

**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 **X 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 01 01 2001 through 06 30 2001

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 Mr. CHARLES A. STEWART, Jr.

Signature of Treasurer Electronically Filed by Mr. CHARLES A. STEWART, Jr. Date 10 15 2003

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

**Write or Type Committee Name**

CLAY JR. FOR CONGRESS

Report Covering the Period: From: <sup>M</sup> 0 <sup>M</sup> 1 <sup>D</sup> 0 <sup>D</sup> 1 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 0 <sup>Y</sup> 1 To: <sup>M</sup> 0 <sup>M</sup> 6 <sup>D</sup> 3 <sup>D</sup> 0 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 0 <sup>Y</sup> 1

	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(a)).....	61501.08	89411.08
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61501.08	87861.08
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	52751.72	70769.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	856.60	856.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51895.12	69912.47
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	41804.05	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

Write or Type Committee Name  
 CLAY JR. FOR CONGRESS

Report Covering the Period: From: <sup>M M</sup> 0 1 <sup>D J</sup> 0 1 <sup>Y</sup> 2 0 0 1 To: <sup>V V</sup> 0 8 <sup>U J</sup> 3 0 <sup>Y</sup> 2 0 0 1

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	12000.00	
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....	3151.08	
(iii) TOTAL of contributions	15151.08	24761.08
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	46350.00	64650.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	61501.08	89411.08
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.).....	856.60	856.60
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	208.60	381.85
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	62564.28	90649.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	52751.72	70769.07
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	1550.00
(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	1550.00
21. OTHER DISBURSEMENTS.....	14925.00	15425.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	<b>67676.72</b>	<b>87744.07</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	46916.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	62564.28
25. SUBTOTAL (add Line 23 and Line 24).....	109480.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67676.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	41804.05

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 52	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. ROBERT ABRAHAM</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 381 SUTTON PLACE		Transaction ID: SA11A1.4717
City	State	Zip Code
WOODMERE	NY	11508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. TOM CAMPBELL</b>		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 101 S. HANLEY		Transaction ID: SA11A1.4718
City	State	Zip Code
ST. LOUIS	MO	63105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. LAURA COHEN</b>		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 412B W. PINE BLVD.		Transaction ID: SA11A1.4721
City	State	Zip Code
ST. LOUIS	MO	63108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer TRAILNET, INC.	Occupation ADMINISTRATOR	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
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 6 / 52	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. STEPHEN COLEMAN</b>		Date of Receipt M / D / Y 04 / 20 / 2001
Mailing Address 500 E. KINGSBURY SQ.		Transaction ID: SA11A1.4723
City	State	Zip Code
ST. LOUIS	MO	63112-1640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation INVESTMENT MGR	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS DOWD</b>		Date of Receipt M / D / Y 08 / 08 / 2001
Mailing Address 16 ELLSWORTH		Transaction ID: SA11A1.4725
City	State	Zip Code
ST. LOUIS	MO	63124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer DAVIS & DOWD	Occupation ATTORNEY	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. EDWARD FINKLESTEIN</b>		Date of Receipt M / D / Y 08 / 19 / 2001
Mailing Address 7800 CARSWOLD DR.		Transaction ID: SA11A1.6193
City	State	Zip Code
ST. LOUIS	MO	63105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer LABOR TRIBUNE	Occupation Reporter	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1350.00</b>
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 7 / 52	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. TOM GRAY</b>		Date of Receipt M / D / Y 05 / 24 / 2001
Mailing Address RUE 13 1311 WASHINGTON AVE		Transaction ID: SA11A1.6108
City ST. LOUIS	State MO	Zip Code 63103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer RUE 13	Occupation OWNER	In-kind - EVENT SITE Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS GUILFOIL</b>		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 12709 WYNDROSE CT.		Transaction ID: SA11A1.4727
City ST. LOUIS	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer GUILFOIL, RETZALL & SHOEM-AKER	Occupation ATTORNEY	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. RUTH KELLY</b>		Date of Receipt M / D / Y 04 / 20 / 2001
Mailing Address 9415 MINERVA AVE.		Transaction ID: SA11A1.4729
City OVERLAND	State MO	Zip Code 63114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
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 8 / 52	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. ROBERT KIRCHER</b>		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 2208 WEST 49TH STREET		Transaction ID: SA11A1.4731
City	State	Zip Code
MINNEAPOLIS	MN	55409
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ASPEN WASTE SYSTEMS	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. S. LEE KLING</b>		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 5751 ROBERTSVILLE ROAD		Transaction ID: SA11A1.4733
City	State	Zip Code
VILLA RIDGE	MO	63089
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. RON LOHR</b>		Date of Receipt M / D / Y 05 / 24 / 2001
Mailing Address 1100 S. NINTH STREET		Transaction ID: SA11A1.6109
City	State	Zip Code
ST. LOUIS	MO	63104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer LOHR DISTRIBUTING	Occupation OWNER	In-kind - LIQUOR Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>900.00</b>
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 / 52	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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. MEL LOVINGS</b>		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 5305 PERSHING		Transaction ID: SA11A1.4735
City	State	Zip Code
ST. LOUIS	MO	63112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer M PRINTS	Occupation PRINTER	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. ROBERT MCGLOTTEN</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 5904 DEN LEE DRIVE		Transaction ID: SA11A1.4737
City	State	Zip Code
CLINTON	MD	20735
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer SELF-EMPLOYED	Occupation CONSULTANT	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. RICHARD MILLER</b>		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 2523 WABASH AVE.		Transaction ID: SA11A1.4739
City	State	Zip Code
ST. PAUL	MN	55114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer WELLS FARGO BROKERAGE SERVICES	Occupation INVESTMENT BANKER	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 10 / 52

