

# 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  
TODD AKIN FOR CONGRESS

ADDRESS (number and street) PO BOX 31222  
 Check if different than previously reported. (ACC)  
ST LOUIS MO 63131

2. **FEC IDENTIFICATION NUMBER** C00343475  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
MO 02

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 04 01 2008 through 06 30 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 G. Scott Engelbrecht  
Signature of Treasurer Electronically Filed by G. Scott Engelbrecht Date 10 13 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

TODD AKIN FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	151063.00	763714.92
(b) Total Contribution Refunds (from Line 20(d)).....	3000.00	4300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	148063.00	759414.92
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	96975.50	456269.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	5.00	765.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	96970.50	455504.24
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	810228.81	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> 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  
TODD AKIN FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

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).....

107850.00

548321.46

(ii) Unitemized.....

2213.00

39943.40

(iii) TOTAL of contributions

110063.00

588264.86

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

41000.00

175450.06

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

151063.00

763714.92

(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.).....

5.00

765.67

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

3773.42

27487.50

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

154841.42

791968.09

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	96975.50	456269.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	3000.00	4300.00
(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)).....	3000.00	4300.00
21. OTHER DISBURSEMENTS.....	2300.00	4300.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	102275.50	464869.91

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	757662.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	154841.42
25. SUBTOTAL (add Line 23 and Line 24).....	912504.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	102275.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	810228.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 5 / 87</span>
	(check only one)
<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"/>	<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)  
**TODD AKIN FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald E Arnold	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 469 Conway Village Drive	<b>Transaction ID:</b> SA11AI.23904
	City State Zip Code Town & Country MO 63141	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Western Anesthesiology As-soc. Inc. Occupation: Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald E Arnold	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 469 Conway Village Drive	<b>Transaction ID:</b> SA11AI.23905
	City State Zip Code Town & Country MO 63141	Amount of Each Receipt this Period 3300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Refunded \$1,000.00 6/13/2-008 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Western Anesthesiology As-soc. Inc. Occupation: Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard F Baalman Sr	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 515 Middleton Ct	<b>Transaction ID:</b> SA11AI.23897
	City State Zip Code Kirkwood MO 63122	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Bramm Inc. Occupation: Executive Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4900.00</b>
<b>TOTAL</b> 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: <span style="float: right;">PAGE 6 / 87</span>
	(check only one)
<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)  
**TODD AKIN FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard F Baalman Sr	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 515 Middleton Ct	<b>Transaction ID:</b> SA11AI.24100
	City State Zip Code Kirkwood MO 63122	Amount of Each Receipt this Period 1700.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Bramm Inc. Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Virginia Becker	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 5805 Wyngate Drive	<b>Transaction ID:</b> SA11AI.23962
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation National Gallery of Art Special Projects Associate	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jesse Bodine	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 50 Creekwood Ln	<b>Transaction ID:</b> SA11AI.23908
	City State Zip Code Ladue MO 63124	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N/A Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4300.00</b>
<b>TOTAL</b> 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: <span style="float: right;">PAGE 7 / 87</span> (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)  
**TODD AKIN FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jesse Bodine</p> <p>Mailing Address 50 Creekwood Ln</p> <p>City State Zip Code Ladue MO 63124</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">4600.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.23909</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">2300.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	8	2300.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	6		0	6		2	0	0	8																						
2300.00																															

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary Jane Bodine</p> <p>Mailing Address 50 Creekwood Ln</p> <p>City State Zip Code Ladue MO 63124</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">4600.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.23907</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">600.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	8	600.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	6		0	6		2	0	0	8																						
600.00																															

<p><b>C.</b> Full Name (Last, First, Middle Initial) John Burgess Brunner</p> <p>Mailing Address 7541 Parkdale Avenue 3W</p> <p>City State Zip Code Clayton MO 63105</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Vi-Jon Inc. Occupation International Account Mgr.</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2300.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.23963</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">2300.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	8	2300.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	6		1	3		2	0	0	8																						
2300.00																															

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5200.00</b>
<b>TOTAL</b> 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 8 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott A Carver		Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 731 Carmen Meadows		Transaction ID: SA11AI.23953
	City St Louis	State MO	Zip Code 63021
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer Eagle Industries	Occupation VP Operations	<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 ▼ 2000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kimberly A Cerny		Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 108 Eversham East		Transaction ID: SA11AI.24062
	City Lake Saint Louis	State MO	Zip Code 63367
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.40
	Name of Employer Waverly Group LLC	Occupation Executive	Partner Waverly Group LLC 16.67% <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Herbert Condie III		Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 33 Glen Eagles Dr.		Transaction ID: SA11AI.23923
	City Ladue	State MO	Zip Code 63124
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Darcy Masius Benton & Bow- le	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 9 / 87  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**TODD AKIN FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Yvonne Lynn Cordell</p> <p>Mailing Address 1841 Kehrs Mill Rd</p> <p>City State Zip Code <b>Wildwood MO 63005</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A Occupation <b>Housewife</b></p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 19 / 2008</span></p> <p><b>Transaction ID: SA11AI.23860</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Yvonne Lynn Cordell</p> <p>Mailing Address 1841 Kehrs Mill Rd</p> <p>City State Zip Code <b>Wildwood MO 63005</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A Occupation <b>Housewife</b></p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 19 / 2008</span></p> <p><b>Transaction ID: SA11AI.24105</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">700.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Paul N Cross</p> <p>Mailing Address 304 Woods Mill Terrace Ln</p> <p>City State Zip Code <b>Chesterfield MO 63017</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation <b>Insurance sales</b></p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 02 / 2008</span></p> <p><b>Transaction ID: SA11AI.23885</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">5000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 10 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Edith C Cunnane		Date of Receipt
	Mailing Address 264 Carlyle Lake Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2008
	City	State	Zip Code
	Creve Coeur	MO	63141
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.23881
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jay D Divine		Date of Receipt
	Mailing Address 108 Eversham East		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 16 / 2008
	City	State	Zip Code
	Lake Saint Louis	MO	63367
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.24069
Name of Employer Waverly Group LLC		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 333.40
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Partner Waverly Group LLC 16.67% <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> .00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Derick L Driemeyer		Date of Receipt
	Mailing Address 524 High Hampton Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 29 / 2008
	City	State	Zip Code
	Saint Louis	MO	63124
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.23877
Name of Employer N/A		Occupation Retired	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			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2800.00
<b>TOTAL</b> 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 11 / 87  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Charles L Drury Jr

Mailing Address 16 Devondale Ln

City State Zip Code  
Frontenac MO 63131

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

Name of Employer  
Drury Inns Inc.

Occupation  
President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2008

**Transaction ID:** SA11AI.23888

Amount of Each Receipt this Period  
600.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Charles L Drury Jr

Mailing Address 16 Devondale Ln

City State Zip Code  
Frontenac MO 63131

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

Name of Employer  
Drury Inns Inc.

