

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Carnahan in Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	141011.56	744465.08
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	210.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	141011.56	744255.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	57618.39	419924.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	610.47	3276.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	57007.92	416647.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	336294.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

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 02/2003)

Write or Type Committee Name
Carnahan in Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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).....

61758.74

350658.98

(ii) Unitemized.....

1952.82

14230.28

(iii) TOTAL of contributions

63711.56

364889.26

from individuals..... ▶

0.00

600.00

(b) Political Party Committees.....

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

77300.00

378975.82

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

141011.56

744465.08

(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

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

610.47

3276.97

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

647.08

1128.21

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

142269.11

748870.26

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	57618.39	419924.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	14000.00
(b) Of all Other Loans.....	0.00	2000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	16000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	210.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	210.00
21. OTHER DISBURSEMENTS.....	0.00	900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	57618.39	437034.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	251643.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	142269.11
25. SUBTOTAL (add Line 23 and Line 24).....	393912.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57618.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	336294.13

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

Name of Candidate		Candidate ID Number	
Russ Carnahan		H0M000019	
Name of Principal Campaign Committee		Committee ID Number	
Carnahan in Congress		C C00386276	
Committee Address 7370 Manchester Rd STE 20			
City	State	ZIP	
St. Louis	MO	63143	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	546720.07	74850.00	
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions	546720.07	74850.00	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Charles R. Abele

Mailing Address 13063 Starbuck Rd

City State Zip Code
Creve Coeur MO 63141

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: SA145065-029

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)
Mr. James M. Ash

Mailing Address 712 Westwoods Dr

City State Zip Code
Liberty MO 64068

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

Name of Employer Occupation
Blackwell, Sanders, Peper and Martin L Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1295.80

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

Transaction ID: SA172626-014

Amount of Each Receipt this Period
1295.80

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

C. Full Name (Last, First, Middle Initial)
Mr. Richard D. Baron

Mailing Address 16 Wydown Ter

City State Zip Code
Clayton MO 63105

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

Name of Employer Occupation
McCormack Baron & Associates President/CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

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

Transaction ID: SA100386-087

Amount of Each Receipt this Period
1100.00

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

SUBTOTAL of Receipts This Page (optional)	2895.80
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Richard D. Baron

Mailing Address 16 Wydown Ter

City Clayton State MO Zip Code 63105

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

Name of Employer McCormack Baron & Associates
Occupation President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2005

Transaction ID: SA100386-088

Amount of Each Receipt this Period
900.00

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

B. Full Name (Last, First, Middle Initial)
Mr. W. Raymond Barrett

Mailing Address 1868 Ironstone Rd

City Des Peres State MO Zip Code 63131

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

Name of Employer Biomedical Systems Corporation
Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2005

Transaction ID: SA100391-038

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
Hon. Suzanne Schaefer Baum

Mailing Address 2139 Tunlaw Rd, NW

City Washington State DC Zip Code 20007

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

Name of Employer
Occupation Non Profit Fundraiser

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2005

Transaction ID: SA100441-025

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)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Walter H. Bley, Jr.

Mailing Address 1012 Lake Point Ln

City State Zip Code
Columbia MO 65203

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

Name of Employer
Bley & Pfeiffer, PC

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 5

Transaction ID: SA100678-084

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Travis Brown

Mailing Address 4620 McPherson Ave.

City State Zip Code
St. Louis MO 63108

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

Name of Employer
Gaines Brown Consulting LLC

Occupation
Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA505555-004

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)
Mr. Lester J. Buechele

Mailing Address 999 Aspen Circle

City State Zip Code
Innsbrook MO 63390

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

Name of Employer
The Innsbrook Corporation

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

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

Transaction ID: SA518166-006

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	5200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Burns

Mailing Address 3750 Kimstin Cir

City State Zip Code
Blue Springs MO 64015

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

Name of Employer Occupation
Law Offices of Tim Dollar Attorney
LC

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

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

Transaction ID: SA201842-014

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)
Mr. Charles Burson

Mailing Address 121 Lake Forest

City State Zip Code
Richmond Heights MO 63117

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

Name of Employer Occupation
Monsanto Company General Counsel and Exec. VP

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: SA310456-020

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)
Mr. Richard N. Callow

Mailing Address 1517 Washington

City State Zip Code
St. Louis MO 63103

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

Name of Employer Occupation
Public Eye, Inc. Consultant/publicist/president

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA168593-026

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) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mr. Richard N. Callow		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 1517 Washington		Transaction ID: SA168593-027
City State Zip Code St. Louis MO 63103	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 Public Eye, Inc.	Occupation Consultant/publicist/president	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Joseph A. Cambiano		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 5020 Sunset Dr		Transaction ID: SA145140-027
City State Zip Code Kansas City MO 64112	Amount of Each Receipt this Period 250.00	
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 Rubins, Kase, Rubins, Cambiano & Bryan	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Tony Campbell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 12469 Par Lane		Transaction ID: SA513835-001
City State Zip Code Ste. Genevieve MO 63670	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 Citizen's Electric	Occupation Pres/CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Leonard P. Cervantes

Mailing Address 1022 Hampton Pk Dr

City State Zip Code
St. Louis MO 63117

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

Name of Employer Occupation
Cervantes & Associates Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
MM / DD / YYYY
12 / 27 / 2005

Transaction ID: SA113445-062

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)
D&J Investments

Mailing Address 5950 Fulton Ind. Blvd., SW

City State Zip Code
Atlanta GA 30336

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 05 / 2005

Transaction ID: SA534597-001

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Gregg Paradies

Mailing Address 5950 Fulton Ind. Blvd., SW

City State Zip Code
Atlanta GA 30336

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

Name of Employer Occupation
D&J Investments Partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 05 / 2005

Transaction ID: SA534597-001.1

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Ms. Deanna Daughetee

Mailing Address 12375 Whitworth Terrace Court

City State Zip Code
St. Louis MO 63141

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

Name of Employer American Equity Mortgage Inc. Occupation President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 5

Transaction ID: SA533378-011

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. James H. Davidson

Mailing Address 1300 Eye St NW STE 500W

City State Zip Code
Washington DC 20005

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

Name of Employer Davidson & Company Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA190496-016

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)
Mr. Grant L. Davis

Mailing Address PO Box 26250

City State Zip Code
Kansas City MO 64196

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

Name of Employer Davis, Bethune & Jones Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: SA101840-056

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mr. Michael A. DeCola		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 67 Briarcliff		Transaction ID: SA503749-006	
City Clayton	State MO	Amount of Each Receipt this Period 100.00	
Zip Code 63124		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Mississippi Lime	Occupation Pres, CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00		

