

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CLAY JR. FOR CONGRESS

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

2. **FEC IDENTIFICATION NUMBER** C00346080  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
MO 1

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

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

5. Covering Period 04 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer WILLIS LLOYD

Signature of Treasurer Electronically Filed by WILLIS LLOYD Date 07 14 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

CLAY JR. FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	46705.00	295623.30
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46705.00	293073.30
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	26178.38	138906.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1002.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26178.38	137904.11
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>194041.40</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
CLAY JR. FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**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).....

26425.00

93675.30

(ii) Unitemized.....

1780.00

22500.00

(iii) TOTAL of contributions

28205.00

116175.30

from individuals..... ▶

0.00

100.00

(b) Political Party Committees.....

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

18500.00

179348.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

46705.00

295623.30

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

1002.00

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

0.00

1665.02

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

46705.00

298290.32

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	26178.38	138906.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2550.00
(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	2550.00
21. OTHER DISBURSEMENTS.....	81750.00	123679.35
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	107928.38	265135.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	255264.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	46705.00
25. SUBTOTAL (add Line 23 and Line 24).....	301969.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	107928.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	194041.40

# 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 5 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Eric K. Banks		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 2755 Russell		<b>Transaction ID:</b> SA11A1.10798	
City State Zip Code St. Louis MO 63104		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Thompson Coburn Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Richard Banks		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 800 Maryland Suite 1140		<b>Transaction ID:</b> SA11A1.10797	
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		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Banks and Associates Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David Bohnett		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 2049 Century Park East Suite 2151		<b>Transaction ID:</b> SA11A1.10856	
City State Zip Code Los Angeles CA 90067		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Baroda Ventures, LLC Investor			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3400.00
<b>TOTAL</b> 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 6 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Leslie Bond, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 5256 Waterman Blvd.		Transaction ID: SA11A1.10841	
City State Zip Code St. Louis MO 63108	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Columbia Capital Mgmt	Occupation Attorney		
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>B. Mr. Leonard P. Cervantes</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 1022 Hampton Park Drive		Transaction ID: SA11A1.10813	
City State Zip Code St. Louis MO 63117	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Requested	Occupation Attorney		
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>C. Stephen M. Coleman</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 500 E. Kingsbury Square		Transaction ID: SA11A1.10808	
City State Zip Code St. Louis MO 63112-1640	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Data Capital	Occupation Principal		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph A. Frank		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 418 Summer Top Lane		Transaction ID: SA11A1.10792	
City State Zip Code Fenton MO 63206	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Frank, Dolan & Hueller	Occupation Attorney		
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>B.</b> Clifford D. Franklin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 5297 Westminster Place		Transaction ID: SA11A1.10763	
City State Zip Code St. Louis MO 63108	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Fuse Advertising	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael W. Franklin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 2970 Ridgeview Drive		Transaction ID: SA11A1.10765	
City State Zip Code St. Louis MO 63121	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Fuse Advertising, Inc.	Occupation Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4600.00
<b>TOTAL</b> 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 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Willie E. Gary</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 36 Rio Vista Drive		Transaction ID: SA11A1.10842
City State Zip Code Stuart FL 34996	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Gary, Williams, Parenti, Finne	Occupation Attorney	Contribution <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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Henry Givens</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 117 Emerald Green Court		Transaction ID: SA11A1.10803
City State Zip Code St. Louis MO 63141	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Harris Stowe College	Occupation President	Contribution <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) <b>C. Thomas Guilfoil</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 12709 WYyndrose Court		Transaction ID: SA11A1.10810
City State Zip Code St. Louis MO 63131	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Guilfoil, Retzall & Shoemaker	Occupation Attorney	Contribution <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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin D. Gunn		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 458 South Park Avenue		<b>Transaction ID:</b> SA11A1.10816	
City State Zip Code St. Louis MO 63119		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Blackwell, Sanders, Peper, Mar Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gerald Hawthorne		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 4549 Arco Avenue		<b>Transaction ID:</b> SA11A1.10766	
City State Zip Code St. Louis MO 63110		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Fuse Advertising, Inc. Director of Media			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Donald R. Kornblet		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 6147 Lindell		<b>Transaction ID:</b> SA11A1.10804	
City State Zip Code St. Louis MO 63112		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Alan Mandel</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 1108 Olive Street		Transaction ID: SA11A1.10786
City State Zip Code St. Louis MO 63101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Schlueter, Mandel \$Mandel, LLP	Occupation Attorney	Contribution <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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Paul Passanante</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 268 WoodBourne Drive		Transaction ID: SA11A1.10791
City State Zip Code St. Louis MO 63105	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Simon & Passanante, P.C.	Occupation Attorney	Contribution <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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dixie Platte</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 6354 Wydown		Transaction ID: SA11A1.10811
City State Zip Code Clayton MO 63105	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer SSM Healthcare	Occupation Senior Vice President	Contribution <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 ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2125.00
<b>TOTAL</b> 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 11 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Steven C. Roberts</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 1408 N. Kingshighway Blvd Suite 300		Transaction ID: SA11A1.10835	
City State Zip Code St. Louis MO 63113		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Roberts Companies Principal			
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>B. Gary Roland</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 1000 Washington Avenue Apartment 706		Transaction ID: SA11A1.10768	
City State Zip Code St. Louis MO 63101		Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Fuse Advertising, Inc. Art Director			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Ross</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 1076 Veltrie Circle, SW		Transaction ID: SA11A1.10809	
City State Zip Code Atlanta GA 30311		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MHR International Principal			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2700.00
<b>TOTAL</b> 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 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. Kay E. Royster</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 1324 Washington Avenue Suite 330		Transaction ID: SA11A1.10833	
City State Zip Code St. Louis MS 63103	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jennings School District	Occupation Superintendent		
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>B. Adam Sachs</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 4601 Main Street, Suite 1000		Transaction ID: SA11A1.10815	
City State Zip Code Kansas City MO 64112	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Blackwell Sanders Peper Martin	Occupation Attorney		
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>C. Gregory G. Sansone</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 567 Eastwood Drive		Transaction ID: SA11A1.10854	
City State Zip Code Kirkwood MD 63122	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Realtor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