Occupation  
President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2008

**Transaction ID:** SA11AI.24023

Amount of Each Receipt this Period  
1700.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mark E. Dunn

Mailing Address 12302 Crystal View Lane

City State Zip Code  
Town & Country MO 63131

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

Name of Employer  
Dunn & Miller PC

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2008

**Transaction ID:** SA11AI.23911

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2550.00**

**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 12 / 87  
(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)  
TODD AKIN FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Mark Eidelman

Mailing Address 13357 Pointe Conway Dr

City State Zip Code  
Town & Country MO 63141

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

Name of Employer Occupation  
Eidelman & Traub DDS Inc Dentist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 6600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.23882

Amount of Each Receipt this Period  
2000.00

Refunded \$2,000.00 6/12/2-008  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
G. Scott Engelbrecht

Mailing Address 12801 Flushing Meadows Dr Ste 100

City State Zip Code  
St Louis MO 63131

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

Name of Employer Occupation  
G. Scott Engelbrecht, CPA Accountant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.24021

Amount of Each Receipt this Period  
500.00

In-kind -  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
David C Farrell

Mailing Address 1220 Log Cabin Ln

City State Zip Code  
Ladue MO 63124

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.23906

Amount of Each Receipt this Period  
1000.00

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 13 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles F Fay	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 12120 Belle Meade Rd	<b>Transaction ID:</b> SA11AI.23954
	City State Zip Code Des Peres MO 63131	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 4500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) June E Gallagher	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 880 Delvin Dr	<b>Transaction ID:</b> SA11AI.23912
	City State Zip Code Town & Country MO 63141	Amount of Each Receipt this Period 1550.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Homemaker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) June E Gallagher	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 880 Delvin Dr	<b>Transaction ID:</b> SA11AI.24118
	City State Zip Code Town & Country MO 63141	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Homemaker Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 14 / 87</span>
	(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)  
**TODD AKIN FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward N Gershenson	Date of Receipt MM / DD / YYYY 06 / 19 / 2008
	Mailing Address 18545 St Albans Rd	<b>Transaction ID:</b> SA11AI.23975
	City State Zip Code Wildwood MO 63038	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Gershenson Construction President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eve L Golden	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 12919 Wallingshire Ct	<b>Transaction ID:</b> SA11AI.23942
	City State Zip Code Creve Coeur MO 63141	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Clean Earth Technologies Research Assoc.	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eve L Golden	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 12919 Wallingshire Ct	<b>Transaction ID:</b> SA11AI.23943
	City State Zip Code Creve Coeur MO 63141	Amount of Each Receipt this Period 1400.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Clean Earth Technologies Research Assoc.	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1950.00</b>
<b>TOTAL</b> 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 15 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffry Golden		Date of Receipt
	Mailing Address 12919 Wallingshire Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008
	City	State	Zip Code
	Creve Coeur	MO	63141
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.23944
		Amount of Each Receipt this Period	<input type="text"/> 300.00
Name of Employer Clean Earth Technologies		Occupation Scientist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	<input type="text"/> 4600.00	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Sidney H Guller		Date of Receipt
	Mailing Address 118 Bon Chateau Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 13 / 2008
	City	State	Zip Code
	Town & Country	MO	63141
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.23956
		Amount of Each Receipt this Period	<input type="text"/> 1300.00
Name of Employer Essex Industries Inc		Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	<input type="text"/> 2300.00	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Sidney H Guller		Date of Receipt
	Mailing Address 118 Bon Chateau Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 13 / 2008
	City	State	Zip Code
	Town & Country	MO	63141
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.23957
		Amount of Each Receipt this Period	<input type="text"/> 700.00
Name of Employer Essex Industries Inc		Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	<input type="text"/> 3000.00	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2300.00
<b>TOTAL</b> 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 16 / 87  
(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)  
TODD AKIN FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Barry C Hana

Mailing Address 231 McCullough Ave Unit 2D

City State Zip Code  
Saint Louis MO 63122

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

Name of Employer Incentive Concepts Occupation Vice President Sales

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.24004

Amount of Each Receipt this Period  
150.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Michael W Hemphill

Mailing Address 4950 Bischoff

City State Zip Code  
Saint Louis MO 63110

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

Name of Employer American Boiler Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.23926

Amount of Each Receipt this Period  
2300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Jesse Hill

Mailing Address 7570 Byron Place 2E

City State Zip Code  
Saint Louis MO 63105

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

Name of Employer Edward Jones Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.23901

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2700.00

**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: <span style="float: right;">PAGE 17 / 87</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD AKIN FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) George J Hruza	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 6 Ames Place Dr	<b>Transaction ID:</b> SA11AI.23902
	City State Zip Code Ladue MO 63124	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Laser & Derm Surgery Ctr Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) George J Hruza	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 6 Ames Place Dr	<b>Transaction ID:</b> SA11AI.23903
	City State Zip Code Ladue MO 63124	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Laser & Derm Surgery Ctr Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary J Jokerst	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 2314 Clifton Forge Dr	<b>Transaction ID:</b> SA11AI.23986
	City State Zip Code Town & Country MO 63131	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N/A Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> 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 18 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony B Jokerst Jr	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 2314 Clifton Forge Dr	<b>Transaction ID:</b> SA11AI.23984
	City State Zip Code Town & Country MO 63131	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Control Technology Solutions Partner Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Danny D Jura	Date of Receipt MM / DD / YYYY 06 / 10 / 2008
	Mailing Address 810 Questover Lane	<b>Transaction ID:</b> SA11AI.23935
	City State Zip Code Creve Coeur MO 63141	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Utilis Marketing/Sales Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DeAnna m Kasich	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 108 Eversham East	<b>Transaction ID:</b> SA11AI.24073
	City State Zip Code Lake Saint Louis MO 63367	Amount of Each Receipt this Period 333.20
	FEC ID number of contributing federal political committee. <b>C</b>	Partner Waverly Group LLC 16.66%
	Name of Employer Occupation Waverly Group LLC Executive Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> .00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4300.00</b>
<b>TOTAL</b> 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 19 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth Kline		Date of Receipt MM / DD / YYYY 06 / 19 / 2008				
	Mailing Address 8136 Stanford Avenue		<b>Transaction ID:</b> SA11AI.23978				
	City Saint Louis	State MO	Zip Code 63130	Amount of Each Receipt this Period 2300.00			
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Name of Employer Rossman					Occupation Teacher	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Fred S. Kummer		Date of Receipt MM / DD / YYYY 05 / 12 / 2008				
	Mailing Address 11 Squires Lane		<b>Transaction ID:</b> SA11AI.23857				
	City Huntleigh	State MO	Zip Code 63131	Amount of Each Receipt this Period 2300.00			
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Name of Employer HBE Corp					Occupation President	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) June M. Kummer		Date of Receipt MM / DD / YYYY 05 / 12 / 2008				
	Mailing Address 11 Squires Lane		<b>Transaction ID:</b> SA11AI.23855				
	City Huntleigh	State MO	Zip Code 63131	Amount of Each Receipt this Period 2300.00			
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Name of Employer Self					Occupation Co-Owns HBE Corp.	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6900.00
<b>TOTAL</b> 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 20 / 87  
(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)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Clinton W Jr Lane

Mailing Address 4 Oakleigh Lane

City State Zip Code  
Ladue MO 63124

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

Name of Employer Forms Distribution Occupation Business Owner

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

Date of Receipt  

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

Transaction ID: SA11AI.23891

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Erle L Lionberger

Mailing Address 19 Conway Lane

City State Zip Code  
Saint Louis MO 63124

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

Name of Employer N/A Occupation Volunteer

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

Date of Receipt  

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

Transaction ID: SA11AI.23914

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Erle L Lionberger

Mailing Address 19 Conway Lane

City State Zip Code  
Saint Louis MO 63124

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

Name of Employer N/A Occupation Volunteer

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

Date of Receipt  

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

Transaction ID: SA11AI.23915

Amount of Each Receipt this Period  
700.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 21 / 87  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Erle L Lionberger  
Mailing Address 19 Conway Lane  
City Saint Louis State MO Zip Code 63124  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Volunteer  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00  
Date of Receipt 06 / 16 / 2008  
Transaction ID: SA11AI.23965  
Amount of Each Receipt this Period 1600.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Edward b Martin  
Mailing Address 108 Eversham East  
City Lake Saint Louis State MO Zip Code 63367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Waverly Group LLC Occupation Executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ .00  
Date of Receipt 06 / 16 / 2008  
Transaction ID: SA11AI.24074  
Amount of Each Receipt this Period 333.20  
Partner Waverly Group LLC  
16.66%  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Michael N Matton  
Mailing Address 1123 Marion Ave  
City Mc Lean State VA Zip Code 22101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Michael N. Matton & Assoc. Occupation Consultant/Lobbyist  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 06 / 09 / 2008  
Transaction ID: SA11AI.23927  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00  
**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 22 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth H McDonnell		Date of Receipt
	Mailing Address 40 Glen Eagles Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2008
	City	State	Zip Code
	Ladue	MO	63124
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.23992
Name of Employer N/A		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth H McDonnell		Date of Receipt
	Mailing Address 40 Glen Eagles Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2008
	City	State	Zip Code
	Ladue	MO	63124
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.23993
Name of Employer N/A		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 4600.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Priscilla R McDonnell		Date of Receipt
	Mailing Address 200 Brentwood Blvd S #17A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 06 / 2008
	City	State	Zip Code
	Clayton	MO	63105
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.23940
Name of Employer N/A		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1600.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 6200.00
<b>TOTAL</b> 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 23 / 87  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Sanford N McDonnell

Mailing Address 200 Brentwood Blvd S Apt. 17-A

City Clayton State MO Zip Code 63105

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 06 / 06 / 2008  
**Transaction ID: SA11AI.23938**  
 Amount of Each Receipt this Period 1600.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rebecca J Miller

Mailing Address 8025 Maryland Ave Unit 15C

City Clayton State MO Zip Code 63105

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

Name of Employer Gateway Packaging Co Occupation Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 06 / 05 / 2008  
**Transaction ID: SA11AI.23916**  
 Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Audrey L Morgan

Mailing Address 4210 Austin Ridge Dr.

