

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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
CLAY JR. FOR CONGRESS

ADDRESS (number and street) P.O. BOX 4544
 Check if different than previously reported. (ACC)
ST. LOUIS MO 63108

2. **FEC IDENTIFICATION NUMBER** C00346080
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MO 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2008 through 03 31 2008

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 WILLIS LLOYD

Signature of Treasurer Electronically Filed by WILLIS LLOYD Date 04 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CLAY JR. FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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)).....	59895.00	411403.94
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	59895.00	409203.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	38998.26	253638.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	11.80	11.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38986.46	253627.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	162767.26	
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	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 CLAY JR. FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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).....

14800.00

146350.00

(ii) Unitemized.....

2095.00

8045.94

(iii) TOTAL of contributions

16895.00

154395.94

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

43000.00

257008.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

59895.00

411403.94

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

11.80

11.80

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

0.00

66.30

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

59906.80

411482.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38998.26	253638.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	150000.00	200000.00
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	2200.00
(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	2200.00
21. OTHER DISBURSEMENTS.....	0.00	1347.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	188998.26	457185.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	291858.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	59906.80
25. SUBTOTAL (add Line 23 and Line 24).....	351765.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	188998.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	162767.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Dr. Brian J. Blount, O.D.		Date of Receipt
	Mailing Address 5830 North Circuit		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Beaumont	TX	77706
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12351
Name of Employer Self Employed		Occupation Optometrist	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Albert Clayton Boothby, III		Date of Receipt
	Mailing Address 2420 N. Quintana Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12395
Name of Employer Russ Reid Company		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Angela Clay		Date of Receipt
	Mailing Address 5410 Connecticut Avenue, NW #313		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20015
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12413
Name of Employer Fannie Mae		Occupation Senior Manager Regulatory Policy	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carol Clay

Mailing Address 14917 Claude Lane

City State Zip Code
Silver Spring MD 20905

FEC ID number of contributing federal political committee. C

Name of Employer Family Occupation
Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2008

Transaction ID: SA11AI.12393

Amount of Each Receipt this Period 500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William Lacy Clay, Sr.

Mailing Address 14917 Claude Lane

City State Zip Code
Silver Spring MD 20904

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation
None

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2008

Transaction ID: SA11AI.12392

Amount of Each Receipt this Period 1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 900 Lomond Lane

City State Zip Code
Worthington OH 43085

FEC ID number of contributing federal political committee. C

Name of Employer Ohio Optometric Association Occupation
Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt MM / DD / YYYY
02 / 12 / 2008

Transaction ID: SA11AI.12374

Amount of Each Receipt this Period 300.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Robert H. Dunkel	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 9014 Nomini Lane	Transaction ID: SA11AI.12347
	City State Zip Code Alexandria VA 22309	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed	Occupation Lobbyist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Joseph P. Foley	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 14520 Kings Grant Street	Transaction ID: SA11AI.12406
	City State Zip Code North Potomac MD 20878-2570	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Harold E. Ford, Jr.	Date of Receipt MM / DD / YYYY 01 / 20 / 2008
	Mailing Address 58 River Mist Lane	Transaction ID: SA11AI.12342
	City State Zip Code Memphis TN 38103	Amount of Each Receipt this Period 2100.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Merril Lynch	Occupation Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional)	2900.00
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 8 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Isaac Fourjour

Mailing Address **10921 Rocky Mount Way**

City **Silver Spring** State **MD** Zip Code **20902**

FEC ID number of contributing federal political committee. C

Name of Employer **Tarplin, Downs & Young, LLC** Occupation **Consultant**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2008

Transaction ID: SA11AI.12410

Amount of Each Receipt this Period 500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas R. Goldberg

Mailing Address **7213 Longwood Drive**

City **Bethesda** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. C

Name of Employer **Russ Reid Company** Occupation **Engineer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2008

Transaction ID: SA11AI.12397

Amount of Each Receipt this Period 2300.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas R. Goldberg

Mailing Address **7213 Longwood Drive**

City **Bethesda** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. C

Name of Employer **Russ Reid Company** Occupation **Engineer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2008