Mailing Address 6159 LINDELL BLVD.

City State Zip Code  
ST. LOUIS MO 63112-1011

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

900.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2006

Transaction ID: SA11A1.10909

Amount of Each Receipt this Period  
900.00

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

**B.** Full Name (Last, First, Middle Initial)  
David M. Stokes

Mailing Address 14 Geyerwood Lane

City State Zip Code  
St. Louis MO 63131

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

Name of Employer Grey Eagle Distributors Occupation Chief Executive Officer

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: SA11A1.10839

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sidney L. Stone

Mailing Address 7733 Forsyth Blvd. Suite 500

City State Zip Code  
St. Louis MO 63105

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

Name of Employer Stone, Leeyton & Gersham Occupation Partner

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

Transaction ID: SA11A1.10729

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<b>TOTAL</b> 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 14 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
Michael L. Thomas

Mailing Address 1450 Arlington Drive

City State Zip Code  
Florissant MO 63033

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

Name of Employer Occupation  
Fuse Advertising, Inc. Controller

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2006

Transaction ID: SA11A1.10764

Amount of Each Receipt this Period  
1200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Alan D. Wheat

Mailing Address 836 West 51st Street

City State Zip Code  
Kansas City MO 64112

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

Name of Employer Occupation  
Wheat & Associates Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2006

Transaction ID: SA11A1.10831

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	26425.00

**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 15 / 32
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Abitibi-Consolidated Sales Corp. Good Gov't Program</b>		Date of Receipt MM / DD / YYYY <b>05 / 05 / 2006</b>
Mailing Address <b>PO Box 1149</b>		<b>Transaction ID: SA11C.10845</b>
City <b>Lufkin</b> State <b>TX</b> Zip Code <b>75902-1149</b>	Amount of Each Receipt this Period <b>500.00</b>	
FEC ID number of contributing federal political committee. <b>C C00350884</b>	Contribution <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 ▼	<b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Altria Group, Inc. PAC</b>		Date of Receipt MM / DD / YYYY <b>04 / 15 / 2006</b>
Mailing Address <b>1101 Constitution Avenue, NW Suite 400W</b>		<b>Transaction ID: SA11C.10828</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20001</b>	Amount of Each Receipt this Period <b>1500.00</b>	
FEC ID number of contributing federal political committee. <b>C C00089136</b>	Contribution <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 ▼	<b>3500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Amalgamated Transit Union Cope</b>		Date of Receipt MM / DD / YYYY <b>04 / 12 / 2006</b>
Mailing Address <b>5025 Wisconsin Avenue, NW</b>		<b>Transaction ID: SA11C.10761</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20016</b>	Amount of Each Receipt this Period <b>2000.00</b>	
FEC ID number of contributing federal political committee. <b>C C70000914</b>	Contribution <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 ▼	<b>2000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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 / 32
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Building &amp; Construction Trades Dept FED PER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2006	
Mailing Address 815 16TH ST NW Suite 600		<b>Transaction ID: SA11C.10819</b>	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00003160		Contribution <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) <b>B. Citizens for Ray</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2006	
Mailing Address 237 Crystal Lane		<b>Transaction ID: SA11C.10849</b>	
City State Zip Code Fairview IL 62208		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Cleaver for Congress</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address P.O. Box 411872		<b>Transaction ID: SA11C.10858</b>	
City State Zip Code Kansas City MO 64141		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00395848		Contribution <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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Jones, PAC Mailing Address 12555 Manchester Road City St. Louis State MO Zip Code 63131 FEC ID number of contributing federal political committee. <b>C</b> C00410407 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		Date of Receipt <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>0</td><td>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.10806 Amount of Each Receipt this Period 1000.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	1	/	2	0	0	6													