City Saint Charles State MO Zip Code 63304

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

Name of Employer Clean Earth Technologies Occupation Director of Human Resources

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 06 / 19 / 2008  
**Transaction ID: SA11AI.23979**  
 Amount of Each Receipt this Period 1300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3150.00**

**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 24 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Stella C Pettus	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 8 Treebrook Ln	<b>Transaction ID:</b> SA11AI.23967
	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	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Homemaker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William D Rubin	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 14463 Chellington Court	<b>Transaction ID:</b> SA11AI.23844
	City State Zip Code Chesterfield MO 63017	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer United Seating & Mobility Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harry Sammons	Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address 4 Homestead View	<b>Transaction ID:</b> SA11AI.23847
	City State Zip Code Washington MO 63090	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 25 / 87</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD AKIN FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Harry Sammons</p> <p>Mailing Address 4 Homestead View</p> <p>City State Zip Code <b>Washington MO 63090</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>775.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y <b>06 09 2008</b></p> <p><b>Transaction ID: SA11AI.23929</b></p> <p>Amount of Each Receipt this Period <b>50.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Peggy J Schluchter</p> <p>Mailing Address 875 Amersham Dr</p> <p>City State Zip Code <b>Town &amp; Country MO 63141</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Occupation Church Consultant</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>750.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y <b>06 30 2008</b></p> <p><b>Transaction ID: SA11AI.23994</b></p> <p>Amount of Each Receipt this Period <b>500.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Craig D Schnuck</p> <p>Mailing Address 26 Carrswold Dr.</p> <p>City State Zip Code <b>Saint Louis MO 63105</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Schnuck Markets Occupation Food Retailer</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>2300.00</b></p>	<p>Date of Receipt M M / D D / Y Y Y Y <b>04 01 2008</b></p> <p><b>Transaction ID: SA11AI.23827</b></p> <p>Amount of Each Receipt this Period <b>300.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>850.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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 26 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig D Schnuck	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 26 Carrswold Dr.	<b>Transaction ID:</b> SA11AI.23828
	City State Zip Code Saint Louis MO 63105	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Schnuck Markets	Occupation Food Retailer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig D Schnuck	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address 26 Carrswold Dr.	<b>Transaction ID:</b> SA11AI.23919
	City State Zip Code Saint Louis MO 63105	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Schnuck Markets	Occupation Food Retailer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tracy Schnuck	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address 26 Carrswold Dr.	<b>Transaction ID:</b> SA11AI.23917
	City State Zip Code Saint Louis MO 63105	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4600.00</b>
<b>TOTAL</b> 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 27 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Tracy Schnuck	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address 26 Carrswold Dr.	<b>Transaction ID:</b> SA11AI.23918
	City State Zip Code Saint Louis MO 63105	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Homemaker Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Seyer	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1819 Cheswick Place	<b>Transaction ID:</b> SA11AI.23996
	City State Zip Code Kirkwood MO 63122	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Seyer Industries Occupation Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Seyer	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1819 Cheswick Place	<b>Transaction ID:</b> SA11AI.23997
	City State Zip Code Kirkwood MO 63122	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Seyer Industries Occupation Owner Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4800.00
<b>TOTAL</b> 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 28 / 87  
(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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pamela A. Seyer</p> <p>Mailing Address 1819 Cheswick Place</p> <p>City State Zip Code Kirkwood MO 63122</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Incarnate Word Occupation Receptionist</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2300.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2008</p> <p><b>Transaction ID:</b> SA11AI.23999</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Pamela A. Seyer</p> <p>Mailing Address 1819 Cheswick Place</p> <p>City State Zip Code Kirkwood MO 63122</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Incarnate Word Occupation Receptionist</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2500.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2008</p> <p><b>Transaction ID:</b> SA11AI.24097</p> <p>Amount of Each Receipt this Period 200.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeanne Sinqeufield</p> <p>Mailing Address 132 Lake House Lane</p> <p>City State Zip Code Westphalia MO 65085</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2300.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 11 / 2008</p> <p><b>Transaction ID:</b> SA11AI.23949</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4800.00
<b>TOTAL</b> 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 29 / 87
	<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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeanne Sinquefield	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 132 Lake House Lane	<b>Transaction ID:</b> SA11AI.23950
	City State Zip Code Westphalia MO 65085	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rex Sinquefield	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 132 Lake House Lane	<b>Transaction ID:</b> SA11AI.23946
	City State Zip Code Westphalia MO 65085	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Show Me Institute Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rex Sinquefield	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 132 Lake House Lane	<b>Transaction ID:</b> SA11AI.23947
	City State Zip Code Westphalia MO 65085	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Show Me Institute Occupation President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6900.00
<b>TOTAL</b> 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 30 / 87  
(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)  
TODD AKIN FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial) David L Steward		Date of Receipt MM / DD / YYYY 06 / 13 / 2008
Mailing Address 309 Wyndmoor Terrace Ct		<b>Transaction ID:</b> SA11AI.23958
City State Zip Code St Louis MO 63141	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer World Wide Technology	Occupation President	<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 ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) Carl C Stifel		Date of Receipt MM / DD / YYYY 06 / 02 / 2008
Mailing Address 435 S Mason Rd		<b>Transaction ID:</b> SA11AI.23894
City State Zip Code Town & Country MO 63141	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	<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 ▼ 1250.00	

**C.**

Full Name (Last, First, Middle Initial) Michelle M Swenson-Drury		Date of Receipt MM / DD / YYYY 06 / 02 / 2008
Mailing Address 16 Devondale Ln		<b>Transaction ID:</b> SA11AI.23889
City State Zip Code Frontenac MO 63131	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2300.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5300.00</b>
<b>TOTAL</b> 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 31 / 87  
(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)  
**TODD AKIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Jack C Taylor

Mailing Address 35 Hunter Avenue

City State Zip Code  
Saint Louis MO 63124

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

Name of Employer Occupation  
Enterprise Rent-a-Car Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2008

**Transaction ID:** SA11AI.23969

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Paul L Taylor

Mailing Address 439 Forsheer Dr

City State Zip Code  
Chesterfield MO 63017

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

Name of Employer Occupation  
U Gas CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2008

**Transaction ID:** SA11AI.23930

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Albert D Thomas

Mailing Address 19166 Puellman Road

City State Zip Code  
Wildwood MO 63005

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

Name of Employer Occupation  
Self Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2008

**Transaction ID:** SA11AI.23932

Amount of Each Receipt this Period  
1300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4600.00**