Transaction ID: SA11AI.12399

Amount of Each Receipt this Period 200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Herbert H. Hoosman, Jr.	Date of Receipt MM / DD / YYYY 01 / 14 / 2008
	Mailing Address 7274 S. Winchester Drive	Transaction ID: SA11AI.12340
	City State Zip Code St. Louis MO 63124	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Vantage Credit Union Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Thomas C. Keller	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 3700 Massachusetts Avenue, NW Apt. L23	Transaction ID: SA11AI.12404
	City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Russ Reid Company Occupation Vice President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JOHN LONDOFF	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 1375 DUNN RD.	Transaction ID: SA11AI.12438
	City State Zip Code FLORISSANT MO 63031	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer JOHNNY LONDOFF CHEVROLET, INC. Occupation AUTO DEALER Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3300.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 10 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael J. Malik

Mailing Address 2211 Woodward Avenue
10th Floor

City State Zip Code
Detroit MI 48201

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

Name of Employer Self Employed Occupation Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Contribution: 2000.00

Transaction ID: SA11AI.12385

Amount of Each Receipt this Period: 2000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark D. McIntyre

Mailing Address 10605 Stable Lane

City State Zip Code
Potomac MD 20854

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

Name of Employer Russ Reid Company Occupation Lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Contribution: 250.00

Transaction ID: SA11AI.12402

Amount of Each Receipt this Period: 250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eric P. Mitchell

Mailing Address 4614 A Street, SE

City State Zip Code
Washington DC 20019

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

Name of Employer Russ Reid Company Occupation Legislative Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Contribution: 250.00

Transaction ID: SA11AI.12400

Amount of Each Receipt this Period: 250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 11 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Richard Ryan		Date of Receipt MM / DD / YYYY 02 / 12 / 2008
Mailing Address 7822 Country Homes Blvd		Transaction ID: SA11AI.12349
City Spokane	State WA	Zip Code 99208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Optometrist	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Earl Wilson, Jr.		Date of Receipt MM / DD / YYYY 01 / 14 / 2008
Mailing Address 8027 Bennett Street		Transaction ID: SA11AI.12339
City St. Louis	State MO	Zip Code 63117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Gateway Classic Foundation	Occupation President	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	14800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AFLAC Incorporated Political Action Committee (AFLAC) PAC

Mailing Address Worldwide Headquarters

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: MM / DD / YYYY
02 / 12 / 2008

Transaction ID: SA11C.12338

Amount of Each Receipt this Period: 1500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Ave. NW
8th Floor

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: MM / DD / YYYY
03 / 10 / 2008

Transaction ID: SA11C.12414

Amount of Each Receipt this Period: 2500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Altria Group, Inc. PAC

Mailing Address 1101 Constitution Avenue, NW
Suite 400W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: MM / DD / YYYY
03 / 10 / 2008

Transaction ID: SA11C.12418

Amount of Each Receipt this Period: 1500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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 13 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Federation of Govt. Empl. Political Action Committee

Mailing Address 80 F Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 10 / 2008
Transaction ID: SA11C.12415
 Amount of Each Receipt this Period 2000.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street NW Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2008
Transaction ID: SA11C.12391
 Amount of Each Receipt this Period 1000.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Optometric Association Political Action Committee

Mailing Address 1505 Prince Street Suite 300

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 02 / 11 / 2008
Transaction ID: SA11C.12344
 Amount of Each Receipt this Period 4000.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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 14 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Blackwell Sanders Political Action Committee

Mailing Address 4801 Main Street
Suite 1000

City State Zip Code
Kansas City MO 64112

FEC ID number of contributing federal political committee. **C** C00424382

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 8

Transaction ID: SA11C.12334

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 25 Louisiana Avenue, NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 8

Transaction ID: SA11C.12382

Amount of Each Receipt this Period
2500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Holcim (US) Inc. PAC

Mailing Address 6211 ANN ARBOR RD.
PO BOX 122

City State Zip Code
DUNDEE MI 48131

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 4 / 2 0 0 8

Transaction ID: SA11C.12387

Amount of Each Receipt this Period
2500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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 15 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Johnson & Johnson PAC
Mailing Address One Johnson & Johnson Plaza
City New Brunswick State NJ Zip Code 08933
FEC ID number of contributing federal political committee. **C** C00010983
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 21 / 2008
Transaction ID: SA11C.12422
Amount of Each Receipt this Period 1000.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Midwest Region Laborers' Political League
Mailing Address 117 South Fifth Street Suite 720
City Springfield State IL Zip Code 62701
FEC ID number of contributing federal political committee. **C** C00342907
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt 02 / 12 / 2008
Transaction ID: SA11C.12390
Amount of Each Receipt this Period 5000.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NAFCU
Mailing Address 3138 North 10th Street
City Arlington State VA Zip Code 22201
FEC ID number of contributing federal political committee. **C** C00040659
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 02 / 20 / 2008
Transaction ID: SA11C.12383
Amount of Each Receipt this Period 1000.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00
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 16 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
National Air Traffic Controllers