Full Name (Last, First, Middle Initial) B. Mr. Michael A. DeCola		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 67 Briarcliff		Transaction ID: SA503749-007	
City Clayton	State MO	Amount of Each Receipt this Period 2000.00	
Zip Code 63124		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Mississippi Lime	Occupation Pres, CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00		

Full Name (Last, First, Middle Initial) C. Mr. William Alan Donius		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 1111 Lay Road		Transaction ID: SA186350-023	
City Clayton	State MO	Amount of Each Receipt this Period 1600.00	
Zip Code 63124		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Pulaski Bank	Occupation President / CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2600.00		

SUBTOTAL of Receipts This Page (optional)	3700.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. William Alan Donius

Mailing Address 1111 Lay Road

City Clayton State MO Zip Code 63124

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

Name of Employer Pulaski Bank Occupation President / CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

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

Transaction ID: SA186350-024

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)
Mr. Thomas P. Dunne, Sr.

Mailing Address 127 Wake Forest Dr.

City O'Fallon State MO Zip Code 63366

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

Name of Employer Fred Weber, Inc. Occupation Chairman & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA102191-162

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)
Hon. Thomas F. Eagleton

Mailing Address 6435 Cecil Ave

City St. Louis State MO Zip Code 63105

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

Name of Employer Thompson & Coburn, LLP - SL Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA102212-109

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. John C. Fort

Mailing Address 11212 Hunters Pond Rd.

City State Zip Code
Creve Coeur MO 63141

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

Name of Employer Occupation
Legal Services of Eastern Missouri Inc Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

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

Transaction ID: SA235669-004

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Gallop, Johnson and Neuman L.C. - SL

Mailing Address 101 S Hanley Rd STE 1600

City State Zip Code
Clayton MO 63105

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

3000.00

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

Transaction ID: SA101173-076

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Thomas J. Campbell

Mailing Address 154 Babler Rd

City State Zip Code
St. Louis MO 63141

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

Name of Employer Occupation
Gallop, Johnson and Neuman L.C. - SL Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

3000.00

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

Transaction ID: SA101173-076.1

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Gallop, Johnson and Neuman L.C. - SL

Mailing Address 101 S Hanley Rd STE 1600

City Clayton State MO Zip Code 63105

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA101173-078

Amount of Each Receipt this Period
 900.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Thomas J. Campbell

Mailing Address 154 Babler Rd

City St. Louis State MO Zip Code 63141

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

Name of Employer Gallop, Johnson and Neuman L.C. - SL Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA101173-078.1

Amount of Each Receipt this Period
 900.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Jerome E. Glick

Mailing Address 18 S Central Ave

City Clayton State MO Zip Code 63105

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

Name of Employer Queenswood Investments, Inc. Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

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

Transaction ID: SA130069-084

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mr. Jerome E. Glick		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 18 S Central Ave		Transaction ID: SA130069-085	
City Clayton	State MO	Amount of Each Receipt this Period 2000.00	
Zip Code 63105		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Queenswood Investments, Inc.	Occupation Real Estate Developer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00		

Full Name (Last, First, Middle Initial) B. Mr. Kenneth C. Hensley, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address PO Box 245		Transaction ID: SA103585-072	
City Raymore	State MO	Amount of Each Receipt this Period 1000.00	
Zip Code 64083		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Hensley & Hensley		Occupation Attorneys	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Mr. Charles Hodge		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5	
Mailing Address 1951 Newburyport Rd		Transaction ID: SA507902-003	
City Chesterfield	State MO	Amount of Each Receipt this Period 500.00	
Zip Code 63005		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Directory Graphics		Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Ms. Kellie N. Hynes

Mailing Address 12 Portland Pl.

City State Zip Code
St. Louis MO 63108

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

Name of Employer Occupation
Brown Shoe - MO Advertising Copywriter

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 16 / 2005

Transaction ID: SA163877-039

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)
Mr. Kenneth E. Jackson

Mailing Address PO Box 144

City State Zip Code
Owensville MO 65066

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2005

Transaction ID: SA192383-030

Amount of Each Receipt this Period
1600.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Wanda June Jackson

Mailing Address PO Box 144

City State Zip Code
Owensville MO 65066

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

Name of Employer Occupation
Homemaker - Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2005

Transaction ID: SA192383-031

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional)	4200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Daryl G. Knobbe

Mailing Address 28 Thrasher Ct

City State Zip Code
St. Charles MO 63303

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

Name of Employer Occupation
O. R. Colen Assoc. R/W Agent

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

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

Transaction ID: SA508884-004

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)
Mrs. Carolyn Korein

Mailing Address 128 Fox Creek Rd

City State Zip Code
Belleville IL 62223

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

Name of Employer Occupation
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA121878-041

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)
Mr. E Desmond Lee

Mailing Address 9010 Sedgwick Place Drive

City State Zip Code
Clayton MO 63124

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

Name of Employer Occupation
Philanthropist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA505286-005

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)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mrs. Sally Ann Leible		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5	
Mailing Address 4412 Austin Pass Dr.		Transaction ID: SA505284-004	
City State Zip Code St. Charles MO 63304	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 Airport Terminal Services Inc	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Mark H. Levison		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5	
Mailing Address 10 South Broadway Suite 1300		Transaction ID: SA104774-051	
City State Zip Code St. Louis MO 63101	Amount of Each Receipt this Period 250.00		
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 Lathrop and Gage	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Steve Lipstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 10 Carrswold Drive		Transaction ID: SA310254-010	
City State Zip Code Clayton MO 63105	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 BJC Healthcare	Occupation President And CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Katherine R. Lloyd

Mailing Address 6950 Squibb Rd., #400

City Lenexa State KS Zip Code 66202

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

Name of Employer Occupation
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 5

Transaction ID: SA230846-021

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Andrew E. Manatos

Mailing Address 6856 Tulip Hill Ter

City Bethesda State MD Zip Code 20816

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

Name of Employer Occupation
Manatos & Manatos Consultant

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

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

Transaction ID: SA506234-003

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)
McEagle Properties, LLC

Mailing Address 689 Craig Rd

City Creve Coeur State MO Zip Code 63141

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 5

Transaction ID: SA119500-100

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)	1150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr Paul J. McKee, Jr.