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL COMMITTEE TO RESERVE SS...</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 10 G STREET NE, SUITE 600		Transaction ID: SA11A1.4741
City	State	Zip Code
WASHINGTON	DC	20002-4215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)		

Full Name (Last, First, Middle Initial) <b>B. STEVE PRUITT</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 420 SEVENTH STREET, NW SUITE 510		Transaction ID: SA11A1.4743
City	State	Zip Code
WASHINGTON	DC	20004-2209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer THE PRUITT GRP.	Occupation PRESIDENT	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL QUINN</b>		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 11 HORTENSE PL.		Transaction ID: SA11A1.4745
City	State	Zip Code
SAINT PL.	MO	63108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)		

SUBTOTAL of Receipts This Page (optional) ..... ► **1250.00**

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 11 / 52	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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) A. W. THOMAS REEVES		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 219 BRYN WYCK PL.		Transaction ID: SA11A1.4747
City	State	Zip Code
ST. LOUIS	MO	63141
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer DOWNTOWN NOW!	Occupation EXECUTIVE	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. S & S SHOPPING CENTER		Date of Receipt M / D / Y 02 / 28 / 2001
Mailing Address 40 NE LOOP 410, SUITE 102		Transaction ID: SA11A1.6149
City	State	Zip Code
SAN ANTONIO	TX	78216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. DORTHY WHITE-COLEMAN		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 5831 DEGIVERVILLE		Transaction ID: SA11A1.4749
City	State	Zip Code
ST. LOUIS	MO	63112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2750.00</b>
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 12 / 52	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
 CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DOROTHY WHITE-COLEMAN		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 5831 DEGIVERVILLE		Transaction ID: SA11A1.4750
City	State	Zip Code
ST. LOUIS	MO	63112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼  500.00	

Full Name (Last, First, Middle Initial) B. ROBERT WOOD		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 7342 MANCHESTER		Transaction ID: SA11A1.4752
City	State	Zip Code
ST. LOUIS	MO	63143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  500.00
Name of Employer Tyler Investment	Occupation Real Estate Developer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼  500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	750.00
TOTAL This Period (last page this line number only) .....	▶	12000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 52	
	(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"/> 11d	<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) A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP.		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 4301 Wilson Boulevard		Transaction ID: SA11C.4756
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C C00002872		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. AEROSPACE LODGE 837		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 212 UTZ LANE		Transaction ID: SA11C.4758
City HAZELWOOD	State MO	Zip Code 63042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. AMALGAMATED TRANSIT UNION		Date of Receipt M / D / Y 06 / 29 / 2001
Mailing Address 5025 WISCONSIN AVE., N.W.		Transaction ID: SA11C.4760
City WASHINGTON	State DC	Zip Code 20018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
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 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. AMERICA'S COMMUNITY BANKERS</b>		Date of Receipt M / D / Y 06 / 28 / 2001
Mailing Address 900 19TH STREET, N.W. STE 400		Transaction ID: SA11C.4762
City WASHINGTON	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN HOSPITAL ASSOCIATION</b>		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 325 SEVENTH STREET NW		Transaction ID: SA11C.4764
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN MOVING &amp; STORAGE ASSOCIATION</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 1811 DUKE STREET		Transaction ID: SA11C.4766
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
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 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. AMERIPAC</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 5304 MCKINLEY STREET		Transaction ID: SA11C.4768
City	State	Zip Code
BETHESDA	MD	20814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