**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: <span style="float: right;">PAGE 32 / 87</span> (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)  
**TODD AKIN FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Albert D Thomas</p> <p>Mailing Address 19166 Puellman Road</p> <p>City State Zip Code <b>Wildwood MO 63005</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Occupation Retired</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>4600.00</b></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID: SA11AI.23933</b></p> <p>Amount of Each Receipt this Period <b>2300.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	8												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael D. Trokey</p> <p>Mailing Address 466 Steeple Lane</p> <p>City State Zip Code <b>Wildwood MO 63005</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Michael Trokey &amp; Company PC Occupation Accountant</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>300.00</b></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID: SA11AI.23859</b></p> <p>Amount of Each Receipt this Period <b>300.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Randall L Waser</p> <p>Mailing Address 1841 Harbor Mill Dr</p> <p>City State Zip Code <b>St Louis MO 63026</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Wilson Tool &amp; Die Occupation Design Engineer</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <b>300.00</b></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID: SA11AI.23951</b></p> <p>Amount of Each Receipt this Period <b>100.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>2700.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 33 / 87</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TODD AKIN FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Waverly Group LLC	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 108 Eversham East	<b>Transaction ID:</b> SA11AI.23971
	City State Zip Code Lake Saint Louis MO 63367	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PARTNERSHIP/LLC</b>
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Emily A Williams	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 12566 Questover Court	<b>Transaction ID:</b> SA11AI.23895
	City State Zip Code Creve Coeur MO 63141	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N/A Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolann Yates	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 108 Eversham East	<b>Transaction ID:</b> SA11AI.24072
	City State Zip Code Lake Saint Louis MO 63367	Amount of Each Receipt this Period 333.40
	FEC ID number of contributing federal political committee. <b>C</b>	Partner Waverly Group LLC 16.67%
	Name of Employer Occupation Waverly Group LLC Executive	<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 ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2050.00</b>
<b>TOTAL</b> 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 34 / 87
	(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)  
**TODD AKIN FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) Wilson D Yates III		Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 108 Eversham East		Transaction ID: SA11AI.24071
	City Lake Saint Louis	State MO	Zip Code 63367
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 333.40
	Name of Employer Waverly Group LLC	Occupation Executive	Partner Waverly Group LLC 16.67%
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .....00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard G. Zimmerman		Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address 35 Westmoreland Place		Transaction ID: SA11AI.23851
	City St. Louis	State MO	Zip Code 63108
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
	Name of Employer Kemco Tool and Machine Co.	Occupation Owner	<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 ▼ .....2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>107850.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 87  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AEROPAC

Mailing Address 2345 Crystal Drive Ste. 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00422824

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 09 / 2008

**Transaction ID:** SA11C.23920

Amount of Each Receipt this Period 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ameren Fed PAC

Mailing Address 607 Adams St E

City Springfield State IL Zip Code 62739

FEC ID number of contributing federal political committee. **C** C00206136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 09 / 2008

**Transaction ID:** SA11C.23921

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Airlines Inc PAC/AAPAC

Mailing Address 1101 17th Street NW NO. 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 20 / 2008

**Transaction ID:** SA11C.23865

Amount of Each Receipt this Period 1000.00

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 36 / 87  
(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)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
American Association of Orthodontists PAC

Mailing Address 401 N. Lindbergh Blvd  
401 N. Lindbergh Blvd.

City State Zip Code  
Saint Louis MO 63141

FEC ID number of contributing federal political committee. **C** C00293910

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
0	4	/	1	5	/	2	0	0	8

**Transaction ID:** SA11C.23833

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Association of Orthopaedic Surgeons, PAC

Mailing Address 317 Massachussets Ave N.E.

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

**Transaction ID:** SA11C.23991

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Dental PAC

Mailing Address 1111 14th Street NW Suite 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

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	5	/	2	0	/	2	0	0	8

**Transaction ID:** SA11C.23866

Amount of Each Receipt this Period  
1000.00

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) ..... ►

**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 37 / 87
	<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	

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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Anheuser-Busch PAC	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 1 Busch Place	<b>Transaction ID:</b> SA11C.23821
	City State Zip Code Saint Louis MO 63118	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00034488	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Anheuser-Busch PAC	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 1 Busch Place	<b>Transaction ID:</b> SA11C.23875
	City State Zip Code Saint Louis MO 63118	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00034488	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) AT&T Federal PAC	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 175 E. Houston St. Rm.7-A-50	<b>Transaction ID:</b> SA11C.23989
	City State Zip Code San Antonio TX 78205	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C70003637	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> 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 38 / 87  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Balch & Bingham PAC  
Mailing Address 1275 Pennsylvania Ave. NW 9th Fl  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00358440  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 06 / 09 / 2008  
Transaction ID: SA11C.23922  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Boeing Political Action Committee  
Mailing Address 1200 Wilson Blvd.  
City Arlington State VA Zip Code 22209  
FEC ID number of contributing federal political committee. **C** C00142711  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00  
Date of Receipt 05 / 27 / 2008  
Transaction ID: SA11C.23876  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Credit Union Leg Action Council/CUNA  
Mailing Address 601 Pennsylvania Ave NW  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00007880  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 04 / 29 / 2008  
Transaction ID: SA11C.23845  
Amount of Each Receipt this Period 1000.00  
 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 39 / 87  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Credit Union Leg Action Council/CUNA

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 06 / 02 / 2008  
**Transaction ID:** SA11C.23886  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Eagle Forum PAC

Mailing Address PO Box 618

City Alton State IL Zip Code 62002

FEC ID number of contributing federal political committee. **C** C00103937

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 06 / 19 / 2008  
**Transaction ID:** SA11C.23974  
 Amount of Each Receipt this Period 1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Edward Jones PAC

Mailing Address 12555 Manchester Road

City Saint Louis State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C** C00410407

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 06 / 03 / 2008  
**Transaction ID:** SA11C.23883  
 Amount of Each Receipt this Period 3000.00

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 40 / 87  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Enterprise Rent-A-Car Company PAC

Mailing Address 600 Corporate Park Dr

City State Zip Code  
Clayton MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

**Transaction ID:** SA11C.23964

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Express Scripts PAC

Mailing Address 601 Pennsylvania Ave. NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

**Transaction ID:** SA11C.23925

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Express Scripts PAC

Mailing Address 601 Pennsylvania Ave. NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 0 8

**Transaction ID:** SA11C.23982

Amount of Each Receipt this Period  
2000.00

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 41 / 87  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Honeywell Int'l PAC

Mailing Address 101 Constitution Ave NW Ste. 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 05 / 20 / 2008  
Transaction ID: SA11C.23867  
Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Independent Insurance Agents PAC

Mailing Address 412 First St SE Ste 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 01 / 2008  
Transaction ID: SA11C.23822  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lockheed Martin EPAC

Mailing Address 1550 Crystal Drive  
Crystal Square Two Ste 200

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 16 / 2008  
Transaction ID: SA11C.23966  
Amount of Each Receipt this Period: 1000.00

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: PAGE 42 / 87  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Pfizer PAC

Mailing Address 235 42nd Street E 30th Fl

City State Zip Code  
Grand Central Brm NY 10164

FEC ID number of contributing federal political committee. **C** C00016683

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 6 / 0 9 / 2 0 0 8

**Transaction ID:** SA11C.23928

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Raytheon Company PAC

Mailing Address 1100 Wilson Boulevard Ste 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

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 5 / 2 0 / 2 0 0 8

**Transaction ID:** SA11C.23868

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Rolls-Royce North America PAC

Mailing Address 14850 Conference Center Dr. Ste 1

City State Zip Code  
Chandilly VA 20151

FEC ID number of contributing federal political committee. **C** C00296822

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 Y  
 0 5 / 2 0 / 2 0 0 8

**Transaction ID:** SA11C.23869

Amount of Each Receipt this Period  
1000.00

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: PAGE 43 / 87

(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)  
TODD AKIN FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
SABRE PAC

Mailing Address 7733 Forsyth Blvd Ste 1500

City State Zip Code  
Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00178053

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  
06 / 25 / 2008

Transaction ID: SA11C.23988

Amount of Each Receipt this Period

2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Union Pacific Corporation FFEg

Mailing Address 600 Thirteenth Street NW Ste 340

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

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  
05 / 20 / 2008

Transaction ID: SA11C.23870

Amount of Each Receipt this Period

1000.00

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) .....