Mailing Address 12 Dunlora Ln

City State Zip Code
Des Peres MO 63131

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

Name of Employer Occupation
Paric Corporation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 5

Transaction ID: SA119500-100.1

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Donald W. McNutt

Mailing Address 9439 Sappington Estates Dr

City State Zip Code
St. Louis MO 63127

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

Name of Employer Occupation
Midwest Petroleum Company President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

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

Transaction ID: SA183966-028

Amount of Each Receipt this Period
1200.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Wilma E. Messing

Mailing Address 30 Westwood Country Club Grds

City State Zip Code
Des Peres MO 63131

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: SA121193-053

Amount of Each Receipt this Period
1850.00

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

SUBTOTAL of Receipts This Page (optional)	3050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mrs. Wilma E. Messing		Date of Receipt MM / DD / YYYY 12 / 29 / 2005
Mailing Address 30 Westwood Country Club Grds		Transaction ID: SA121193-054
City Des Peres	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Mr. Mel Millenbruck		Date of Receipt MM / DD / YYYY 11 / 29 / 2005
Mailing Address 1702 Purity Ct		Transaction ID: SA505225-003
City Fenton	State MO	Zip Code 63026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer URS Corporation	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Thomas Nowicki		Date of Receipt MM / DD / YYYY 11 / 04 / 2005
Mailing Address 567 Legends View Dr		Transaction ID: SA348459-008
City Eureka	State MO	Zip Code 63025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Asynchrony Solutions, Inc.	Occupation Program Manager, Bus. Develop	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Thomas Nowicki

Mailing Address 567 Legends View Dr

City State Zip Code
Eureka MO 63025

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

Name of Employer
Asynchrony Solutions, Inc.

Occupation
Program Manager, Bus. Develop

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2005

Transaction ID: SA348459-009

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)
Paramont Properties, LLC

Mailing Address 24 Huntleigh Woods

City State Zip Code
Des Peres MO 63131

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

Name of Employer

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2005

Transaction ID: SA521980-005

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)
Ms. Virginia Barket

Mailing Address 24 Huntleigh Woods

City State Zip Code
Des Peres MO 63131

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

Name of Employer
Paramont Properties, LLC

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2005

Transaction ID: SA521980-005.1

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mr. Franklin R. Parker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address Winston & Strawn, LLP 1700 K Street, N.W.		Transaction ID: SA525763-002
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 250.00	
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 Winston & Strawn, LLP Occupation Attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. John Russell Phillips		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 17208 S Rolling Hills Rd		Transaction ID: SA106295-098
City Belton State MO Zip Code 64012	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 Blackwell, Sanders, Peper and Martin L Occupation Attorney/Managing Partner	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Mr. Jerome D. Riffel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 3701 Valentine Rd		Transaction ID: SA121072-065
City Kansas City State MO Zip Code 64111	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 Lathrop & Gage, L.C. - KC Occupation Attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mrs. Anita Robb		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 5500 Ward Parkway		Transaction ID: SA121983-201	
City State Zip Code Kansas City MO 64113	Amount of Each Receipt this Period 1100.00		
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 Robb & Robb, LLC Occupation Attorney	Election Cycle-to-Date ▼ 2100.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Gary C. Robb		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 5500 Ward Parkway		Transaction ID: SA121983-202	
City State Zip Code Kansas City MO 64113	Amount of Each Receipt this Period 1100.00		
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 Robb & Robb, LLC Occupation Attorney	Election Cycle-to-Date ▼ 2100.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Robert N. Rousey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 1100 Main St STE 2700		Transaction ID: SA224939-020	
City State Zip Code Kansas City MO 64105	Amount of Each Receipt this Period 1500.00		
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 Cohen-Esrey Development LLC Occupation Realtor	Election Cycle-to-Date ▼ 1500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. John W. Sanders

Mailing Address 2147 Avalon Ridge Circle

City Fenton State MO Zip Code 63026

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

Name of Employer St Joseph Hospital of Kir-wood
Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1112.94

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

Transaction ID: SA511716-005

Amount of Each Receipt this Period
612.94

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

B. Full Name (Last, First, Middle Initial)
Mrs. Georgianne Schwartz

Mailing Address 61 Lake Forest

City St. Louis State MO Zip Code 63117

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

Name of Employer
Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA117840-029

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Deane C. Shatz

Mailing Address 4311 Gulf Of Mexico Dr

City Longboat Key State FL Zip Code 34228

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

Name of Employer
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA204158-014

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)	▶	1612.94
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. David S. Sherman, III

Mailing Address 7701 Forsyth Suite 340

City Clayton State MO Zip Code 63105

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

Name of Employer Glazer's Midwest Occupation Regional VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA147405-039

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)
Mr. H. Meade Summers, III

Mailing Address 80 Kingsbury Pl

City St. Louis State MO Zip Code 63112

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

Name of Employer Hilliker Corporation Occupation Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: SA505639-020

Amount of Each Receipt this Period
 100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. H. Meade Summers, III

Mailing Address 80 Kingsbury Pl

City St. Louis State MO Zip Code 63112

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

Name of Employer Hilliker Corporation Occupation Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: SA505639-021

Amount of Each Receipt this Period
 2100.00

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

SUBTOTAL of Receipts This Page (optional)	3200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Hon. James W. Symington

Mailing Address 3900 Watson Place NW

City Washington State DC Zip Code 20016

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

Name of Employer O'Connor & Hannan, LLP Occupation Partner - Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA190643-030

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Hon. James W. Symington

Mailing Address 3900 Watson Place NW

City Washington State DC Zip Code 20016

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

Name of Employer O'Connor & Hannan, LLP Occupation Partner - Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: SA190643-033

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)
The Carnahan Group, LLC

Mailing Address 906 Olive Suite 1212

City St. Louis State MO Zip Code 63101

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

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

Transaction ID: SA148906-036

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Thomas S. Carnahan

Mailing Address 906 Olive Suite 1212

City St. Louis State MO Zip Code 63101

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

Name of Employer The Carnahan Group, LLC Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2005

Transaction ID: SA148906-036.1

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
The Carnahan Group, LLC

Mailing Address 906 Olive Suite 1212

City St. Louis State MO Zip Code 63101

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2005

Transaction ID: SA148906-038

Amount of Each Receipt this Period
1900.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Thomas S. Carnahan

Mailing Address 906 Olive Suite 1212

City St. Louis State MO Zip Code 63101

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

Name of Employer The Carnahan Group, LLC Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2005

Transaction ID: SA148906-038.1

Amount of Each Receipt this Period
1900.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Gregory W. Wendt

Mailing Address 1 Muir Loop Suite1800

City San Francisco State CA Zip Code 94129

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

Name of Employer Capital Research Occupation Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA404507-032

Amount of Each Receipt this Period
900.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Gregory W. Wendt

Mailing Address 1 Muir Loop Suite1800

City San Francisco State CA Zip Code 94129

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

Name of Employer Capital Research Occupation Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA404507-033

Amount of Each Receipt this Period
1200.00

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

C. Full Name (Last, First, Middle Initial)
Mr. William D. Willert

Mailing Address 4044 Park Ave

City St. Louis State MO Zip Code 63110

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

Name of Employer Willert Home Products, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: SA190568-038

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 88
	(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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. William D. Willert

Mailing Address 4044 Park Ave

City State Zip Code
St. Louis MO 63110

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

Name of Employer
Willert Home Products, Inc.