<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express Political Action Committee Mailing Address 942 S. Shady Grove Road City Memphis State TN Zip Code 38120 FEC ID number of contributing federal political committee. <b>C</b> C00068692 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 ▼ 6000.00		Date of Receipt <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>0</td><td>4</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.10760 Amount of Each Receipt this Period 1000.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	2	/	2	0	0	6													

<b>C.</b> Full Name (Last, First, Middle Initial) Ironworkers Political Action League Mailing Address 1750 New York Avenue, N.W. City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b> C00027359 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 ▼ 6000.00		Date of Receipt <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>0</td><td>6</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.10861 Amount of Each Receipt this Period 1000.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	8	/	2	0	0	6													

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 32
	(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)  
**CLAY JR. FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Miller Brewing Company Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 6
Mailing Address <b>3939 West Highland Boulevard</b>		<b>Transaction ID: SA11C.10859</b>
City State Zip Code <b>Milwaukee WI 53201</b>	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00102780</b>		Contribution <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>B. National Funeral Directors Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address <b>13625 Bishops Drive</b>		<b>Transaction ID: SA11C.10817</b>
City State Zip Code <b>Brookfield WI 53005</b>	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00204008</b>		Contribution <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>C. Parsons Brinckerhoff, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address <b>One Penn Plaza</b>		<b>Transaction ID: SA11C.10796</b>
City State Zip Code <b>New York NY 10119</b>	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00287003</b>		Contribution <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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Responsible Citizens Political League A Project of the Trans. Comm. Int'l Union (TCU)</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2006	
Mailing Address 3 Research Place		<b>Transaction ID: SA11C.10832</b>	
City State Zip Code Rockville MD 20850		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00006338		Contribution <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) <b>B. SEIU C.O.P.E. FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2006	
Mailing Address 1313 L. STREET NW		<b>Transaction ID: SA11C.10852</b>	
City State Zip Code WASHINGTON DC 20005		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00004036		Contribution <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) <b>C. SEIU C.O.P.E. FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2006	
Mailing Address 1313 L. STREET NW		<b>Transaction ID: SA11C.10862</b>	
City State Zip Code WASHINGTON DC 20005		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00004036		Contribution <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 ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 20 / 32
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
SEIU C.O.P.E. FUND

Mailing Address 1313 L. STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00004036