41000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 87  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Commerce Bank  
Mailing Address Box 419248

City State Zip Code  
Kansas City MO 64141

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7095.73

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 8

**Transaction ID:** SA15.24014

Amount of Each Receipt this Period  
889.89

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

**B.** Full Name (Last, First, Middle Initial)  
Commerce Bank  
Mailing Address Box 419248

City State Zip Code  
Kansas City MO 64141

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7919.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 8

**Transaction ID:** SA15.24017

Amount of Each Receipt this Period  
823.87

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

**C.** Full Name (Last, First, Middle Initial)  
Commerce Bank  
Mailing Address Box 419248

City State Zip Code  
Kansas City MO 64141

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8740.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** SA15.24016

Amount of Each Receipt this Period  
820.90

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2534.66**

**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 45 / 87  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Walnut Street Securities

Mailing Address 602 W Kirkham Ave

City State Zip Code  
Saint Louis MO 63119

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

Name of Employer Occupation  
N/A N/A

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** SA15.24012

Amount of Each Receipt this Period  
422.86

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

16931.10

**B.** Full Name (Last, First, Middle Initial)  
Walnut Street Securities

Mailing Address 602 W Kirkham Ave

City State Zip Code  
Saint Louis MO 63119

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

Name of Employer Occupation  
N/A N/A

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 8

**Transaction ID:** SA15.24013

Amount of Each Receipt this Period  
427.45

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

17358.55

**C.** Full Name (Last, First, Middle Initial)  
Walnut Street Securities

Mailing Address 602 W Kirkham Ave

City State Zip Code  
Saint Louis MO 63119

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

Name of Employer Occupation  
N/A N/A

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** SA15.24015

Amount of Each Receipt this Period  
388.45

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

17747.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1238.76**

**TOTAL** This Period (last page this line number only) ..... ► **3773.42**

# 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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADP Easy Pay St. Louis</p> <p>Mailing Address 12200 Weber Hill Rd.</p> <p>City St. Louis State MO Zip Code 63127</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23775</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1833.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ADP Easy Pay St. Louis</p> <p>Mailing Address 12200 Weber Hill Rd.</p> <p>City St. Louis State MO Zip Code 63127</p> <p>Purpose of Disbursement Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23776</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 72.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ADP Easy Pay St. Louis</p> <p>Mailing Address 12200 Weber Hill Rd.</p> <p>City St. Louis State MO Zip Code 63127</p> <p>Purpose of Disbursement Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23791</p> <p>Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 70.68</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) ..... ▶

1976.92

**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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADP Easy Pay St. Louis</p> <p>Mailing Address 12200 Weber Hill Rd.</p> <p>City St. Louis State MO Zip Code 63127</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23811</p> <p>Date of Disbursement 06 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1283.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ADP Easy Pay St. Louis</p> <p>Mailing Address 12200 Weber Hill Rd.</p> <p>City St. Louis State MO Zip Code 63127</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23812</p> <p>Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 72.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AllMail USA</p> <p>Mailing Address 8517 Mid County Industrial Drive</p> <p>City Saint Louis State MO Zip Code 63114</p> <p>Purpose of Disbursement Mailing Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23704</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 575.96</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) ..... ▶

1931.86

**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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AllMail USA	Transaction ID: SB17.23729 Date of Disbursement 05 / 27 / 2008
	Mailing Address 8517 Mid County Industrial Drive	Amount of Each Disbursement this Period 717.16
	City Saint Louis State MO Zip Code 63114	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mailing Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AllMail USA	Transaction ID: SB17.23742 Date of Disbursement 06 / 16 / 2008
	Mailing Address 8517 Mid County Industrial Drive	Amount of Each Disbursement this Period 2858.21
	City Saint Louis State MO Zip Code 63114	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mailing Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB17.24084 Date of Disbursement 06 / 16 / 2008
	Mailing Address PO Box 582880	Amount of Each Disbursement this Period 2010.00
	City Tulsa State OK Zip Code 74158	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Visa Ck #4869 Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3575.37</b>
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

A.

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

Transaction ID: SB17.23653  
Date of Disbursement

Mailing Address P. O. Box 2971

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

City Omaha State NE Zip Code 68103

Amount of Each Disbursement this Period

349.12
--------

Purpose of Disbursement  
Telephone Expense

Category/ Type
-------------------

Candidate Name

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: District:

B.

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

Transaction ID: SB17.23728  
Date of Disbursement

Mailing Address P. O. Box 2971

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

City Omaha State NE Zip Code 68103

Amount of Each Disbursement this Period

420.21
--------

Purpose of Disbursement  
Telephone Expense

Category/ Type
-------------------

Candidate Name

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: District:

C.

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

Transaction ID: SB17.23795  
Date of Disbursement

Mailing Address P. O. Box 2971

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

City Omaha State NE Zip Code 68103

Amount of Each Disbursement this Period

421.92
--------

Purpose of Disbursement  
Telephone Expense

Category/ Type
-------------------

Candidate Name

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: District:

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

1191.25
---------

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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 15678 Manchester Road</p> <p>City Manchester State MO Zip Code 63011</p> <p>Purpose of Disbursement Visa Ck #4869 Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.24080 <b>Date of Disbursement</b> 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 213.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David D Breed</p> <p>Mailing Address 4319 Wickerfield Dr</p> <p>City St Louis State MO Zip Code 63128</p> <p>Purpose of Disbursement Contractor Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23769 <b>Date of Disbursement</b> 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23637 <b>Date of Disbursement</b> 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 778.92</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) ..... ▶

4278.92

**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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Carnival & Party Supplies <hr/> Mailing Address 10 Fox Valley Center <hr/> City Arnold State MO Zip Code 63010 <hr/> Purpose of Disbursement Carnival Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23817 Date of Disbursement 06 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 751.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Chateau on the Lake <hr/> Mailing Address 415 State Highway 265 <hr/> City Branson State MO Zip Code 65616 <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23753 Date of Disbursement 06 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 1769.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Chateau on the Lake <hr/> Mailing Address 415 State Highway 265 <hr/> City Branson State MO Zip Code 65616 <hr/> Purpose of Disbursement Visa Ck #4869 Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24088 Date of Disbursement 06 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 641.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

2520.99

**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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Michael Cobb

Transaction ID: SB17.23813  
Date of Disbursement

Mailing Address 2010 Caesar Drive

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

City Fenton State MO Zip Code 63026

Amount of Each Disbursement this Period

589.56
--------

Purpose of Disbursement

Category/Type
---------------

Salary  
Candidate Name

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: District:

B.

Full Name (Last, First, Middle Initial)  
Michael Cobb

Transaction ID: SB17.23745  
Date of Disbursement

Mailing Address 2010 Caesar Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

City Fenton State MO Zip Code 63026

Amount of Each Disbursement this Period

263.31
--------

Purpose of Disbursement

Category/Type
---------------

Salary  
Candidate Name

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: District:

C.