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2005

Transaction ID: SA190568-039

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Theodore S. Wilson

Mailing Address PO Box 121

City State Zip Code
Weston MO 64098

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

Name of Employer
Bank of Weston

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2005

Transaction ID: SA319518-035

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)	900.00
TOTAL This Period (last page this line number only)	61758.74

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
AFL-CIO COPE PAC

Mailing Address 815 16th St NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003806

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA505235-021

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)
Air Line Pilots' Association PAC

Mailing Address 1625 Massachusetts Ave, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: SA503784-004

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Aircraft Owners and Pilots Association

Mailing Address 601 Pennsylvania Ave, NW
Suite 875, South Bldg.

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA524104-001

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)	8500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Amer Fed of State Cnty & Mun Emplies PEOPLE

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

Transaction ID: SA177345-028

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
American Meat Institute

Mailing Address 1150 Connecticut Avenue, NW
12th floor

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00024281

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 5

Transaction ID: SA517610-002

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
American Optometric Association PAC

Mailing Address 1505 Prince St STE 300

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: SA303383-012

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)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 88
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
American Postal Workers Union COPA

Mailing Address 1300 L Street, NW
10th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

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

Transaction ID: SA503774-004

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Asbestos Workers Union

Mailing Address 9602 Martin Luther King Hwy

City State Zip Code
Lanham-seabrook MD 20706

FEC ID number of contributing federal political committee. **C** C00115527

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA239289-005

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)
Association of Trial Lawyers of America

Mailing Address 1050 31st St., NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: SA513772-006

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 88
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
BellSouth Corporation Employees' Federal PAC

Mailing Address 1155 Peachtree St. NE 14D03

City State Zip Code
Atlanta GA 30309

FEC ID number of contributing federal political committee. **C** C00174060

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	5

Transaction ID: SA318933-005

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)
Blue Cross Blue Shield of Kansas City Fed PAC

Mailing Address One Pershing Square
2300 Main Street

City State Zip Code
Kansas City MO 64108

FEC ID number of contributing federal political committee. **C** C00301358

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt

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

Transaction ID: SA193495-027

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Bricklayers and Allied Craftworkers PAC

Mailing Address 1776 Eye Street NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003632

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt

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

Transaction ID: SA523031-018

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Bricklayers and Allied Craftworkers PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 1776 Eye Street NW		Transaction ID: SA523031-019
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00003632	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 8500.00		

Full Name (Last, First, Middle Initial) B. Committee To Elect Roddy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 222 S. Meramec Ave, Suite 301		Transaction ID: SA403845-009
City State Zip Code Clayton MO 63105	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 Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Communication Workers of America COPE PCC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 501 3rd St NW		Transaction ID: SA507604-014
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00002089	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Ave NW S Bldg ST

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA513887-004

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)
Dairy Farmers of America, Inc PAC - DEPAC

Mailing Address 10220 NW Ambassador Dr
PO Box 909700

City Kansas City State MO Zip Code 64153

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: SA195822-018

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)
DRIVE Political Fund

Mailing Address 25 Louisiana Avenue, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 5

Transaction ID: SA531108-043

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. DRIVE Political Fund		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 25 Louisiana Avenue, NW		Transaction ID: SA531108-044
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00032979		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11000.00	

Full Name (Last, First, Middle Initial) B. DRIVE Political Fund		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 25 Louisiana Avenue, NW		Transaction ID: SA531108-045
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00032979		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11000.00	

Full Name (Last, First, Middle Initial) C. DRIVE Political Fund		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 25 Louisiana Avenue, NW		Transaction ID: SA531108-046
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00032979		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 15000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 88
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. DRIVE Political Fund		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 25 Louisiana Avenue, NW		Transaction ID: SA531108-047
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00032979		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) B. DRIVE Political Fund		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 25 Louisiana Avenue, NW		Transaction ID: SA531108-048
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00032979		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) C. Enterprise PAC Rent-A-Car Leasing Company		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 600 Corporate Park Dr		Transaction ID: SA132999-133
City State Zip Code St. Louis MO 63105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00219642		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Health Care Leadership Committee

Mailing Address 221 East Capitol Ave.

City State Zip Code
Jefferson City MO 65101

FEC ID number of contributing federal political committee. **C** C00323576

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA300085-019

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)
Holcim US Inc PAC

Mailing Address 2942 Hwy 61

City State Zip Code
Bloomsdale MO 63627

FEC ID number of contributing federal political committee. **C** C00213348

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA501037-006

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)
IAFF FIREPAC

Mailing Address 1750 New York Ave NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: SA300014-013

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 88
	<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Int'l Brotherhood of Electrical Workers COPE Mailing Address 1125 15th St NW City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C C00027342 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5 Transaction ID: SA300100-027 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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Full Name (Last, First, Middle Initial) B. International Brotherhood of Painters & A.T. Mailing Address 1750 New York Avenue, NW Suite 501 City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee. C C00000885 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5 Transaction ID: SA530414-003 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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Full Name (Last, First, Middle Initial) C. International Longshoremen's Assoc. - COPE Mailing Address 1101 17th St. NW, Suite 400 City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. C C00158576 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 Transaction ID: SA530543-001 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--	--

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 88
(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

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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Ironworkers Political Action League

Mailing Address 1750 New York Avenue NW
Suite 400

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

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

Transaction ID: SA402151-104

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Machinists Non-Partisan PAC

Mailing Address 9000 Machinists PI

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: SA150782-016

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Midcoast Aviation Inc. PAC

Mailing Address 7733 Forsyth Blvd, Ste. 1500

City State Zip Code
Clayton MO 63105

FEC ID number of contributing federal political committee. **C** C00305151

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA528445-002

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) ► **8500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 88
	<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial) Midwest Region Laborers' POL League		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 117 S 5th St 1 North Old State Capital Plaza		Transaction ID: SA231976-012
City Springfield State IL Zip Code 62701	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00342907		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