Mailing Address 1325 Massachusetts Avenue, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11C.12394

Amount of Each Receipt this Period

1000.00

Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
National Association of Insurance and Financial Advisors

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11C.12407

Amount of Each Receipt this Period

3000.00

Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
National League Of Postmasters Of The US Political Action Committee

Mailing Address 1023 N Royal Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00164152

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11C.12417

Amount of Each Receipt this Period

2500.00

Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

6500.00

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 17 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Restaurant Associaton Political Action Committee

Mailing Address 1200 17th Street, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2008

Transaction ID: SA11C.12425

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1630 Duke Street
4TH Floor

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2008

Transaction ID: SA11C.12416

Amount of Each Receipt this Period
1500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sallie Mae Inc, Political Action Committee

Mailing Address 12061 Bluemont Way

City State Zip Code
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2008

Transaction ID: SA11C.12336

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 18 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sallie Mae Inc, Political Action Committee

Mailing Address 12061 Bluemont Way

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: SA11C.12337
 Amount of Each Receipt this Period: 500.00
 Contribution: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UAW V CAP

Mailing Address 8000 EAST JEFFERSON AVE

City DETROIT State MI Zip Code 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: SA11C.12333
 Amount of Each Receipt this Period: 5000.00
 Contribution: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Verizon Communications Inc Good Government Club (FKA Bell Atlantic Corporation PAC)

Mailing Address 1717 Arch Street 47th Floor S

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 02 / 18 / 2008
Transaction ID: SA11C.12412
 Amount of Each Receipt this Period: 2000.00
 Contribution: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

TOTAL This Period (last page this line number only) ► **43000.00**

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

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360002 City Fort Lauderdale State FL Zip Code 33336-0002 Purpose of Disbursement Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12497 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1123.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address Customer Relations & Rapid Rewards P.O. Box 36647 City Dallas State TX Zip Code 75235 Purpose of Disbursement Travel Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12497.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 134.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) AT&T Mailing Address PO BOX 2969 City Omaha State NE Zip Code 68103 Purpose of Disbursement Telephone Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12497.1 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 212.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1123.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB17.12476 Date of Disbursement
	Mailing Address P.O. Box 360002	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Fort Lauderdale State FL Zip Code 33336-0002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="842.86"/>
	Candidate Name Rep. William Lacy Clay, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB17.12476.0 Date of Disbursement
	Mailing Address Customer Relations & Rapid Rewards P.O. Box 36647	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="219.00"/>
	Candidate Name Rep. William Lacy Clay, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB17.12476.1 Date of Disbursement
	Mailing Address Customer Relations & Rapid Rewards P.O. Box 36647	<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="283.60"/>
	Candidate Name Rep. William Lacy Clay, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="842.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Morton's Clayton

Mailing Address 7822 Bonhomme Avenue

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Fundraising Expense

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.12476.2
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	8

Amount of Each Disbursement this Period

203.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360002

City Fort Lauderdale State FL Zip Code 33336-0002

Purpose of Disbursement

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.12447
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	8

Amount of Each Disbursement this Period

2005.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Hilton Washington

Mailing Address 1919 Connecticut Avenue, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Political Event

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.12447.0
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	8

Amount of Each Disbursement this Period

239.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2005.32

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

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

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P.O. Box 619612 Mail Drop 2400</p> <p>City Dallas-Fort Worth State TX Zip Code 75261</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name Rep. William Lacy Clay, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.12447.1 Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 188.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Levy's at MCI Center</p> <p>Mailing Address 601 F Street, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Fundraiser Expense</p> <p>Candidate Name Rep. William Lacy Clay, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.12447.2 Date of Disbursement 02 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 982.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Andre Carson for Congress</p> <p>Mailing Address One N. Capitol Ave Suite 200</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. William Lacy Clay, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.12460 Date of Disbursement 02 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Anita Minor Catering