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  
 06 / 28 / 2006

Transaction ID: SA11C.10863

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18500.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.10874 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 1063.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33336-0002		
Purpose of Disbursement Candidate Name CLAY JR. FOR CONGRESS	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hyatt Regency Washington</b>		<b>Transaction ID:</b> SB17.10874.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 400 New Jersey Avenue, NW		Amount of Each Disbursement this Period 206.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20005		
Purpose of Disbursement Political Event Candidate Name CLAY JR. FOR CONGRESS	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless Telephone Service</b>		<b>Transaction ID:</b> SB17.10874.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2321 N. University		Amount of Each Disbursement this Period 509.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Lubbock State TX Zip Code 79415		
Purpose of Disbursement Telephone Purchase and Service Candidate Name CLAY JR. FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1063.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB17.10914 Date of Disbursement 05 / 11 / 2006	
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 601.84	
City Fort Lauderdale State FL Zip Code 33336-0002	Purpose of Disbursement 003 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CLAY JR. FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB17.10915 Date of Disbursement 06 / 14 / 2006	
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 658.80	
City Fort Lauderdale State FL Zip Code 33336-0002	Purpose of Disbursement 002 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CLAY JR. FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Washington Hilton Hotel</b>		Transaction ID: SB17.10915.0 Date of Disbursement 06 / 14 / 2006	
Mailing Address 1919 Connecticut Avenue, NW		Amount of Each Disbursement this Period 280.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement 007 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CLAY JR. FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1260.64
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless Telephone Service</b>		<b>Transaction ID:</b> SB17.10884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 2321 N. University		Amount of Each Disbursement this Period 385.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lubbock State TX Zip Code 79415		
Purpose of Disbursement Telephone Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	001 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless Telephone Service</b>		<b>Transaction ID:</b> SB17.10894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 2321 N. University		Amount of Each Disbursement this Period 218.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lubbock State TX Zip Code 79415		
Purpose of Disbursement Telephone Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	001 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless Telephone Service</b>		<b>Transaction ID:</b> SB17.10908 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 2321 N. University		Amount of Each Disbursement this Period 212.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lubbock State TX Zip Code 79415		
Purpose of Disbursement Telephone Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	001 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	817.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Sam Page</b>		<b>Transaction ID:</b> SB17.10903 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 17 Windsor Terrace Lane		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 Creve Coeur State MO Zip Code 63141		
Purpose of Disbursement Donation Candidate Name CLAY JR. FOR CONGRESS Category/Type 011		
Office Sought: <input checked="" 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: MO District: 1		

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Ester Haywood</b>		<b>Transaction ID:</b> SB17.10892 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 48 Bellerive Acres		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 St. Louis State MO Zip Code 63121		
Purpose of Disbursement Donation Candidate Name CLAY JR. FOR CONGRESS Category/Type 011		
Office Sought: <input checked="" 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: MO District: 1		

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Frank Williamson</b>		<b>Transaction ID:</b> SB17.10879 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 5428 Clemens Place		Amount of Each Disbursement this Period 325.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63108		
Purpose of Disbursement Donation Candidate Name CLAY JR. FOR CONGRESS Category/Type 011		
Office Sought: <input checked="" 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: MO District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	925.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Congressional Black Caucus Institute</b>		<b>Transaction ID:</b> SB17.10905 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 227 Massachusetts Avenue, NE Suite 201		Amount of Each Disbursement this Period 491.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Travel Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

Full Name (Last, First, Middle Initial) <b>B. Steven Engelhardt</b>		<b>Transaction ID:</b> SB17.10866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 2000.00
City St. Louis State MO Zip Code 63109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Professional Fee for Media Consultant Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004

Full Name (Last, First, Middle Initial) <b>C. Steven Engelhardt</b>		<b>Transaction ID:</b> SB17.10867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 219.54
City St. Louis State MO Zip Code 63109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Photo Development Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2710.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Steven Engelhardt</b>		Transaction ID: SB17.10885 Date of Disbursement 05 / 10 / 2006
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis      State MO      Zip Code 63109		
Purpose of Disbursement Professional fee Media Consultant	004 Category/ Type	
Candidate Name CLAY JR. FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO      District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steven Engelhardt</b>		Transaction ID: SB17.10899 Date of Disbursement 06 / 08 / 2006
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis      State MO      Zip Code 63109		
Purpose of Disbursement Professional Fee for Media Consultant	006 Category/ Type	
Candidate Name CLAY JR. FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO      District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Enterprise Leasing</b>		Transaction ID: SB17.10880 Date of Disbursement 04 / 24 / 2006
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 582.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St.. Louis      State MO      Zip Code 63105-0730		
Purpose of Disbursement Automobile Expense	001 Category/ Type	
Candidate Name CLAY JR. FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO      District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4582.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Enterprise Leasing</b>		<b>Transaction ID:</b> SB17.10897 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 582.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St.. Louis State MO Zip Code 63105-0730		
Purpose of Disbursement Automobile Expense Candidate Name CLAY JR. FOR CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Leasing</b>		<b>Transaction ID:</b> SB17.10907 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 582.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St.. Louis State MO Zip Code 63105-0730		
Purpose of Disbursement Automobile Expense Candidate Name CLAY JR. FOR CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> SB17.10893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 30.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140		
Purpose of Disbursement Postage Candidate Name CLAY JR. FOR CONGRESS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1195.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kwame Foundation</b>		Transaction ID: SB17.10902 Date of Disbursement 06 / 16 / 2006
Mailing Address 735 Rosedale		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis	State MO	
Zip Code 63121		
Purpose of Disbursement Donation		
Candidate Name CLAY JR. FOR CONGRESS		012 Category/ Type
Office Sought: <input checked="" 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: MO District: 1		