B. Full Name (Last, First, Middle Initial) NAPUS PAC for Postmasters		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 8 Herbert St		Transaction ID: SA205397-027
City Alexandria State VA Zip Code 22305	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00100404		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) National Beer Wholesalers		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 1101 King Street Suite 600		Transaction ID: SA506071-005
City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00144766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 88
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. National Rural Letter Carriers Associatio PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5	
Mailing Address 1630 Duke St 4th FL		Transaction ID: SA303382-011	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00072025		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Planned Parenthood Action Fund Inc, PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 1780 Massachusetts Ave NW		Transaction ID: SA300970-011	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00314617		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Planned Parenthood Action Fund Inc, PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 1780 Massachusetts Ave NW		Transaction ID: SA300970-012	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00314617		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 88
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
RailAmerica, Inc. Federal PAC

Mailing Address 5300 Broken Sound Blvd NW

City State Zip Code
Boca Raton FL 33487

FEC ID number of contributing federal political committee. **C** C00362095

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA522848-001

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)
St. Louisans for Better Government

Mailing Address 41 Claverach Dr

City State Zip Code
Clayton MO 63105

FEC ID number of contributing federal political committee. **C** C00148155

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: SA147909-030

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
The Committee To Elect Lewis Reed

Mailing Address 1128 S 18th St

City State Zip Code
St. Louis MO 63104

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA402106-005

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)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 88
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
UAW V CAP (Voluntary Comm Action Program)

Mailing Address 8000 E Jefferson

City State Zip Code
Detroit MI 48214

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15000.00

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

Transaction ID: SA507861-011

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)
UAW V CAP (Voluntary Comm Action Program)

Mailing Address 8000 E Jefferson

City State Zip Code
Detroit MI 48214

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15000.00

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

Transaction ID: SA507861-012

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
United Parcel Service (UPS PAC)

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: SA312962-023

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)	10500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 48 / 88	
	(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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Villa For Representative

Mailing Address 3847 Holly Hills Blvd.

City	State	Zip Code
St. Louis	MO	63116

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt

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

Transaction ID: SA400093-011

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	77300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 88
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Carnahan in Congress

Full Name (Last, First, Middle Initial) A. CobraServ National Service Center	
Mailing Address 3201 34th St South	
City Saint Petersburg	State FL
Zip Code 33711	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 445.52

Date of Receipt MM / DD / YYYY 12 / 12 / 2005
Transaction ID: SA515531-001
Amount of Each Receipt this Period 445.52
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	445.52
TOTAL This Period (last page this line number only)	445.52

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 88
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. The Business Bank Of St. Louis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 8000 Maryland, STE 100		Transaction ID: SA512677-023
City Clayton State MO Zip Code 63105	Amount of Each Receipt this Period 186.39	
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	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 782.61	

Full Name (Last, First, Middle Initial) B. The Business Bank Of St. Louis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 8000 Maryland, STE 100		Transaction ID: SA512677-024
City Clayton State MO Zip Code 63105	Amount of Each Receipt this Period 201.26	
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	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 983.87	

Full Name (Last, First, Middle Initial) C. The Business Bank Of St. Louis		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 8000 Maryland, STE 100		Transaction ID: SA512677-025
City Clayton State MO Zip Code 63105	Amount of Each Receipt this Period 259.43	
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	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1243.30	

SUBTOTAL of Receipts This Page (optional) ▶	647.08
TOTAL This Period (last page this line number only) ▶	647.08

**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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. AllMail USA		Transaction ID: SB503114-012 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 8503 Mid County Industrial Dr		Amount of Each Disbursement this Period 652.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Breckenridge Hills State MO Zip Code 63114	Purpose of Disbursement Mailing Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AmerenUE		Transaction ID: SB518880-012 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address PO Box 66301		Amount of Each Disbursement this Period 145.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63166	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AmerenUE		Transaction ID: SB518880-013 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address PO Box 66301		Amount of Each Disbursement this Period 128.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63166	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	927.09
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. American Airlines, Inc.		Transaction ID: SB515149-015 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address PO Box 619616 Mail Drop 2400		Amount of Each Disbursement this Period 406.40
City Dallas State TX Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Airlines, Inc.		Transaction ID: SB515149-016 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address PO Box 619616 Mail Drop 2400		Amount of Each Disbursement this Period 306.40
City Dallas State TX Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. American Airlines, Inc.		Transaction ID: SB515149-017 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 5
Mailing Address PO Box 619616 Mail Drop 2400		Amount of Each Disbursement this Period 431.80
City Dallas State TX Zip Code 75261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1144.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. ATA American Trans Air		Transaction ID: SB537004-001
Mailing Address 7337 West Washington St		Date of Disbursement 11 / 14 / 2005
City Indianapolis	State IN	Zip Code 46231
Purpose of Disbursement Travel	Amount of Each Disbursement this Period 354.80	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002
State: District:		

Full Name (Last, First, Middle Initial) B. Balducci's 101		Transaction ID: SB534596-001
Mailing Address 3201 New Mexico Ave NW		Date of Disbursement 11 / 18 / 2005
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Catering	Amount of Each Disbursement this Period 205.74	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007
State: District:		

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield Of Missouri		Transaction ID: SB507918-027
Mailing Address PO Box 0835		Date of Disbursement 10 / 11 / 2005
City Carol Stream	State IL	Zip Code 60132
Purpose of Disbursement Health Insurance	Amount of Each Disbursement this Period 90.91	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
State: District:		