Full Name (Last, First, Middle Initial) <b>B. ASAPAC</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 520 N. NORTHWEST HIGHWAY		Transaction ID: SA11C.4770
City	State	Zip Code
PARK RIDGE	IL	60668-2573
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

Full Name (Last, First, Middle Initial) <b>C. BANK OF AMERICA CORPORATION POLITICAL ACTION COMMITTEE OF FLORIDA</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 600 PEACHTREE ST STE 1500 PO BOX 40789		Transaction ID: SA11C.4772
City	State	Zip Code
ATLANTA	GA	30308
FEC ID number of contributing federal political committee. <b>C</b> CD0094658		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

SUBTOTAL of Receipts This Page (optional) .....	<b>4500.00</b>
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 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. BUILDING TRADES POLITICAL EDUCATION</b>		Date of Receipt M / D / Y 04 / 20 / 2001
Mailing Address 2300 HAMPTON AVENUE		Transaction ID: SA11C.4774
City	State	Zip Code
ST. LOUIS	MO	63134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. CBOEPAC</b>		Date of Receipt M / D / Y 08 / 28 / 2001
Mailing Address 400 S LA SALLE ST		Transaction ID: SA11C.4776
City	State	Zip Code
CHICAGO	IL	60605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. CHARTER COMMUNICATIONS INC</b>		Date of Receipt M / D / Y 08 / 08 / 2001
Mailing Address 1244 POWERS COURT DRIVE, SUITE 400		Transaction ID: SA11C.4778
City	State	Zip Code
ST. LOUIS	MO	63131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</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 17 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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. COMMITTEE TO ELECT ESTER HAYWOOD</b>		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 48 BELLERIVE ACRES		Transaction ID: SA11C.4780
City	State	Zip Code
ST. LOUIS	MO	63121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼	250.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

Full Name (Last, First, Middle Initial) <b>B. CWA-COPE PCC</b>		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 501 3RD ST NW		Transaction ID: SA11C.4782
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼	5000.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

Full Name (Last, First, Middle Initial) <b>C. HILGEMANN FOR REPRESENTATIVE</b>		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 4131 BLAINE AVE		Transaction ID: SA11C.4784
City	State	Zip Code
ST. LOUIS	MO	63110-2433
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼	250.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</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 18 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. HUMAN RIGHTS CAMPAIGN</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 919 18TH STREET NW STE 800		Transaction ID: SA11C.4786
City	State	Zip Code
WASHINGTON	DC	20006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer POLITICAL ACTION COMMITTEE	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. INTERNATIONAL BROTHERHOOD OF TEAMSTERS</b>		Date of Receipt M / D / Y 05 / 18 / 2001
Mailing Address 25 LOUISIANA AVE NW		Transaction ID: SA11C.4788
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. MACHINISTS NON-PARTISAN</b>		Date of Receipt M / D / Y 05 / 04 / 2001
Mailing Address 9000 MACHINIST PL.		Transaction ID: SA11C.6146
City	State	Zip Code
UPPER MARLBORO	MD	20772
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4750.00
Name of Employer POLITICAL LEAGUE	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4750.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>7750.00</b>
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 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL COMMITTEE TO RESERVE SS...</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 10 G STREET NE, SUITE 600		Transaction ID: SA11C.0152
City	State	Zip Code
WASHINGTON	DC	20002-4215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

Full Name (Last, First, Middle Initial) <b>B. PAC TO THE FUTURE</b>		Date of Receipt M / D / Y 04 / 08 / 2001
Mailing Address 268 BUSH STREET		Transaction ID: SA11C.4704
City	State	Zip Code
SAN FRANCISCO	CA	94104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

