



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		145355.14
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	152697.28									
(c) Total Receipts (from Line 19) .....	36078.82	140394.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	188776.10	285750.00								
7. Total Disbursements (from Line 31) .....	22160.83	119134.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	166615.27	166615.27								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	33010.00	134541.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	33010.00	134541.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	33010.00	134541.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2975.00	5475.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	93.82	378.86
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)) .....	36078.82	140394.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36078.82	140394.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	35.83	504.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35.83	504.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	22125.00	118630.00
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))..	22160.83	119134.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22160.83	119134.73

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	33010.00	134541.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33010.00	134541.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35.83	504.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35.83	504.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 23
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JAKE HUMMEL		Date of Receipt
	Mailing Address 4102 FEDERER		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	ST LOUIS	MO	63116
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA16.7464 Amount of Each Receipt this Period <input type="text" value="675.00"/> PARTIAL REFUND OF CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="675.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JOAN BARRY		Date of Receipt
	Mailing Address PO BOX 510678		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	ST LOUIS	MO	63151
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA16.7476 Amount of Each Receipt this Period <input type="text" value="350.00"/> PARTIAL REFUND OF CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="350.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT SUE SCHOEMEHL		Date of Receipt
	Mailing Address 2629 BLUFF RIDGE DR		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	ST LOUIS	MO	63129
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA16.7463 Amount of Each Receipt this Period <input type="text" value="675.00"/> PARTIAL REFUND OF CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="675.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF GINA WALSH	Date of Receipt MM / DD / YYYY 12 / 06 / 2007
	Mailing Address 1246 BAKEWELL	<b>Transaction ID:</b> SA16.7462
	City State Zip Code ST LOUIS MO 63137	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PARTIAL REFUND OF CONTRIBUTION</b>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00

<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF TONY GEORGE	Date of Receipt MM / DD / YYYY 12 / 06 / 2007
	Mailing Address 3594 MONSOLS	<b>Transaction ID:</b> SA16.7465
	City State Zip Code FLORISSANT MO 63034	Amount of Each Receipt this Period 675.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PARTIAL REFUND OF CONTRIBUTION</b>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00

<b>C.</b>	Full Name (Last, First, Middle Initial) PROGRESSIVE DEMOCRATS OF LEMAY	Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 1456 TELEGRAPH RD	<b>Transaction ID:</b> SA16.7423
	City State Zip Code LEMAY MO 63125	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>RETURN OF LOST CK#4258</b>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.

Full Name (Last, First, Middle Initial)  
ROBIN CARNAHAN FOR MO COMM

Mailing Address PO BOX 23190

City	State	Zip Code
ST LOUIS	MO	63156

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

Name of Employer	Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Transaction ID: SA16.7475

Amount of Each Receipt this Period  
325.00

PARTIAL REFUND OF CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2975.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<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 type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) REGIONS BANK		Date of Receipt
	Mailing Address PO BOX 387		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	MEMPHIS	TN	38147
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA17.7424
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="29.96"/>
		<input type="text" value="315.00"/>	INTEREST

<b>B.</b>	Full Name (Last, First, Middle Initial) REGIONS BANK		Date of Receipt
	Mailing Address PO BOX 387		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	MEMPHIS	TN	38147
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA17.7455
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="37.61"/>
		<input type="text" value="352.61"/>	INTEREST

<b>C.</b>	Full Name (Last, First, Middle Initial) REGIONS BANK		Date of Receipt
	Mailing Address PO BOX 387		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	MEMPHIS	TN	38147
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA17.7467
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="11.02"/>
		<input type="text" value="363.63"/>	INTEREST

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="78.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 23	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) REGIONS BANK		Date of Receipt
	Mailing Address PO BOX 387		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	MEMPHIS	TN	38147
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.7473
Name of Employer		Amount of Each Receipt this Period	
Occupation		<input type="text" value="15.23"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		INTEREST	
Aggregate Year-to-Date ▼		<input type="text" value="378.86"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="15.23"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="93.82"/>

**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 11 / 23

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
14TH WARD REGULAR DEMOCRATIC ORG

Mailing Address 1221 LOUISVILLE AVE

City ST LOUIS State MO Zip Code 63139

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7460

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)  
AL LIESE FOR STATE REP

Mailing Address 1982 SPRINGTREE DR

City MARYLAND HEIGHTS State MO Zip Code 63043

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7454

Date of Disbursement

11 / 26 / 2007

Amount of Each Disbursement this Period

325.00

C.

Full Name (Last, First, Middle Initial)  
CITIZENS FOR JAKE ZIMMERMAN

Mailing Address 8711 DELMAR #2E

City OLIVETTE State MO Zip Code 63124

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7437

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

150.00

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

775.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR MIKE TALBOY</b>	<b>Transaction ID: SB29.7433</b> Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>	
	Mailing Address <b>PO BOX 15095</b>		
	City <b>KANSAS CITY</b> State <b>MO</b> Zip Code <b>64106</b>	Amount of Each Disbursement this Period <input type="text" value="150.00"/>	
	Purpose of Disbursement DONATION	<input type="text"/>	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR ORTMANN</b>	<b>Transaction ID: SB29.7442</b> Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>	
	Mailing Address <b>1908 A ARSENAL STREET</b>		
	City <b>ST. LOUIS</b> State <b>MO</b> Zip Code <b>63118</b>	Amount of Each Disbursement this Period <input type="text" value="100.00"/>	
	Purpose of Disbursement DONATION	<input type="text"/>	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR SULLIVAN</b>	<b>Transaction ID: SB29.7441</b> Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>	
	Mailing Address <b>430 ST FERDINAND</b>		
	City <b>FLORISSANT</b> State <b>MO</b> Zip Code <b>63031</b>	Amount of Each Disbursement this Period <input type="text" value="300.00"/>	
	Purpose of Disbursement DONATION	<input type="text"/>	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