Full Name (Last, First, Middle Initial)  
Commerce Bank

Transaction ID: SB17.23771  
Date of Disbursement

Mailing Address Box 419248

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	8

City Kansas City State MO Zip Code 64141

Amount of Each Disbursement this Period

142.70
--------

Purpose of Disbursement

Category/Type
---------------

Bank Charges  
Candidate Name

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: District:

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

995.57
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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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Commerce Bank Mailing Address Box 419248 City Kansas City State MO Zip Code 64141 Purpose of Disbursement Check Order Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23774 Date of Disbursement 04 / 09 / 2008 Amount of Each Disbursement this Period 102.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Commerce Bank Mailing Address Box 419248 City Kansas City State MO Zip Code 64141 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23772 Date of Disbursement 04 / 10 / 2008 Amount of Each Disbursement this Period 30.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Commerce Bank Mailing Address Box 419248 City Kansas City State MO Zip Code 64141 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23783 Date of Disbursement 05 / 05 / 2008 Amount of Each Disbursement this Period 27.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

160.35

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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Commerce Bank Mailing Address Box 419248 City Kansas City State MO Zip Code 64141 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23784 Date of Disbursement 05 / 06 / 2008 Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Commerce Bank Mailing Address Box 419248 City Kansas City State MO Zip Code 64141 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23790 Date of Disbursement 05 / 15 / 2008 Amount of Each Disbursement this Period 29.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Commerce Bank Mailing Address Box 419248 City Kansas City State MO Zip Code 64141 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23808 Date of Disbursement 06 / 04 / 2008 Amount of Each Disbursement this Period 27.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**61.63**

**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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Commerce Bank	<b>Transaction ID:</b> SB17.23809	
	Mailing Address Box 419248	Date of Disbursement 06 / 04 / 2008	
	City Kansas City State MO Zip Code 64141	Amount of Each Disbursement this Period 5.00	
	Purpose of Disbursement Bank Charges Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b>	Full Name (Last, First, Middle Initial) Commerce Bank	<b>Transaction ID:</b> SB17.23810	
	Mailing Address Box 419248	Date of Disbursement 06 / 10 / 2008	
	City Kansas City State MO Zip Code 64141	Amount of Each Disbursement this Period 19.79	
	Purpose of Disbursement Bank Charges Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b>	Full Name (Last, First, Middle Initial) Commerce Bank Visa B	<b>Transaction ID:</b> SB17.23659	
	Mailing Address 3930 147th S	Date of Disbursement 04 / 21 / 2008	
	City Omaha State NE Zip Code 68144	Amount of Each Disbursement this Period 1422.63	
	Purpose of Disbursement Credit Card Payment Ck #4821 Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1447.42</b>
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Commerce Bank Visa B Mailing Address 3930 147th S City Omaha State NE Zip Code 68144 Purpose of Disbursement Credit Card Payment Ck #4841 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23705 Date of Disbursement 05 / 19 / 2008 Amount of Each Disbursement this Period 2742.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Commerce Bank Visa B Mailing Address 3930 147th S City Omaha State NE Zip Code 68144 Purpose of Disbursement Credit Card Payment Ck # 4869 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23819 Date of Disbursement 06 / 16 / 2008 Amount of Each Disbursement this Period 5900.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Terry Crowder Mailing Address 10159 Bellefontaine Rd. City Bellefontaine Nghb State MO Zip Code 63137 Purpose of Disbursement Contractor Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23807 Date of Disbursement 06 / 27 / 2008 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9393.59
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Deer Creek Club	Transaction ID: SB17.23740 Date of Disbursement 06 / 13 / 2008
	Mailing Address 9861 Deer Creek Hill	Amount of Each Disbursement this Period 5101.12
	City St. Louis State MO Zip Code 63124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dell Inc	Transaction ID: SB17.23721 Date of Disbursement 05 / 19 / 2008
	Mailing Address 1 Dell Way	Amount of Each Disbursement this Period 2180.36
	City Round Rock State TX Zip Code 78682	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Visa Ck #4841 - Office Equipment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) G. Scott Engelbrecht	Transaction ID: SB17.24022 Date of Disbursement 06 / 30 / 2008
	Mailing Address 12801 Flushing Meadows Dr Ste 100	Amount of Each Disbursement this Period 500.00
	City St Louis State MO Zip Code 63131	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement In-kind - Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5101.12
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
J. Rufus Fears

Mailing Address 23 Walnut Hill St.

City State Zip Code  
Norman OK 73072

Purpose of Disbursement  
Transportation Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.23622

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

72.00

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

B.

Full Name (Last, First, Middle Initial)  
FedEx Kinkos

Mailing Address 14834 Manchester Rd.

City State Zip Code  
Ballwin MO 63011

Purpose of Disbursement  
Visa Ck #4841 - Shipping

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.23719

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

4.18

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Fenton Chamber of Commerce

Mailing Address 1720 W Park Center Dr Ste F

City State Zip Code  
Fenton MO 63026

Purpose of Disbursement  
Membership Dues

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.23632

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

110.00

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

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

182.00

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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Transaction ID: SB17.23630  
Date of Disbursement

Mailing Address PO Box 116021

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

City State Zip Code  
Alexandria VA 22302

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contractor Salary

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Transaction ID: SB17.23631  
Date of Disbursement

Mailing Address PO Box 116021

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

City State Zip Code  
Alexandria VA 22302

Amount of Each Disbursement this Period

50.52
-------

Purpose of Disbursement  
Shipping Expense

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Transaction ID: SB17.23644  
Date of Disbursement

Mailing Address PO Box 116021

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

City State Zip Code  
Alexandria VA 22302

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contractor Salary

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

2050.52
---------

**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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Hammond &amp; Associates</p> <p>Mailing Address PO Box 116021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Shipping Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23645</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 20.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hammond &amp; Associates</p> <p>Mailing Address PO Box 116021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Contractor Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23722</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hammond &amp; Associates</p> <p>Mailing Address PO Box 116021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Fundraising Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23723</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 31.00</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) ..... ▶

1051.52

**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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Transaction ID: SB17.23724  
Date of Disbursement

Mailing Address PO Box 116021

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

City State Zip Code  
Alexandria VA 22302

Amount of Each Disbursement this Period

20.78
-------

Purpose of Disbursement  
Shipping Expense  
Candidate Name

Category/  
Type

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: District:

B.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Transaction ID: SB17.23749  
Date of Disbursement

Mailing Address PO Box 116021

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

City State Zip Code  
Alexandria VA 22302

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contractor Salary  
Candidate Name

Category/  
Type

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: District:

C.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Transaction ID: SB17.23750  
Date of Disbursement

Mailing Address PO Box 116021

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

City State Zip Code  
Alexandria VA 22302

Amount of Each Disbursement this Period

130.85
--------

Purpose of Disbursement  
Shipping Expense  
Candidate Name

Category/  
Type

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: District:

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

1151.63

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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Helget Gas  Mailing Address PO Box 24246  City Omaha State NE Zip Code 68124  Purpose of Disbursement Gas Products Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23634 Date of Disbursement 04 / 07 / 2008  Amount of Each Disbursement this Period 25.11  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Helget Gas  Mailing Address PO Box 24246  City Omaha State NE Zip Code 68124  Purpose of Disbursement Gas Products Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23658 Date of Disbursement 05 / 08 / 2008  Amount of Each Disbursement this Period 25.11  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Helget Gas  Mailing Address PO Box 24246  City Omaha State NE Zip Code 68124  Purpose of Disbursement Gas Products Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23792 Date of Disbursement 06 / 10 / 2008  Amount of Each Disbursement this Period 26.72  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

76.94

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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
High Tech Graphics

Mailing Address 2072 Concourse Dr

City Maryland Heights State MO Zip Code 63146

Purpose of Disbursement  
Printing Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.23816  
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

500.90

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

B.

Full Name (Last, First, Middle Initial)  
Home Depot

Mailing Address 13929 Manchester Road

City Saint Louis State MO Zip Code 63011

Purpose of Disbursement  
Visa Ck #4869 Office Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.24081  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

118.67

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Johnny on the Spot

Mailing Address 7151 N Market

City Saint Louis State MO Zip Code 63133

Purpose of Disbursement  
Sanitation Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.23736  
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

350.00

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

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

850.90

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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelco Management</p> <p>Mailing Address 11711 Middleview Dr</p> <p>City Des Peres State MO Zip Code 63131</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23635</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1367.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kelco Management</p> <p>Mailing Address 11711 Middleview Dr</p> <p>City Des Peres State MO Zip Code 63131</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23703</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1367.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kelco Management</p> <p>Mailing Address 11711 Middleview Dr</p> <p>City Des Peres State MO Zip Code 63131</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23741</p> <p>Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1367.80</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) ..... ▶

4103.40

**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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
L&L Printing

Transaction ID: SB17.23643  
Date of Disbursement

Mailing Address 12228 Natural Bridge Rd.