Full Name (Last, First, Middle Initial) <b>C. PARSONS BRINCKERHOFF</b>		Date of Receipt M / D / Y 08 / 08 / 2001
Mailing Address ONE PENN PLAZA		Transaction ID: SA11C.4706
City	State	Zip Code
NEW YORK	NY	10119
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>5750.00</b>
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 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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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</b>		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 3 RESEARCH PLACE		Transaction ID: SA11C.4798
City	State	Zip Code
ROCKVILLE	MD	20850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. RPAC</b>		Date of Receipt M / D / Y 06 / 08 / 2001
Mailing Address 130 N MICHIGAN AVE		Transaction ID: SA11C.4800
City	State	Zip Code
CHICAGO	IL	60611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. SBC COMMUNICATION INC. EMPLOYEE FEDERAL PAC</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 175 E. HOUSTON, RM 4J-01		Transaction ID: SA11C.4805
City	State	Zip Code
SAN ANTONIO	TX	78205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
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 21 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. SEIU C.O.P.E. FUND</b>		Date of Receipt M / D / Y 06 / 29 / 2001
Mailing Address 1313 L. STREET NW		Transaction ID: SA11C.4807
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. SOLUTIA CITIZENSHIP FUND</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 575 MARYVILLE CENTRE DR.		Transaction ID: SA11C.4809
City	State	Zip Code
ST. LOUIS	MO	63166-6760
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. THE NEA FUND FOR CHILDREN &amp; PUBLIC ED</b>		Date of Receipt M / D / Y 06 / 29 / 2001
Mailing Address 1201 16TH STREET NW, SUITE 421		Transaction ID: SA11C.4811
City	State	Zip Code
WASHINGTON	DC	20038
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<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 22 / 52	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>A. U.A. POLITICAL EDUCATION COMMITTEE</b>		Date of Receipt M / D / Y 06 / 27 / 2001
Mailing Address 901 MASSACHUSETTS AVE NW		Transaction ID: SA11C.4813
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. UAW V GAP</b>		Date of Receipt M / D / Y 05 / 09 / 2001
Mailing Address 8000 EAST JEFFERSON AVE		Transaction ID: SA11C.4815
City	State	Zip Code
DETROIT	MI	48214-3863
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. UAW V GAP</b>		Date of Receipt M / D / Y 05 / 09 / 2001
Mailing Address 8000 EAST JEFFERSON AVE		Transaction ID: SA11C.4816
City	State	Zip Code
DETROIT	MI	48214-3863
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>11000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>46250.00</b>

**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 / 52	
	<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 checked="" 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) A. SBC COMMUNICATIONS INC		Date of Receipt M / D / Y 02 / 26 / 2001
Mailing Address 175 E HOUSTAN, RM 4J-01		Transaction ID: SA14.6119
City	State	Zip Code
SAN ANTONIO	TX	78205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>856.60</b>
Name of Employer	Occupation	REFUND OF CREDIT Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B-1))
Receipt For: Primary      General Other (specify) ▼	Election Cycle-to-Date ▼ <b>856.60</b>	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>856.60</b>
TOTAL This Period (last page this line number only) .....	▶	<b>856.60</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)				PAGE 24 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. 21ST WARD REG DEMOCRATIC ORG.</b>		Transaction ID: SB17.4821 Date of Disbursement 04 / 03 / 2001
Mailing Address 4524 ATHLONE		Amount of Each Disbursement this Period  250.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO Zip Code 63115	
Purpose of Disbursement ADVERTISING	Candidate Name  Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Transaction ID: SB17.4825 Date of Disbursement 02 / 26 / 2001
Mailing Address SUITE 0001		Amount of Each Disbursement this Period  797.50  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHICAGO	State IL Zip Code 60670	
Purpose of Disbursement TRAVEL	Candidate Name  Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Transaction ID: SB17.4826 Date of Disbursement 04 / 09 / 2001
Mailing Address SUITE 0001		Amount of Each Disbursement this Period  111.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHICAGO	State IL Zip Code 60670	
Purpose of Disbursement MEALS & POSTAGE	Candidate Name  Category/ Type	
Office Sought: House Senate President State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>▶</b>	<b>1158.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>▶</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)				PAGE 25 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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: SB17.4827 Date of Disbursement 04 / 23 / 2001
Mailing Address SUITE 0001		Amount of Each Disbursement this Period  136.90  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHICAGO	State IL Zip Code 60679	
Purpose of Disbursement TRAVEL	Candidate Name	
Office Sought: House Senate President		
State: District	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Transaction ID: SB17.4828 Date of Disbursement 05 / 02 / 2001
Mailing Address SUITE 0001		Amount of Each Disbursement this Period  164.68  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHICAGO	State IL Zip Code 60679	
Purpose of Disbursement TRAVEL & MEALS	Candidate Name	
Office Sought: House Senate President		
State: District	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Transaction ID: SB17.4829 Date of Disbursement 05 / 30 / 2001
Mailing Address SUITE 0001		Amount of Each Disbursement this Period  948.48  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CHICAGO	State IL Zip Code 60679	
Purpose of Disbursement TRAVEL & MEALS	Candidate Name	
Office Sought: House Senate President		
State: District	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>▶</b>	<b>1251.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>▶</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)

