (Last, First, Middle Initial)

**C. Dr. Sharon Kosek**

Mailing Address 2 Wishbone Rd.

City

St. Joseph

State

MO

Zip Code

64506

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

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2014

**Transaction ID : SA11AI.4542**

Amount of Each Receipt this Period

50.00

Supporter

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

775.00

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

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

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

FOR LINE NUMBER:

PAGE 6 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

Sheila Murray

Mailing Address 5211 Mockingbird Lane

City

St. Joseph

State

MO

Zip Code

64506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2014

Transaction ID : SA11AI.4554

Amount of Each Receipt this Period

55.00

Supporter

Full Name (Last, First, Middle Initial)

Nancy Reed

Mailing Address 2602 Francis

City

St. Joseph

State

MO

Zip Code

64501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2014

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period

125.00

Supporter

Full Name (Last, First, Middle Initial)

Dr. Howard Shirley

Mailing Address 4516 Badger Terrace

City

St. Joseph

State

MO

Zip Code

64506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Education

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period

15.00

Supporter

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

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

195.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**Sullivan County Democrats**

Mailing Address 440 E. Third Street

City  
MilanState  
MOZip Code  
63556FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2014

Transaction ID : SA11Al.4521

Amount of Each Receipt this Period

500.00

Supporters from Dem club

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

500.00

1470.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cookman Printing**

Mailing Address 424 South 6th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2014

City	State	Zip Code
St. Joseph	MO	64501

Amount of Each Disbursement this Period

73.75
-------

Purpose of Disbursement  
Printing of flyers

004

**Transaction ID : SB17.4619**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Digits Bethany-Cameron**

Mailing Address 1212 South 25th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2014

City	State	Zip Code
Bethany	MO	64424

Amount of Each Disbursement this Period

369.00
--------

Purpose of Disbursement  
Radio Commercials

004

**Transaction ID : SB17.4613**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Eagle Radio, Inc.**

Mailing Address 4104 Country Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

City	State	Zip Code
St. Joseph	MO	64506

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Advertising - Radio

004

**Transaction ID : SB17.4610**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

742.75



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Firehouse, Designs, Inc.**

Mailing Address 6222 King Hill

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
St. Joseph	MO	64505

Purpose of Disbursement  
Banners

004

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

1503.12
---------

Transaction ID : SB17.4604

**B. Firehouse, Designs, Inc.**

Mailing Address 6222 King Hill

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

City	State	Zip Code
St. Joseph	MO	64505

Purpose of Disbursement  
Banners

004

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

689.15
--------

Transaction ID : SB17.4633

**c. Firehouse, Designs, Inc.**

Mailing Address 6222 King Hill

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2014

City	State	Zip Code
St. Joseph	MO	64505

Purpose of Disbursement  
Banners

006

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

689.15
--------

Transaction ID : SB17.4615

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

2881.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KMBC-TV**

Mailing Address 6455 Winchester Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

City	State	Zip Code
Kansas City	MO	64133

Amount of Each Disbursement this Period

1678.75
---------

Purpose of Disbursement  
TV - ads

004

**Transaction ID : SB17.4630**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. KMBC-TV**

Mailing Address 6455 Winchester Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

City	State	Zip Code
Kansas City	MO	64133

Amount of Each Disbursement this Period

1600.00
---------

Purpose of Disbursement  
TV - Ads

004

**Transaction ID : SB17.4628**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Maryville Daily Forum**

Mailing Address P.O. Box 188 111 E. Jenkins St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
Maryville	MO	64468

Amount of Each Disbursement this Period

265.00
--------

Purpose of Disbursement  
Newspaper Ad

004

**Transaction ID : SB17.4605**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

3543.75

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Menards**

Mailing Address 4320 Commonwealth Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

City	State	Zip Code
St. Joseph	MO	64053

Purpose of Disbursement  
Supplies - Materials

006

Amount of Each Disbursement this Period

393.35
--------

Transaction ID : SB17.4618

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Northwest Student Media**

Mailing Address 800 University Drive Wells Hall

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

City	State	Zip Code
Maryville	MO	64468

Purpose of Disbursement  
Newspaper Ad

004

Amount of Each Disbursement this Period

284.94
--------

Transaction ID : SB17.4626

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Office Depot**

Mailing Address 605 North Belt Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

City	State	Zip Code
St. Joseph	MO	64506

Purpose of Disbursement  
Supplies

006

Amount of Each Disbursement this Period

49.98
-------

Transaction ID : SB17.4617

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

393.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Post Office**

Mailing Address Saint Josph Eastside Station

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

City	State	Zip Code
St. Joseph	MO	64506

Amount of Each Disbursement this Period

12.65
-------

Purpose of Disbursement  
Postage

007

**Transaction ID : SB17.4607**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Post Office**

Mailing Address Saint Josph Eastside Station

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2014

City	State	Zip Code
St. Joseph	MO	64506

Amount of Each Disbursement this Period

14.40
-------

Purpose of Disbursement  
Postage

003

**Transaction ID : SB17.4622**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Post Office**

Mailing Address Saint Josph Eastside Station

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

City	State	Zip Code
St. Joseph	MO	64506

Amount of Each Disbursement this Period

491.82
--------

Purpose of Disbursement  
Stamps and postage

004

**Transaction ID : SB17.4621**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

518.87

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Waitt Outdoor**

Mailing Address 814 NW Platte Valley Drive

City	State	Zip Code
Riverside	MO	64150

Purpose of Disbursement  
Outdoor Signs

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2014

Amount of Each Disbursement this Period

1625.00
---------

Transaction ID : SB17.4625

**B. Waitt Outdoor**

Mailing Address 814 NW Platte Valley Drive

City	State	Zip Code
Riverside	MO	64150

Purpose of Disbursement  
Outdoor signs

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

395.00
--------

Transaction ID : SB17.4624

**C. Waitt Outdoor**

Mailing Address 814 NW Platte Valley Drive

City	State	Zip Code
Riverside	MO	64150

Purpose of Disbursement  
Outdoor Signs

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

Amount of Each Disbursement this Period

2020.00
---------

Transaction ID : SB17.4623

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

4040.00

12120.14

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 14 OF 14

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

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

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. W. A. (Bill) Hedge

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4914 Woodfield Drive

City

State

ZIP Code

St. Joseph

MO

64506

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
04 / 19 / 2014

Date Due

M M / D D / Y Y  
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9000.00

**TOTALS** This Period (last page in this line only)..... ►

9000.00

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