Full Name (Last, First, Middle Initial) <b>B. Law Office Of Michelle C. Clay, LLC</b>		Transaction ID: SB17.10865 Date of Disbursement 04 / 10 / 2006
Mailing Address 12116 Kerwood Road		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Silver Spring	State MD	
Zip Code 20904		
Purpose of Disbursement Data Entry		
Candidate Name CLAY JR. FOR CONGRESS		001 Category/ Type
Office Sought: <input checked="" 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: MO District: 1		

Full Name (Last, First, Middle Initial) <b>C. Law Office Of Michelle C. Clay, LLC</b>		Transaction ID: SB17.10873 Date of Disbursement 04 / 14 / 2006
Mailing Address 12116 Kerwood Road		Amount of Each Disbursement this Period 3413.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Silver Spring	State MD	
Zip Code 20904		
Purpose of Disbursement Fundraising Service		
Candidate Name CLAY JR. FOR CONGRESS		001 Category/ Type
Office Sought: <input checked="" 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: MO District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4513.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Law Office Of Michelle C. Clay, LLC</b>		<b>Transaction ID:</b> SB17.10878
Mailing Address 12116 Kerwood Road		Date of Disbursement MM / DD / YYYY 04 / 19 / 2006
City Silver Spring	State MD	Zip Code 20904
Purpose of Disbursement Legal Services	Amount of Each Disbursement this Period 5000.00	
Candidate Name CLAY JR. FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 001	
Office Sought: <input checked="" 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: MO District: 1		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		<b>Transaction ID:</b> SB17.10900
Mailing Address 30 Ivy Street, S.E.		Date of Disbursement MM / DD / YYYY 06 / 12 / 2006
City Washington	State DC	Zip Code 20003-4071
Purpose of Disbursement Entertainment of Constituent	Amount of Each Disbursement this Period 32.40	
Candidate Name CLAY JR. FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 007	
Office Sought: <input checked="" 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: MO District: 1		

Full Name (Last, First, Middle Initial) <b>C. Telitha Parker</b>		<b>Transaction ID:</b> SB17.10898
Mailing Address 14005 C Franklin Fox Drive		Date of Disbursement MM / DD / YYYY 06 / 05 / 2006
City Centerville	State VA	Zip Code 20121
Purpose of Disbursement Web Site Development	Amount of Each Disbursement this Period 920.80	
Candidate Name CLAY JR. FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 004	
Office Sought: <input checked="" 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: MO District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5953.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. WAYMAN SMITH</b>		<b>Transaction ID:</b> SB17.10910 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address 6159 LINDELL BLVD.		Amount of Each Disbursement this Period 900.00
City ST. LOUIS State MO Zip Code 63112-1011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Candidate Name	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>B. St. Louis Argus</b>		<b>Transaction ID:</b> SB17.10868 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 4595 Martin Luther King, Jr. Blvd.		Amount of Each Disbursement this Period 530.00
City St. Louis State MO Zip Code 63113	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name CLAY JR. FOR CONGRESS	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Thomas Jefferson Days</b>		<b>Transaction ID:</b> SB17.10864 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 12321 Woodline		Amount of Each Disbursement this Period 400.00
City Creve Coeur State MO Zip Code 63141	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation Candidate Name CLAY JR. FOR CONGRESS	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1830.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Transaction ID: SB17.10881 Date of Disbursement 05 / 02 / 2006	
Mailing Address 1720 Market Street		Amount of Each Disbursement this Period 39.00	
City St. Louis State MO Zip Code 63155	Purpose of Disbursement Postage Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Washington Auto Body</b>		Transaction ID: SB17.10870 Date of Disbursement 04 / 13 / 2006	
Mailing Address 1225 W/ Street, NE		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20018	Purpose of Disbursement Automobile Expense Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Woolsey for Congress</b>		Transaction ID: SB17.10890 Date of Disbursement 05 / 25 / 2006	
Mailing Address P.O. Box 750176		Amount of Each Disbursement this Period 500.00	
City Petaluma State CA Zip Code 94975	Purpose of Disbursement Donation Candidate Name CLAY JR. FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1039.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>25890.48</b>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A.** Democratic Congressional Campaign Comm.

Mailing Address 430 S. Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Dues

Candidate Name  
CLAY JR. FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 1

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21.10925

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2006

Amount of Each Disbursement this Period

81750.00

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

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

81750.00

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

81750.00