PAGE 26 / 52

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

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

Full Name (Last, First, Middle Initial) <b>A. YEMANJA BRASIL</b>		Transaction ID: SB17.6209 Date of Disbursement 05 / 21 / 2001		
Mailing Address 2900 MISSOURI AVE		Amount of Each Disbursement this Period  1200.00 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 CATERING SERVICES				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. LIZZ BROWN</b>		Transaction ID: SB17.4837 Date of Disbursement 05 / 02 / 2001		
Mailing Address 265 UNION		Amount of Each Disbursement this Period  1000.00 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 MEDIA RELATIONS				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LACEY CLAY</b>		Transaction ID: SB17.4839 Date of Disbursement 01 / 24 / 2001		
Mailing Address 6136 WASHINGTON		Amount of Each Disbursement this Period  638.15 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City ST. LOUIS	State MO			Zip Code 63112
Purpose of Disbursement TRAVEL & MEAL REIMBURSEMENT				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2838.15</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)				PAGE 27 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. LACEY CLAY</b>		Transaction ID: SB17.4841 Date of Disbursement 02 / 26 / 2001
Mailing Address 6198 WASHINGTON		Amount of Each Disbursement this Period  692.64  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO	
Zip Code 63112	Category/ Type	
Purpose of Disbursement TRAVEL & MEAL REIMBURSEMENT	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>B. CLAY AND ASSOCIATES</b>		Transaction ID: SB17.6323 Date of Disbursement 04 / 29 / 2001
Mailing Address 12116 KERWOOD RD		Amount of Each Disbursement this Period  68.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SILVER SPRINGS	State MD	
Zip Code 20904	Category/ Type	
Purpose of Disbursement POSTAGE AND DELIVERY	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>C. CLAY AND ASSOCIATES</b>		Transaction ID: SB17.6324 Date of Disbursement 05 / 07 / 2001
Mailing Address 12116 KERWOOD RD		Amount of Each Disbursement this Period  10.75  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SILVER SPRINGS	State MD	
Zip Code 20904	Category/ Type	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>771.39</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)				PAGE 28 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. CLAY AND ASSOCIATES</b>		Transaction ID: SB17.4843 Date of Disbursement 05 / 30 / 2001
Mailing Address 12116 KERWOOD RD		Amount of Each Disbursement this Period  349.05  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SILVER SPRINGS	State MD Zip Code 20904	
Purpose of Disbursement POSTAGE REIMBURSEMENT	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CLAY AND ASSOCIATES</b>		Transaction ID: SB17.4844 Date of Disbursement 05 / 30 / 2001
Mailing Address 12116 KERWOOD RD		Amount of Each Disbursement this Period  24.10  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SILVER SPRINGS	State MD Zip Code 20904	
Purpose of Disbursement POSTAGE REIMBURSEMENT	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CLAY AND ASSOCIATES</b>		Transaction ID: SB17.4845 Date of Disbursement 05 / 30 / 2001
Mailing Address 12116 KERWOOD RD		Amount of Each Disbursement this Period  58.64  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SILVER SPRINGS	State MD Zip Code 20904	
Purpose of Disbursement REIMBURSEMENT OF FUND RAISING EXPENSES	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>431.79</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)