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

**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 / 23

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
FERGUSON TOWNSHIP OPEN DEMOCRATIC CLUB

Mailing Address 202 SO ELIZABETH AVE

City FERGUSON State MO Zip Code 63135

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7409

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRIS KELLY

Mailing Address 1400 FORUM BLVD STE 38

City COLUMBIA State MO Zip Code 65203

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7451

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF KACIE STARR TRIPLETT

Mailing Address 2621 LOUISIANA

City ST LOUIS State MO Zip Code 63118

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7412

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

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

450.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS TO ELECT TOM SANSEVERE</b>	<b>Transaction ID: SB29.7430</b> Date of Disbursement 11 / 07 / 2007	
	Mailing Address 18 NO ELIZABETH		
	City FERGUSON State MO Zip Code 63135	Amount of Each Disbursement this Period	325.00
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>HARRIS FOR MISSOURI</b>	<b>Transaction ID: SB29.7469</b> Date of Disbursement 12 / 07 / 2007	
	Mailing Address PO BOX 7214		
	City COLUMBIA State MO Zip Code 65205	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>IBEW - COPE</b>	<b>Transaction ID: SB29.7444</b> Date of Disbursement 11 / 26 / 2007	
	Mailing Address 900 SEVENTH ST NW		
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period	10000.00
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

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

**10825.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
JEFFERSON COUNTY DEMOCRATIC CLUB

Mailing Address 313 JEFFERSON AVE

City State Zip Code  
CRYSTAL CITY MO 63019

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7410

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)  
KRISTI KENNEY FOR STATE REP

Mailing Address 221 S SECOND ST

City State Zip Code  
CLINTON MO 64735

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7471

Date of Disbursement

/   /

Amount of Each Disbursement this Period

175.00

C.

Full Name (Last, First, Middle Initial)  
LINCOLN COUNTY DEMOCRAT CLUB

Mailing Address PO BOX 474

City State Zip Code  
TROY MO 63379

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7428

Date of Disbursement

/   /

Amount of Each Disbursement this Period

175.00

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

750.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
MIDLAND TOWNSHIP DEMOCRATIC CLUB

Transaction ID: SB29.7432

Date of Disbursement

Mailing Address 2023 HUNTINGTON

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 0	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
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City OVERLAND State MO Zip Code 63114

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

100.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
MINERAL AREA LABOR LEGISLATIVE COMMITTEE

Transaction ID: SB29.7420

Date of Disbursement

Mailing Address PO BOX 11

<sup>M</sup> 1	<sup>M</sup> 0	/	<sup>D</sup> 0	<sup>D</sup> 9	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
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City PARK HILLS State MO Zip Code 63601

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

250.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB29.7470

Date of Disbursement

Mailing Address 208 MADISON ST

<sup>M</sup> 1	<sup>M</sup> 2	/	<sup>D</sup> 0	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
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City JEFFERSON CITY State MO Zip Code 65109

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

500.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

850.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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**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 20 / 23

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
MISSOURI HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

Mailing Address PO BOX 355

City State Zip Code  
JEFFERSON CITY MO 65102

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7422

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
NIXON FOR GOVERNOR

Mailing Address PO BOX 143

City State Zip Code  
JEFFERSON CITY MO 65102

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7457

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)  
OAKVILLE TOWNSHIP DEMOCRATIC ORGANIZATION

Mailing Address PO BOX 510271

City State Zip Code  
ST LOUIS MO 63151

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7426

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

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

2400.00

**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 21 / 23

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PAGE FOR MISSOURI</b>  Mailing Address 17 WINDSOR TERRACE LN  City CREVE COEUR State MO Zip Code 63141 Purpose of Disbursement DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7448 Date of Disbursement 11 / 26 / 2007  Amount of Each Disbursement this Period 300.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PROGRESSIVE DEMOCRATS OF LEMAY</b>  Mailing Address 1456 TELEGRAPH RD  City LEMAY State MO Zip Code 63125 Purpose of Disbursement DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7439 Date of Disbursement 11 / 19 / 2007  Amount of Each Disbursement this Period 100.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>QUINN FOR REPRESENTATIVE</b>  Mailing Address 101 WEST REED  City HOLLIDAY State MO Zip Code 65258 Purpose of Disbursement DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7411 Date of Disbursement 10 / 09 / 2007  Amount of Each Disbursement this Period 200.00

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

600.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
SCAVUZZO FOR STATE REP

Transaction ID: SB29.7406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	7

Mailing Address PO BOX 124

Amount of Each Disbursement this Period

125.00
--------

City HARRISONVILLE State MO Zip Code 64706

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
SENATE DEMOCRATIC CAMPAIGN COMMITTEE

Transaction ID: SB29.7413

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	7

Mailing Address BOX 719

Amount of Each Disbursement this Period

2000.00
---------

City JEFFERSON CITY State MO Zip Code 65102

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
WILLIAMS FOR ST LOUIS

Transaction ID: SB29.7435

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	0	7

Mailing Address PO BOX 1643

Amount of Each Disbursement this Period

300.00
--------

City ST LOUIS State MO Zip Code 63188

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2425.00
---------

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

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**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 23 / 23

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ZWEIFEL FOR STATE REP

Transaction ID: SB29.7421

Date of Disbursement

Mailing Address 1960 ACORN TRAIL DR

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

City State Zip Code  
FLORISSANT MO 63031

Amount of Each Disbursement this Period

325.00
--------

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

325.00

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

22125.00