SUBTOTAL of Disbursements This Page (optional)	651.45
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Blue Cross Blue Shield Of Missouri		Transaction ID: SB507918-028 Date of Disbursement 11 / 14 / 2005
Mailing Address PO Box 0835		Amount of Each Disbursement this Period 90.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60132		
Purpose of Disbursement Health Insurance Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cats Meow, Inc		Transaction ID: SB534114-001 Date of Disbursement 11 / 22 / 2005
Mailing Address 2600 S 11th St		Amount of Each Disbursement this Period 233.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63118		
Purpose of Disbursement Catering Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cedars at St. Raymond's		Transaction ID: SB107498-005 Date of Disbursement 10 / 21 / 2005
Mailing Address 939 Lebanon Dr		Amount of Each Disbursement this Period 1087.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63104		
Purpose of Disbursement Catering Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1411.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB404815-024 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 200.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265	Purpose of Disbursement Telephone Service Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB404815-025 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 205.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265	Purpose of Disbursement Telephone Service Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB404815-026 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 207.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265	Purpose of Disbursement Telephone Service Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	613.83
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. CS Data Managers LLC		Transaction ID: SB500671-029 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 406 N Main Street Suite B		Amount of Each Disbursement this Period 2644.66
City Rolla State MO Zip Code 65401	Purpose of Disbursement Data Management Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. CS Data Managers LLC		Transaction ID: SB500671-030 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 406 N Main Street Suite B		Amount of Each Disbursement this Period 2311.86
City Rolla State MO Zip Code 65401	Purpose of Disbursement Data Management Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. CS Data Managers LLC		Transaction ID: SB500671-031 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 406 N Main Street Suite B		Amount of Each Disbursement this Period 2047.92
City Rolla State MO Zip Code 65401	Purpose of Disbursement Data Management Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	7004.44
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Division of Employment Security		Transaction ID: SB503141-029 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address PO Box 888		Amount of Each Disbursement this Period 190.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jefferson City State MO Zip Code 65102	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fax4Free.com		Transaction ID: SB512112-016 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 6922 Hollywood Blvd STE 900		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90028	Purpose of Disbursement Fax service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FedEx Kinko's #4703		Transaction ID: SB507926-006 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 2735 Chouteau Ave		Amount of Each Disbursement this Period 75.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63103	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	291.12
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. FedEx Kinko's #4703		Transaction ID: SB507926-007	
Mailing Address 2735 Chouteau Ave		Date of Disbursement 10 / 31 / 2005	
City St. Louis	State MO	Zip Code 63103	Amount of Each Disbursement this Period 10.89
Purpose of Disbursement Printing		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. FedEx Kinko's #4703		Transaction ID: SB507926-008	
Mailing Address 2735 Chouteau Ave		Date of Disbursement 10 / 31 / 2005	
City St. Louis	State MO	Zip Code 63103	Amount of Each Disbursement this Period 61.96
Purpose of Disbursement Printing		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. FedEx Kinko's #4703		Transaction ID: SB507926-009	
Mailing Address 2735 Chouteau Ave		Date of Disbursement 10 / 31 / 2005	
City St. Louis	State MO	Zip Code 63103	Amount of Each Disbursement this Period 53.30
Purpose of Disbursement Printing		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	126.15
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. FedEx Kinko's #4703		Transaction ID: SB507926-010 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 2735 Chouteau Ave		Amount of Each Disbursement this Period 55.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63103	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Bogetto		Transaction ID: SB531500-002 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address 417 Gill Avenue		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kirkwood State MO Zip Code 63122	Purpose of Disbursement Non-federal Political Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Grassroots Solutions		Transaction ID: SB507888-019 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 1120 Connecticut Ave. NW Suite 1130		Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036	Purpose of Disbursement Targeting and Field plan Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1605.29
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Grassroots Solutions		Transaction ID: SB507888-020 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 1120 Connecticut Ave. NW Suite 1130		Amount of Each Disbursement this Period 74.98
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement - Long Distance charges Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Haute On The Hill		Transaction ID: SB533864-001 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address PO Box 912		Amount of Each Disbursement this Period 2051.50
City Great Falls State VA Zip Code 22066	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name		007 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Holiday Inn Express		Transaction ID: SB533076-001 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 1200 Gannon Dr		Amount of Each Disbursement this Period 642.66
City Festus State MO Zip Code 63028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event catering/venue rental Candidate Name		007 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2769.14
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Holiday Inn South County Center		Transaction ID: SB534482-001 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 6921 S Lindbergh Blvd		Amount of Each Disbursement this Period 784.48
City Lemay State MO Zip Code 63125	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event catering/venue rental	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Merchant E-Solutions		Transaction ID: SB507931-042 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 920 N. Argonne Ste 200		Amount of Each Disbursement this Period 42.80
City Spokane State WA Zip Code 99212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant account fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Merchant E-Solutions		Transaction ID: SB507931-043 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 920 N. Argonne Ste 200		Amount of Each Disbursement this Period 60.60
City Spokane State WA Zip Code 99212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant account fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	887.88
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Merchant E-Solutions		Transaction ID: SB507931-044 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 920 N. Argonne Ste 200		Amount of Each Disbursement this Period 0.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Spokane State WA Zip Code 99212	Purpose of Disbursement Merchant account fees Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Merchant E-Solutions		Transaction ID: SB507931-045 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 920 N. Argonne Ste 200		Amount of Each Disbursement this Period 11.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Spokane State WA Zip Code 99212	Purpose of Disbursement Merchant account fees Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Missouri Department of Revenue		Transaction ID: SB503141-028 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address PO Box 999		Amount of Each Disbursement this Period 301.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jefferson City State MO Zip Code 65108	Purpose of Disbursement Payroll taxes Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	313.39
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Missouri Progressive Vote Coalition		Transaction ID: SB404650-003 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 5585 Pershing Ave., Ste. 150		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Louis State MO Zip Code 63112	Purpose of Disbursement Awards Dinner Tickets Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Benjamin J. Murray		Transaction ID: SB503138-055 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 7062 Bancroft		Amount of Each Disbursement this Period 1340.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63109	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Benjamin J. Murray		Transaction ID: SB503138-056 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 7062 Bancroft		Amount of Each Disbursement this Period 1175.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63109	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3115.37
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial) Mr. Benjamin J. Murray		Transaction ID: SB503138-057 Date of Disbursement 11 / 01 / 2005
Mailing Address 7062 Bancroft		Amount of Each Disbursement this Period 1175.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63109	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Mr. Benjamin J. Murray		Transaction ID: SB503138-058 Date of Disbursement 11 / 15 / 2005
Mailing Address 7062 Bancroft		Amount of Each Disbursement this Period 1175.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63109	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Mr. Benjamin J. Murray		Transaction ID: SB503138-059 Date of Disbursement 12 / 01 / 2005
Mailing Address 7062 Bancroft		Amount of Each Disbursement this Period 1175.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63109	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3525.75
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial) Mr. Benjamin J. Murray		Transaction ID: SB503138-060 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 7062 Bancroft		Amount of Each Disbursement this Period 1175.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63109		
Purpose of Disbursement Salary Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Mr. Benjamin J. Murray		Transaction ID: SB503138-061 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 7062 Bancroft		Amount of Each Disbursement this Period 65.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63109		
Purpose of Disbursement Travel Reimbursement Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) National Democratic Club		Transaction ID: SB526236-009 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Membership Dues Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1261.14
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. National Democratic Club		Transaction ID: SB526236-010 Date of Disbursement 10 / 24 / 2005
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Membership Dues Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: SB526236-011 Date of Disbursement 10 / 24 / 2005
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 199.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Democratic Club		Transaction ID: SB526236-012 Date of Disbursement 11 / 21 / 2005
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 88.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	328.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. National Democratic Club		Transaction ID: SB526236-015 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 144.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Catering Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: SB403898-033 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 1024 S Big Bend Blvd		Amount of Each Disbursement this Period 75.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond Heights State MO Zip Code 63117		
Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: SB403898-034 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 1024 S Big Bend Blvd		Amount of Each Disbursement this Period 70.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond Heights State MO Zip Code 63117		
Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	289.66
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: SB403898-035 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 1024 S Big Bend Blvd		Amount of Each Disbursement this Period 71.83
City Richmond Heights State MO Zip Code 63117	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Perkins Coie		Transaction ID: SB515974-010 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 1201 Third Ave 40th Fl		Amount of Each Disbursement this Period 264.90
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Phelps County Bank		Transaction ID: SB503143-028 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address 718 N Pine St		Amount of Each Disbursement this Period 920.16
City Rolla State MO Zip Code 65401	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1256.89
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Phelps County Bank		Transaction ID: SB503143-029 Date of Disbursement 11 / 11 / 2005
Mailing Address 718 N Pine St		Amount of Each Disbursement this Period 1122.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rolla State MO Zip Code 65401	001 Category/ Type	
Purpose of Disbursement Payroll taxes Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Phelps County Bank		Transaction ID: SB503143-030 Date of Disbursement 12 / 08 / 2005
Mailing Address 718 N Pine St		Amount of Each Disbursement this Period 1109.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rolla State MO Zip Code 65401	001 Category/ Type	
Purpose of Disbursement Payroll taxes Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Phone Connection L.L.C.		Transaction ID: SB107750-008 Date of Disbursement 10 / 03 / 2005
Mailing Address 11721 Northline Industrial Dr.		Amount of Each Disbursement this Period 287.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Maryland Heights State MO Zip Code 63043	001 Category/ Type	
Purpose of Disbursement Phone system Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2519.00
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Postmaster		Transaction ID: SB503117-063 Date of Disbursement																					
Mailing Address Benton Park Station		<table border="1"> <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>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	7		2	0	0	5														
City St. Louis	State MO	Zip Code 63104																					
Purpose of Disbursement Postage		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																			
001																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: SB503117-065 Date of Disbursement																					
Mailing Address Benton Park Station		<table border="1"> <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>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	5		2	0	0	5														
City St. Louis	State MO	Zip Code 63104																					
Purpose of Disbursement Postage		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																			
001																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: SB503117-066 Date of Disbursement																					
Mailing Address Benton Park Station		<table border="1"> <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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	8		2	0	0	5														
City St. Louis	State MO	Zip Code 63104																					
Purpose of Disbursement Postage		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																			
001																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>249.50</td> </tr> </table>	249.50
249.50		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Red Brick Management LLC		Transaction ID: SB131439-009 Date of Disbursement 11 / 01 / 2005
Mailing Address 393 North Euclid Ave, Suite 300		Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63108	Purpose of Disbursement Rent Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. SBC		Transaction ID: SB503124-030 Date of Disbursement 11 / 01 / 2005
Mailing Address One SBC Center		Amount of Each Disbursement this Period 365.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63103	Purpose of Disbursement Telephone Service Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. SBC		Transaction ID: SB503124-031 Date of Disbursement 12 / 01 / 2005
Mailing Address One SBC Center		Amount of Each Disbursement this Period 368.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63103	Purpose of Disbursement Telephone Service Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1433.99
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)