PAGE 29 / 52

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

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

Full Name (Last, First, Middle Initial) <b>A. CLAY AND ASSOCIATES</b>		Transaction ID: SB17.4846 Date of Disbursement 06 / 01 / 2001	
Mailing Address 12116 KERWOOD RD		Amount of Each Disbursement this Period  52.66  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City SILVER SPRINGS	State MD		Zip Code 20904
Purpose of Disbursement REIMBURSEMENT OF FUND RAISING EXPENSES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. STEVEN ENGELHARDT</b>		Transaction ID: SB17.4854 Date of Disbursement 01 / 24 / 2001	
Mailing Address 4400 LINDELL SUITE 21-0		Amount of Each Disbursement this Period  2000.00  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 TRAVEL REIMBURSEMENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. STEVEN ENGELHARDT</b>		Transaction ID: SB17.4855 Date of Disbursement 02 / 01 / 2001	
Mailing Address 4400 LINDELL SUITE 21-0		Amount of Each Disbursement this Period  577.50  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 TRAVEL REIMBURSEMENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2630.16</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)				PAGE 30 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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: SB17.4856 Date of Disbursement 03 / 19 / 2001	
Mailing Address 4400 LINDELL SUITE 21-0		Amount of Each Disbursement this Period  2000.00  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 MEDIA RELATIONS			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) <b>B. STEVEN ENGELHARDT</b>		Transaction ID: SB17.4857 Date of Disbursement 05 / 02 / 2001	
Mailing Address 4400 LINDELL SUITE 21-0		Amount of Each Disbursement this Period  2000.00  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 MEDIA RELATIONS			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) <b>C. STEVEN ENGELHARDT</b>		Transaction ID: SB17.4858 Date of Disbursement 06 / 01 / 2001	
Mailing Address 4400 LINDELL SUITE 21-0		Amount of Each Disbursement this Period  2000.00  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 MEDIA RELATIONS			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</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)				PAGE 31 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. FLETCHER &amp; ROWLEY CONSULTING INC</b>		Transaction ID: SB17.4860 Date of Disbursement 02 / 02 / 2001	
Mailing Address 818 18TH AVE SOUTH		Amount of Each Disbursement this Period  5000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City NASHVILLE	State TX		Zip Code 37203
Purpose of Disbursement MEDIA SERVICES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. FLETCHER &amp; ROWLEY CONSULTING INC</b>		Transaction ID: SB17.4881 Date of Disbursement 05 / 07 / 2001	
Mailing Address 818 18TH AVE SOUTH		Amount of Each Disbursement this Period  5000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City NASHVILLE	State TX		Zip Code 37203
Purpose of Disbursement MEDIA SERVICES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. GIST FAMILY CATERING</b>		Transaction ID: SB17.4883 Date of Disbursement 03 / 06 / 2001	
Mailing Address 10010 WOODEN BRIDGE LANE		Amount of Each Disbursement this Period  420.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City CLINTON	State MD		Zip Code 20735
Purpose of Disbursement CATERING SERVICES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>▶</b>	<b>10420.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>▶</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)				PAGE 32 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. TOM GRAY</b>		Transaction ID: SB17.6108 Date of Disbursement 05 / 24 / 2001	
Mailing Address RUE 13 1311 WASHINGTON AVE		Amount of Each Disbursement this Period  1000.00 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 In-kind - EVENT SITE			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. HAINES &amp; COMPANY</b>		Transaction ID: SB17.4885 Date of Disbursement 06 / 19 / 2001	
Mailing Address P O BOX 2117		Amount of Each Disbursement this Period  388.27 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City NORTH CANTON	State OH		Zip Code 44720
Purpose of Disbursement DUES AND SUBSCRIPTIONS			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JEANNETTA HAMMOND</b>		Transaction ID: SB17.4889 Date of Disbursement 02 / 12 / 2001	
Mailing Address 128 ELKAN		Amount of Each Disbursement this Period  300.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City ST. LOUIS	State MO		Zip Code 63135
Purpose of Disbursement DATA ENTRY SERVICES			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1688.27</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)				PAGE 33 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. JEANNETTA HAMMOND</b>		Transaction ID: SB17.4870 Date of Disbursement 02 / 12 / 2001
Mailing Address 128 ELKAN		Amount of Each Disbursement this Period  300.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO	
Purpose of Disbursement DATA ENTRY SERVICES		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>B. JEANNETTA HAMMOND</b>		Transaction ID: SB17.4871 Date of Disbursement 02 / 23 / 2001
Mailing Address 128 ELKAN		Amount of Each Disbursement this Period  220.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO	
Purpose of Disbursement DATA ENTRY SERVICES		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>C. JEANNETTA HAMMOND</b>		Transaction ID: SB17.4873 Date of Disbursement 03 / 02 / 2001
Mailing Address 128 ELKAN		Amount of Each Disbursement this Period  300.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO	