Mailing Address 5804 Woodland Drive

City State Zip Code
Forest Heights MD 20745

Purpose of Disbursement
Fundraiser Expense

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.12466
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

450.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO BOX 2969

City State Zip Code
Omaha NE 68103

Purpose of Disbursement
Telephone

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.12500
Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

89.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO BOX 2969

City State Zip Code
Omaha NE 68103

Purpose of Disbursement
Telephone

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.12477
Date of Disbursement

02 / 12 / 2008

Amount of Each Disbursement this Period

6.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

546.33

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
AT&T

Transaction ID: SB17.12448
Date of Disbursement

Mailing Address PO BOX 2969

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	8

City Omaha State NE Zip Code 68103

Amount of Each Disbursement this Period

264.37

Purpose of Disbursement
Telephone

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Citizens for Tishaura O. Jones

Transaction ID: SB17.12453
Date of Disbursement

Mailing Address 2017 S. Grand Blvd., #105

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

City St. Louis State MO Zip Code 63104

Amount of Each Disbursement this Period

325.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Denise Thimes & Friends

Transaction ID: SB17.12441
Date of Disbursement

Mailing Address P O Box 4511

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

City St. Louis State MO Zip Code 63108

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Donation

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

839.37

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial) EKAW Mailing Address PO Box 56702 City St. Louis State MO Zip Code 63158 Purpose of Disbursement Donation Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12485 Date of Disbursement 01 / 29 / 2008
	Amount of Each Disbursement this Period 500.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
B. Full Name (Last, First, Middle Initial) Elect King Taylor, Jr. Mailing Address 245 Union Blvd. City St. Louis State MO Zip Code 63112 Purpose of Disbursement Contribution Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12462 Date of Disbursement 02 / 27 / 2008
	Amount of Each Disbursement this Period 325.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
C. Full Name (Last, First, Middle Initial) Enterprise Leasing Mailing Address P.O. Box 16030 City St. Louis State MO Zip Code 63105-0730 Purpose of Disbursement Automobile Expense Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12487 Date of Disbursement 01 / 25 / 2008
	Amount of Each Disbursement this Period 496.34
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1321.34

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Enterprise Leasing

Transaction ID: SB17.12459
Date of Disbursement

Mailing Address P.O. Box 16030

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	0	8

City State Zip Code
St.. Louis MO 63105-0730

Amount of Each Disbursement this Period

496.34

Purpose of Disbursement
Automobile Expense

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 01

B.

Full Name (Last, First, Middle Initial)
Enterprise Leasing

Transaction ID: SB17.12443
Date of Disbursement

Mailing Address P.O. Box 16030

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

City State Zip Code
St.. Louis MO 63105-0730

Amount of Each Disbursement this Period

496.34

Purpose of Disbursement
Automobile Expense

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 01

C.

Full Name (Last, First, Middle Initial)
Law Office Of Michelle C. Clay, LLC

Transaction ID: SB17.12504
Date of Disbursement

Mailing Address 12116 Kerwood Road

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	8

City State Zip Code
Silver Spring MD 20904

Amount of Each Disbursement this Period

3897.00

Purpose of Disbursement
Professional Fee: Fundraising

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 01

SUBTOTAL of Disbursements This Page (optional)

4889.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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)
CLAY JR. FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Law Office Of Michelle C. Clay, LLC Mailing Address 12116 Kerwood Road City Silver Spring State MD Zip Code 20904 Purpose of Disbursement Professional Fees: Data Entry Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12496 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Law Office Of Michelle C. Clay, LLC Mailing Address 12116 Kerwood Road City Silver Spring State MD Zip Code 20904 Purpose of Disbursement Professional Fee: Fundraising Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12482 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 990.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Law Office Of Michelle C. Clay, LLC Mailing Address 12116 Kerwood Road City Silver Spring State MD Zip Code 20904 Purpose of Disbursement Professional Fee: Fundraising Candidate Name Rep. William Lacy Clay, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12458 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 6034.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	7774.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Missouri Democratic Party

Transaction ID: SB17.12475
Date of Disbursement

Mailing Address P0 Box 719
419 East High Street

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	8

City Jefferson City State MO Zip Code 65102

Amount of Each Disbursement this Period

7500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Missouri Democratic Party