PAGE 75 / 88

<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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Shop N Save		Transaction ID: SB512116-022
Mailing Address 7355 Manchester		Date of Disbursement 12 / 20 / 2005
City Maplewood	State MO	Zip Code 63143
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 93.40	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type 001	

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: SB404548-008
Mailing Address PO Box 36647		Date of Disbursement 10 / 31 / 2005
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel	Amount of Each Disbursement this Period 190.40	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type 002	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: SB404548-009
Mailing Address PO Box 36647		Date of Disbursement 10 / 31 / 2005
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel	Amount of Each Disbursement this Period 190.40	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type 002	

SUBTOTAL of Disbursements This Page (optional)	474.20
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: SB404548-010 Date of Disbursement 10 / 31 / 2005
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 190.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75235		
Purpose of Disbursement Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: SB404548-011 Date of Disbursement 10 / 31 / 2005
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 158.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75235		
Purpose of Disbursement Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Special Services, Inc		Transaction ID: SB527322-003 Date of Disbursement 10 / 18 / 2005
Mailing Address 1309 Convention Pl		Amount of Each Disbursement this Period 893.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63103		
Purpose of Disbursement Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1242.55
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Taft Bridge Inn		Transaction ID: SB533924-001 Date of Disbursement 10 / 04 / 2005
Mailing Address 2007 Wyoming Ave. NW		Amount of Each Disbursement this Period 258.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20009		
Purpose of Disbursement Catering Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Targeted Strategies		Transaction ID: SB220074-027 Date of Disbursement 10 / 13 / 2005
Mailing Address 101 South Hanley Road Suite 1075		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
City Clayton State MO Zip Code 63105		
Purpose of Disbursement Fundraising services Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Targeted Strategies		Transaction ID: SB220074-028 Date of Disbursement 10 / 13 / 2005
Mailing Address 101 South Hanley Road Suite 1075		Amount of Each Disbursement this Period 476.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clayton State MO Zip Code 63105		
Purpose of Disbursement Reimbursement - Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4734.64
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)
Carnahan in Congress