Purpose of Disbursement DATA ENTRY SERVICES		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>▶</b>	<b>820.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>▶</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)				PAGE 34 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. JEANNETTA HAMMOND</b>		Transaction ID: SB17.4874 Date of Disbursement 03 / 12 / 2001	
Mailing Address 128 ELKAN			
City ST. LOUIS	State MO	Zip Code 63135	Amount of Each Disbursement this Period  280.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DATA ENTRY SERVICES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. JEANNETTA HAMMOND</b>		Transaction ID: SB17.4875 Date of Disbursement 03 / 19 / 2001	
Mailing Address 128 ELKAN			
City ST. LOUIS	State MO	Zip Code 63135	Amount of Each Disbursement this Period  300.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DATA ENTRY SERVICES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. JEANNETTA HAMMOND</b>		Transaction ID: SB17.6306 Date of Disbursement 03 / 26 / 2001	
Mailing Address 128 ELKAN			
City ST. LOUIS	State MO	Zip Code 63135	Amount of Each Disbursement this Period  180.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DATA ENTRY SERVICES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>760.00</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)				PAGE 35 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. JEANNETTA HAMMOND</b>		Transaction ID: SB17.4876 Date of Disbursement 03 / 30 / 2001	
Mailing Address 128 ELKAN			
City ST. LOUIS	State MO	Zip Code 63135	Amount of Each Disbursement this Period  120.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DATA ENTRY SERVICES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. INTERNATIONAL CATERING CO</b>		Transaction ID: SB17.4876 Date of Disbursement 04 / 29 / 2001	
Mailing Address 2625 STODDARD AVE			
City ST. LOUIS	State MO	Zip Code 63106	Amount of Each Disbursement this Period  250.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CATERING SERVICES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. GENE JOHNSON</b>		Transaction ID: SB17.4879 Date of Disbursement 06 / 06 / 2001	
Mailing Address			
City ST. LOUIS	State MO	Zip Code	Amount of Each Disbursement this Period  500.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FUND RAISER ENTERTAINMENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>870.00</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)				PAGE 36 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. LABOR TRIBUNE</b>		Transaction ID: SB17.4883 Date of Disbursement 04 / 23 / 2001	
Mailing Address 505 SOUTH SOUTH EWING		Amount of Each Disbursement this Period  320.00  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 ADVERTISING			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. RON LOHR</b>		Transaction ID: SB17.6111 Date of Disbursement 05 / 24 / 2001	
Mailing Address 1100 S. NINTH STREET		Amount of Each Disbursement this Period  400.00  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 In-kind - LIQUOR			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. MAHOUGHANY SCHOOL</b>		Transaction ID: SB17.4887 Date of Disbursement 05 / 18 / 2001	
Mailing Address 333 NORTH MICHIGAN AVE SUITE 932		Amount of Each Disbursement this Period  250.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City CHICAGO	State IL		Zip Code 60601
Purpose of Disbursement ADVERTISING			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>970.00</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)				PAGE 37 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. MEDIA MAJIC</b>		Transaction ID: SB17.4889 Date of Disbursement 05 / 02 / 2001		
Mailing Address 1360 SOUTH 5TH STREET		Amount of Each Disbursement this Period  1250.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City ST. CHARLES	State MO			Zip Code 63301
Purpose of Disbursement PRINTING				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) <b>B. NATIONAL DEMO CLUB</b>		Transaction ID: SB17.4893 Date of Disbursement 02 / 02 / 2001		
Mailing Address 30 IVY STREET, S.E.		Amount of Each Disbursement this Period  220.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City WASHINGTON	State DC			Zip Code 20003-4071
Purpose of Disbursement DUES				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) <b>C. NATIONAL DEMO CLUB</b>		Transaction ID: SB17.4894 Date of Disbursement 05 / 02 / 2001		
Mailing Address 30 IVY STREET, S.E.		Amount of Each Disbursement this Period  10.72  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City WASHINGTON	State DC			Zip Code 20003-4071
Purpose of Disbursement DUES				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: District				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1480.72</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)				PAGE 38 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL DEMO CLUB</b>		Transaction ID: SB17.4895 Date of Disbursement 06 / 19 / 2001	
Mailing Address 30 IVY STREET, S.E.		Amount of Each Disbursement this Period  88.07  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City WASHINGTON	State DC		Zip Code 20003-4071
Purpose of Disbursement DUES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. NEMACOLIN</b>		Transaction ID: SB17.4897 Date of Disbursement 01 / 08 / 2001	
Mailing Address		Amount of Each Disbursement this Period  800.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City	State		Zip Code
Purpose of Disbursement SEMINAR			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. NSD GOLF TOURNAMENT</b>		Transaction ID: SB17.4899 Date of Disbursement 04 / 06 / 2001	
Mailing Address 3855 LUCAS & HUNT COMMUNITY RELATIONS		Amount of Each Disbursement this Period  320.00  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 CONTRIBUTION			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1208.07</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)