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

City State Zip Code  
Bridgeton MO 63044

Amount of Each Disbursement this Period

2952.12
---------

Purpose of Disbursement  
Printing Services

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
L&L Printing

Transaction ID: SB17.23734  
Date of Disbursement

Mailing Address 12228 Natural Bridge Rd.

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

City State Zip Code  
Bridgeton MO 63044

Amount of Each Disbursement this Period

1595.00
---------

Purpose of Disbursement  
Printing Services

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
L&L Printing

Transaction ID: SB17.23735  
Date of Disbursement

Mailing Address 12228 Natural Bridge Rd.

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

City State Zip Code  
Bridgeton MO 63044

Amount of Each Disbursement this Period

1365.00
---------

Purpose of Disbursement  
Printing Services

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

5912.12
---------

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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Lowe's	Transaction ID: SB17.23718 Date of Disbursement 05 / 19 / 2008
	Mailing Address 14810 Manchester Rd.	Amount of Each Disbursement this Period 68.71
	City Ballwin State MO Zip Code 63011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Visa Ck #4841 - Office Equipment	<b>[MEMO ITEM]</b>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Lowe's	Transaction ID: SB17.24079 Date of Disbursement 06 / 16 / 2008
	Mailing Address 14810 Manchester Rd.	Amount of Each Disbursement this Period 43.09
	City Ballwin State MO Zip Code 63011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Visa Ck #4869 Office Expense	<b>[MEMO ITEM]</b>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Marriott Hotel	Transaction ID: SB17.23688 Date of Disbursement 04 / 21 / 2008
	Mailing Address 1-70 at Lambert Airport	Amount of Each Disbursement this Period 367.28
	City Saint Louis State MO Zip Code 63134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Visa Ck #4821 - Hotel Expense	<b>[MEMO ITEM]</b>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Middendorf Photography

Transaction ID: SB17.23766  
Date of Disbursement

Mailing Address 826 Westrun Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City State Zip Code  
Ballwin MO 63021

Amount of Each Disbursement this Period

1114.29
---------

Purpose of Disbursement  
Photography

Category/ Type
-------------------

Candidate Name

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: District:

B.

Full Name (Last, First, Middle Initial)  
Missouri Federated Republican Women

Transaction ID: SB17.23751  
Date of Disbursement

Mailing Address 367 Palemo Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	8

City State Zip Code  
St. Louis MO 63021

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Event Sponsorship

Category/ Type
-------------------

Candidate Name

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: District:

C.

Full Name (Last, First, Middle Initial)  
Missouri Federated Republican Women

Transaction ID: SB17.23756  
Date of Disbursement

Mailing Address 367 Palemo Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

City State Zip Code  
St. Louis MO 63021

Amount of Each Disbursement this Period

70.00
-------

Purpose of Disbursement  
Reception Fee

Category/ Type
-------------------

Candidate Name

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: District:

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

1684.29
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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)  
TODD AKIN FOR CONGRESS

A.

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

Transaction ID: SB17.23701  
Date of Disbursement

Mailing Address PO Box 73

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	8

City State Zip Code  
Jefferson City MO 65102

Amount of Each Disbursement this Period

215.00
--------

Purpose of Disbursement  
Convention Fee

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB17.23726  
Date of Disbursement

Mailing Address PO Box 73

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

City State Zip Code  
Jefferson City MO 65102

Amount of Each Disbursement this Period

115.00
--------

Purpose of Disbursement  
Convention Fees

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
O'Fallon Chamber Of Commerce

Transaction ID: SB17.23657  
Date of Disbursement

Mailing Address 2897 Hwy K Suite 200

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

City State Zip Code  
O'Fallon MO 63366

Amount of Each Disbursement this Period

220.00
--------

Purpose of Disbursement  
Dues

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

550.00
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**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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) O'Fallon Chamber Of Commerce	Transaction ID: SB17.24086 Date of Disbursement 06 / 16 / 2008
	Mailing Address 2897 Hwy K Suite 200	Amount of Each Disbursement this Period 15.00
	City O'Fallon State MO Zip Code 63366	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Visa Ck #4869 Office Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB17.23690 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 91587	Amount of Each Disbursement this Period 96.39
	City Chicago State IL Zip Code 60693	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Visa Ck #4821 Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB17.23714 Date of Disbursement 05 / 19 / 2008
	Mailing Address P.O. Box 91587	Amount of Each Disbursement this Period 261.71
	City Chicago State IL Zip Code 60693	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Visa Ck # 4841 - Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Office Depot  Mailing Address P.O. Box 91587  City Chicago State IL Zip Code 60693  Purpose of Disbursement Visa CK #4869 Office Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB17.24078 Date of Disbursement 06 / 16 / 2008  Amount of Each Disbursement this Period 523.46  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Post Office  Mailing Address 1717 Market Street  City Saint Louis State MO Zip Code 63155  Purpose of Disbursement Visa Ck #4821 - Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23685 Date of Disbursement 04 / 21 / 2008  Amount of Each Disbursement this Period 45.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Post Office  Mailing Address 1717 Market Street  City Saint Louis State MO Zip Code 63155  Purpose of Disbursement Visa Ck #4841 - Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23716 Date of Disbursement 05 / 19 / 2008  Amount of Each Disbursement this Period 5.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Post Office

Mailing Address 1717 Market Street

City State Zip Code  
Saint Louis MO 63155

Purpose of Disbursement  
Return Postage  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.23727  
Date of Disbursement

/

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)  
Post Office

Mailing Address 1717 Market Street

City State Zip Code  
Saint Louis MO 63155

Purpose of Disbursement  
Visa Ck #4869  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.24085  
Date of Disbursement

/

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Post Office

Mailing Address 1717 Market Street

City State Zip Code  
Saint Louis MO 63155

Purpose of Disbursement  
Postage  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.23763  
Date of Disbursement

/

Amount of Each Disbursement this Period

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

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

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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Premiere Speakers Bureau <hr/> Mailing Address 1000 Corporate Centre Ste. 120 <hr/> City Franklin State TN Zip Code 37067 <hr/> Purpose of Disbursement Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23656 Date of Disbursement 05 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Premiere Speakers Bureau <hr/> Mailing Address 1000 Corporate Centre Ste. 120 <hr/> City Franklin State TN Zip Code 37067 <hr/> Purpose of Disbursement Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23732 Date of Disbursement 05 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 16000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Promotion Partners Inc. <hr/> Mailing Address 21 Stacy Drive <hr/> City Saint Louis State MO Zip Code 63132 <hr/> Purpose of Disbursement Promotion Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23781 Date of Disbursement 05 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

20170.00

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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Promotion Partners Inc.</p> <p>Mailing Address 21 Stacy Drive</p> <p>City Saint Louis State MO Zip Code 63132</p> <p>Purpose of Disbursement Promotion Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23782</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Promotion Partners Inc.</p> <p>Mailing Address 21 Stacy Drive</p> <p>City Saint Louis State MO Zip Code 63132</p> <p>Purpose of Disbursement Promotion Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23702</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2015.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) R &amp; J Sign Supply Co.</p> <p>Mailing Address 4931 Daggett Avenue</p> <p>City Saint Louis State MO Zip Code 63110</p> <p>Purpose of Disbursement Sign Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23725</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1770.05</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) ..... ▶

4035.05

**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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) R & J Sign Supply Co. <hr/> Mailing Address 4931 Daggett Avenue <hr/> City Saint Louis State MO Zip Code 63110 <hr/> Purpose of Disbursement Sign Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23747 Date of Disbursement 06 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 845.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Angelica Ritter <hr/> Mailing Address 437 Chapel Ridge Dr Apt E <hr/> City Hazelwood State MO Zip Code 63042 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23777 Date of Disbursement 04 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 2171.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kevin M. Roach <hr/> Mailing Address Po Box 16775 <hr/> City Clayton State MO Zip Code 63105 <hr/> Purpose of Disbursement Mileage Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23621 Date of Disbursement 04 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 295.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

3312.95

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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Kevin M. Roach

Transaction ID: SB17.23778  
Date of Disbursement

Mailing Address Po Box 16775

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	8

City Clayton State MO Zip Code 63105

Amount of Each Disbursement this Period

2182.59
---------

Purpose of Disbursement

Salary

Category/Type
---------------

Candidate Name

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: District:

B.