A. Targeted Strategies Full Name (Last, First, Middle Initial) Mailing Address 101 South Hanley Road Suite 1075 City Clayton State MO Zip Code 63105 Purpose of Disbursement Reimbursement - Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB220074-030 Date of Disbursement: 10 / 13 / 2005 Amount of Each Disbursement this Period: 67.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Targeted Strategies Full Name (Last, First, Middle Initial) Mailing Address 101 South Hanley Road Suite 1075 City Clayton State MO Zip Code 63105 Purpose of Disbursement Fundraising services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB220074-031 Date of Disbursement: 11 / 08 / 2005 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
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C. Targeted Strategies Full Name (Last, First, Middle Initial) Mailing Address 101 South Hanley Road Suite 1075 City Clayton State MO Zip Code 63105 Purpose of Disbursement Reimbursement - Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB220074-032 Date of Disbursement: 11 / 08 / 2005 Amount of Each Disbursement this Period: 408.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	4475.96
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial)		Transaction ID: SB220074-033																					
A. Targeted Strategies		Date of Disbursement																					
Mailing Address 101 South Hanley Road Suite 1075		<table border="1"> <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>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	8	/	2	0	0	5														
City Clayton	State MO	Zip Code 63105	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement - Travel		001	295.70																				
Candidate Name		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB220074-034																					
B. Targeted Strategies		Date of Disbursement																					
Mailing Address 101 South Hanley Road Suite 1075		<table border="1"> <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>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	8	/	2	0	0	5														
City Clayton	State MO	Zip Code 63105	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement - Supplies		001	141.50																				
Candidate Name		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB220074-035																					
C. Targeted Strategies		Date of Disbursement																					
Mailing Address 101 South Hanley Road Suite 1075		<table border="1"> <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>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	8	/	2	0	0	5														
City Clayton	State MO	Zip Code 63105	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement - Parking		001	10.00																				
Candidate Name		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	447.20
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)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Targeted Strategies		Transaction ID: SB220074-036 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 101 South Hanley Road Suite 1075		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
City Clayton State MO Zip Code 63105		
Purpose of Disbursement Fundraising services Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Turn-Key Videoworks		Transaction ID: SB531106-002 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 2437 Bay Area Blvd, #271		Amount of Each Disbursement this Period 1125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77058		
Purpose of Disbursement Website design Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Capitol Historical Society -- Gift Shop		Transaction ID: SB533922-002 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 200 Maryland Ave. NE		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515		
Purpose of Disbursement Ornaments - gifts for supporters Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6125.00
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)
Carnahan in Congress

A. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 650580 City Dallas State TX Zip Code 75265 Purpose of Disbursement Delivery Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB511568-026 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5 Amount of Each Disbursement this Period 61.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 650580 City Dallas State TX Zip Code 75265 Purpose of Disbursement Delivery Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB511568-027 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5 Amount of Each Disbursement this Period 19.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 650580 City Dallas State TX Zip Code 75265 Purpose of Disbursement Delivery Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB511568-028 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	100.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 650580 City Dallas State TX Zip Code 75265 Purpose of Disbursement Delivery Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB511568-029 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 69.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 650580 City Dallas State TX Zip Code 75265 Purpose of Disbursement Delivery Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB511568-030 Date of Disbursement 11 / 21 / 2005 Amount of Each Disbursement this Period 22.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Mr. Matthew S. Van Buren Full Name (Last, First, Middle Initial) Mailing Address 7320 A Tulane Ave City University City State MO Zip Code 63130 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB515530-022 Date of Disbursement 10 / 01 / 2005 Amount of Each Disbursement this Period 637.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	729.82
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mr. Matthew S. Van Buren		Transaction ID: SB515530-023 Date of Disbursement 10 / 15 / 2005	
Mailing Address 7320 A Tulane Ave		Amount of Each Disbursement this Period 620.53	
City State Zip Code University City MO 63130	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Matthew S. Van Buren		Transaction ID: SB515530-024 Date of Disbursement 11 / 01 / 2005	
Mailing Address 7320 A Tulane Ave		Amount of Each Disbursement this Period 784.70	
City State Zip Code University City MO 63130	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Matthew S. Van Buren		Transaction ID: SB515530-025 Date of Disbursement 11 / 15 / 2005	
Mailing Address 7320 A Tulane Ave		Amount of Each Disbursement this Period 688.80	
City State Zip Code University City MO 63130	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2094.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

Full Name (Last, First, Middle Initial) A. Mr. Matthew S. Van Buren		Transaction ID: SB515530-026 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 7320 A Tulane Ave		Amount of Each Disbursement this Period 688.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code University City MO 63130	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Matthew S. Van Buren		Transaction ID: SB515530-027 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 7320 A Tulane Ave		Amount of Each Disbursement this Period 688.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code University City MO 63130	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. James M. Ash (Inkind received)		Transaction ID: SB172626-014.1 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 712 Westwoods Dr		Amount of Each Disbursement this Period 1295.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Liberty MO 64068	Purpose of Disbursement Event Catering/Venue Rental Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2673.40
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)

PAGE 85 / 88

<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)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. John W. Sanders (Inkind received)

Mailing Address 2147 Avalon Ridge Circle

City Fenton State MO Zip Code 63026

Purpose of Disbursement Event Catering

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB511716-005.1

Date of Disbursement

^M 1	^M /	^D 28	^D /	^Y 2	^Y 0	^Y 0	^Y 5
----------------	----------------	-----------------	----------------	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

612.94

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

SUBTOTAL of Disbursements This Page (optional)

612.94

TOTAL This Period (last page this line number only)

56769.79

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 86 / 88
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Carnahan in Congress

Transaction ID: SC/10.4294

LOAN SOURCE Full Name (Last, First, Middle Initial) Russ Carnahan, - Personal Funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3150 Allen Ave	
City St. Louis State MO ZIP Code 63104	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	8000.00	42000.00

TERMS

Date Incurred MM DD YY 03 31 2003	Date Due on demand	Interest Rate 5 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	42000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 87 / 88 FOR LINE NUMBER: (check only one) <table style="float: right; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding-left: 5px;">13a</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 5px;">13b</td> </tr> </table>	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input checked="" type="checkbox"/>	13a				
<input type="checkbox"/>	13b				

NAME OF COMMITTEE (In Full)
 Carnahan in Congress

Transaction ID: SC/10.1003

LOAN SOURCE Full Name (Last, First, Middle Initial) Russ Carnahan, - Personal Funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3150 Allen Ave	
City St. Louis State MO ZIP Code 63104	

Original Amount of Loan 15000.00	Cumulative Payment To Date 6000.00	Balance Outstanding at Close of This Period 9000.00
-------------------------------------	---------------------------------------	--

TERMS

Date Incurred M M 07 D D 20 Y Y Y Y 2004	Date Due on demand	Interest Rate 5 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------------	----------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	9000.00
TOTALS This Period (last page in this line only) ▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 88 / 88
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Carnahan in Congress

Transaction ID: SC/10.1005

LOAN SOURCE Full Name (Last, First, Middle Initial) Russ Carnahan, - Personal Funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3150 Allen Ave	
City St. Louis State MO ZIP Code 63104	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
49000.00	.00	49000.00

TERMS

Date Incurred M M 07 D D 23 Y Y Y Y 2004	Date Due on demand	Interest Rate 5 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------------	----------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	49000.00
TOTALS This Period (last page in this line only)	100000.00

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