Transaction ID: SB17.12465
Date of Disbursement

Mailing Address P0 Box 719
419 East High Street

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

City Jefferson City State MO Zip Code 65102

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Dues

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Missouri Democratic Party

Transaction ID: SB17.12444
Date of Disbursement

Mailing Address P0 Box 719
419 East High Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

City Jefferson City State MO Zip Code 65102

Amount of Each Disbursement this Period

2008.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9608.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: SB17.12505
Date of Disbursement

Mailing Address 30 Ivy Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	8

City Washington State DC Zip Code 20003-4071

Amount of Each Disbursement this Period

128.07

Purpose of Disbursement
Entertainment

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: SB17.12481
Date of Disbursement

Mailing Address 30 Ivy Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	0	8

City Washington State DC Zip Code 20003-4071

Amount of Each Disbursement this Period

13.13

Purpose of Disbursement
Entertainment

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: SB17.12455
Date of Disbursement

Mailing Address 30 Ivy Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

City Washington State DC Zip Code 20003-4071

Amount of Each Disbursement this Period

275.00

Purpose of Disbursement
Dues

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

416.20

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: SB17.12456
Date of Disbursement

Mailing Address 30 Ivy Street, S.E.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

City Washington State DC Zip Code 20003-4071

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Constituent Entertainment

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
People for Michael Spreng

Transaction ID: SB17.12471
Date of Disbursement

Mailing Address PO BOX 0972

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City FLORISSANT State MO Zip Code 63032-0972

Amount of Each Disbursement this Period

325.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Rodney R. Hubbard for State Senate

Transaction ID: SB17.12469
Date of Disbursement

Mailing Address 1546 Biddle

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City St. Louis State MO Zip Code 63106

Amount of Each Disbursement this Period

650.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
Rep. William Lacy Clay, Jr.

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1225.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Southside Wellness Center

Mailing Address 3017 Park Avenue

City State Zip Code
St. Louis MO 63104

Purpose of Disbursement
Community Meeting

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12498
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	8

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
State Farm Insurance

Mailing Address 1444 N. Kingshighway

City State Zip Code
St. Louis MO 63113

Purpose of Disbursement
Automobile Expense

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12503
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	8

Amount of Each Disbursement this Period

710.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
The Congressional Club

Mailing Address 2001 New Hampshire Avenue, NW

City State Zip Code
Washington DC 20009

Purpose of Disbursement
Political Event

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12479
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	0	8

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1360.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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)
CLAY JR. FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: SB17.12499 Date of Disbursement
	Mailing Address 1720 Market Street	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City State Zip Code St. Louis MO 63155	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="56.00"/>
	Candidate Name Rep. William Lacy Clay, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MO District: 01	

B.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: SB17.12474 Date of Disbursement
	Mailing Address 1720 Market Street	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City State Zip Code St. Louis MO 63155	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="41.00"/>
	Candidate Name Rep. William Lacy Clay, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MO District: 01	

C.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: SB17.12464 Date of Disbursement
	Mailing Address 1720 Market Street	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City State Zip Code St. Louis MO 63155	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="41.00"/>
	Candidate Name Rep. William Lacy Clay, Jr.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MO District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="138.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Verizon, Inc.

Mailing Address 1300 I Street, NW
Suite 400

City Washington State DC Zip Code 20005

Purpose of Disbursement
Fundraiser Expense

Candidate Name
Rep. William Lacy Clay, Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 01

Transaction ID: SB17.12495
Date of Disbursement

01 / 15 / 2008

Amount of Each Disbursement this Period

3500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Victorian Lodge #7

Mailing Address 4406 Pennsylvania Avenue

City St. Louis State MO Zip Code 63111-1211

Purpose of Disbursement
Dues

Candidate Name
Rep. William Lacy Clay, Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 01

Transaction ID: SB17.12478
Date of Disbursement

02 / 12 / 2008

Amount of Each Disbursement this Period

180.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3680.00

TOTAL This Period (last page this line number only)

37770.05

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input checked="" 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)
CLAY JR. FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Comm.

Transaction ID: SB18.12440

Date of Disbursement

Mailing Address 430 S. Capitol Street, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

150000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name
Rep. William Lacy Clay, Jr.

Office Sought: House
 Senate
 President
State: MO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

150000.00

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

150000.00