Full Name (Last, First, Middle Initial)  
Kevin M. Roach

Transaction ID: SB17.23694  
Date of Disbursement

Mailing Address Po Box 16775

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	8

City Clayton State MO Zip Code 63105

Amount of Each Disbursement this Period

121.71
--------

Purpose of Disbursement

Mileage Reimbursement

Category/Type
---------------

Candidate Name

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: District:

C.

Full Name (Last, First, Middle Initial)  
Kevin M. Roach

Transaction ID: SB17.23786  
Date of Disbursement

Mailing Address Po Box 16775

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

City Clayton State MO Zip Code 63105

Amount of Each Disbursement this Period

3354.72
---------

Purpose of Disbursement

Salary

Category/Type
---------------

Candidate Name

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: District:

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

5659.02
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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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kevin M. Roach</p> <p>Mailing Address Po Box 16775</p> <p>City Clayton State MO Zip Code 63105</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23733</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 736.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kevin M. Roach</p> <p>Mailing Address Po Box 16775</p> <p>City Clayton State MO Zip Code 63105</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23814</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2182.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 13455 Manchester</p> <p>City Saint Louis State MO Zip Code 63131</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23779</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 55.01</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) ..... ▶

2974.39

**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)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Sam's Club Mailing Address 13455 Manchester City Saint Louis State MO Zip Code 63131 Purpose of Disbursement Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23746 Date of Disbursement 06 / 13 / 2008 Amount of Each Disbursement this Period 31.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Sam's Club Mailing Address 13455 Manchester City Saint Louis State MO Zip Code 63131 Purpose of Disbursement Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23793 Date of Disbursement 06 / 23 / 2008 Amount of Each Disbursement this Period 170.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Sam's Club Mailing Address 13455 Manchester City Saint Louis State MO Zip Code 63131 Purpose of Disbursement Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.23794 Date of Disbursement 06 / 24 / 2008 Amount of Each Disbursement this Period 1175.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1377.46
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 13455 Manchester</p> <p>City Saint Louis State MO Zip Code 63131</p> <p>Purpose of Disbursement Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23796</p> <p>Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 234.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) South County Chamber of Commerce</p> <p>Mailing Address 6921 Lindbergh Rd S</p> <p>City Saint Louis State MO Zip Code 63125</p> <p>Purpose of Disbursement Membership Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23636</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 130.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address PO Box 36647</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Visa Ck #4821 - Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23689</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 195.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

364.57

**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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
St. Louis Metro Voice

Transaction ID: SB17.23748  
Date of Disbursement

Mailing Address PO Box 1533

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

City State Zip Code  
Saint Peters MO 63376

Amount of Each Disbursement this Period

550.00
--------

Purpose of Disbursement  
Advertising Expense  
Candidate Name

Category/ Type
-------------------

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: District:

B.

Full Name (Last, First, Middle Initial)  
St. Peters Chamber Of Commerce

Transaction ID: SB17.23623  
Date of Disbursement

Mailing Address 1236 Jungermann Rd Ste C

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

City State Zip Code  
Saint Peters MO 63376

Amount of Each Disbursement this Period

149.00
--------

Purpose of Disbursement  
Membership Dues  
Candidate Name

Category/ Type
-------------------

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: District:

C.

Full Name (Last, First, Middle Initial)  
The Daniel & Henry Co.

Transaction ID: SB17.23738  
Date of Disbursement

Mailing Address 1001 Highlands Plaza Dr W

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	8

City State Zip Code  
Saint Louis MO 63110

Amount of Each Disbursement this Period

633.15
--------

Purpose of Disbursement  
Event Insurance  
Candidate Name

Category/ Type
-------------------

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: District:

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

1332.15
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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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Spring C. Thomas</p> <p>Mailing Address 19166 Puellman Road</p> <p>City Wildwood State MO Zip Code 63005</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23787</p> <p>Date of Disbursement 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1189.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Spring C. Thomas</p> <p>Mailing Address 19166 Puellman Road</p> <p>City Wildwood State MO Zip Code 63005</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23815</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1195.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tortilla Coast</p> <p>Mailing Address 400 First St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Visa Ck #4841 - Food Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23720</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 167.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>2384.94</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



**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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Tour St. Louis	Transaction ID: SB17.23758 Date of Disbursement 06 / 23 / 2008
	Mailing Address 1100 S. Sixth St.	Amount of Each Disbursement this Period 804.00
	City Saint Louis State MO Zip Code 63104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Transportation	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Value Web	Transaction ID: SB17.23684 Date of Disbursement 04 / 21 / 2008
	Mailing Address 1313 S Military Trail #300	Amount of Each Disbursement this Period 21.95
	City Deerfield Beach State FL Zip Code 33442	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Visa Ck #4821 Web Site	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Value Web	Transaction ID: SB17.23715 Date of Disbursement 05 / 19 / 2008
	Mailing Address 1313 S Military Trail #300	Amount of Each Disbursement this Period 21.95
	City Deerfield Beach State FL Zip Code 33442	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Visa Ck #4841 - Web Site	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	804.00
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Value Web</p> <p>Mailing Address 1313 S Military Trail #300</p> <p>City Deerfield Beach State FL Zip Code 33442</p> <p>Purpose of Disbursement Visa Ck #4869 Web Site</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.24077</p> <p>Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 21.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 6170</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23633</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 573.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 6170</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.23654</p> <p>Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 404.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>977.49</b>
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 6170 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.23731 <b>Date of Disbursement</b> 06 / 02 / 2008 <b>Amount of Each Disbursement this Period</b> 389.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 6170 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.23820 <b>Date of Disbursement</b> 06 / 30 / 2008 <b>Amount of Each Disbursement this Period</b> 391.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>C.</b> Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address 13901 Manchester Road City St. Louis State MO Zip Code 63131 Purpose of Disbursement Visa Ck #4869 Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.24087 <b>Date of Disbursement</b> 06 / 16 / 2008 <b>Amount of Each Disbursement this Period</b> 21.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	
<b>TOTAL</b> 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)  
TODD AKIN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Washington Nationals Baseball Club <hr/> Mailing Address 1050 Connecticut Ave NW Ste 825 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Visa Ck #4821 - Fundraising Expense <hr/> Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.23686 Date of Disbursement 04 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Washington Nationals Baseball Club <hr/> Mailing Address 1050 Connecticut Ave NW Ste 825 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Visa Ck #4869 Tickets/Food <hr/> Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.24089 Date of Disbursement 06 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 1890.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) West County Ems & Fire <hr/> Mailing Address 14847 Ladue Bluffs Crossing Dr. <hr/> City Chesterfield State MO Zip Code 63017 <hr/> Purpose of Disbursement Permit Fee <hr/> Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.23743 Date of Disbursement 06 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

150.00

**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)

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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)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Sandra Wiseman

Mailing Address 3500 Cold Springs Lane

City High Ridge State MO Zip Code 63049

Purpose of Disbursement  
Contractor Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.23767

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	6		2	7		2	0	0	8

Amount of Each Disbursement this Period

350.00
--------

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

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

350.00

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

94961.55

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

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald E Arnold  Mailing Address 469 Conway Village Drive  City State Zip Code Town & Country MO 63141  Purpose of Disbursement Refund of Excess Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB20A.24018 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8  Amount of Each Disbursement this Period 1000.00  <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Eidelman  Mailing Address 13357 Pointe Conway Dr  City State Zip Code Town & Country MO 63141  Purpose of Disbursement Refund of Excess Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB20A.24019 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8  Amount of Each Disbursement this Period 2000.00  <input checked="" type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

3000.00

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

3000.00

**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)

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<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
TODD AKIN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Duncan D Hunter

Mailing Address P. O. Box 3917

City State Zip Code  
La Mesa CA 91944

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Transaction ID: SB21.24113

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**2300.00**

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

**2300.00**