PAGE 39 / 52

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

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

Full Name (Last, First, Middle Initial) <b>A. PELICAN PRINTING</b>		Transaction ID: SB17.4901	
Mailing Address 2334 OLIVE BLVD		Date of Disbursement 06 / 19 / 2001	
City ST. LOUIS	State MO	Zip Code 63103	Amount of Each Disbursement this Period  492.09  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement 6260 PRINTING AND RE...		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DARRYL PIGGEE</b>		Transaction ID: SB17.4903	
Mailing Address 625 NORTH EUCLID AVE, STE 300		Date of Disbursement 01 / 24 / 2001	
City ST. LOUIS	State MO	Zip Code 63103	Amount of Each Disbursement this Period  2700.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement REDISTRICTING FEES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DARRYL PIGGEE</b>		Transaction ID: SB17.4904	
Mailing Address 625 NORTH EUCLID AVE, STE 300		Date of Disbursement 01 / 24 / 2001	
City ST. LOUIS	State MO	Zip Code 63103	Amount of Each Disbursement this Period  205.89  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement REIMBURSEMENT FOR MEALS		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3397.98</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)				PAGE 40 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. DARRYL PIGGEE</b>		Transaction ID: SB17.4905 Date of Disbursement 02 / 12 / 2001
Mailing Address 625 NORTH EUCLID AVE, STE 300		Amount of Each Disbursement this Period  2700.00  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 ATTORNEY'S FEES FOR REDISTRICTING		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>B. DARRYL PIGGEE</b>		Transaction ID: SB17.4906 Date of Disbursement 02 / 26 / 2001
Mailing Address 625 NORTH EUCLID AVE, STE 300		Amount of Each Disbursement this Period  500.00  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 LEGAL FEES		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>C. DARRYL PIGGEE</b>		Transaction ID: SB17.4907 Date of Disbursement 03 / 26 / 2001
Mailing Address 625 NORTH EUCLID AVE, STE 300		Amount of Each Disbursement this Period  500.00  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 LEGAL FEES		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3700.00</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)				PAGE 41 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. DARRYL PIGGEE</b>		Transaction ID: SB17.4908 Date of Disbursement 04 / 23 / 2001
Mailing Address 625 NORTH EUCLID AVE, STE 300		Amount of Each Disbursement this Period  1500.00 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 ATTORNEY FEES FOR REDISTRICTING		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>B. DARRYL PIGGEE</b>		Transaction ID: SB17.4909 Date of Disbursement 05 / 14 / 2001
Mailing Address 625 NORTH EUCLID AVE, STE 300		Amount of Each Disbursement this Period  500.00 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 LEGAL SERVICES		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>C. DARRYL PIGGEE</b>		Transaction ID: SB17.4910 Date of Disbursement 06 / 01 / 2001
Mailing Address 625 NORTH EUCLID AVE, STE 300		Amount of Each Disbursement this Period  500.00 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 LEGAL SERVICES		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</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)				PAGE 42 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. DARRYL PIGGEE</b>		Transaction ID: SB17.6307 Date of Disbursement 06 / 19 / 2001
Mailing Address 625 NORTH EUCLID AVE, STE 300		Amount of Each Disbursement this Period  104.54  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 POSTAGE AND DELIVERY	Candidate Name Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) <b>B. PRODUCTION SUPPORT</b>		Transaction ID: SB17.4912 Date of Disbursement 02 / 12 / 2001
Mailing Address 1450 VANDEVENTER		Amount of Each Disbursement this Period  995.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO Zip Code 63110	
Purpose of Disbursement PRESS CONFERENCE	Candidate Name Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) <b>C. PRODUCTION SUPPORT</b>		Transaction ID: SB17.4913 Date of Disbursement 05 / 14 / 2001
Mailing Address 1450 VANDEVENTER		Amount of Each Disbursement this Period  964.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO Zip Code 63110	
Purpose of Disbursement TOWN HALL MEETING	Candidate Name Category/ Type	
Office Sought: House Senate President State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>2063.54</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)

PAGE 43 / 52

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

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

Full Name (Last, First, Middle Initial) <b>A. COLLEEN ROCHE</b>		Transaction ID: SB17.4915 Date of Disbursement 04 / 18 / 2001		
Mailing Address 1843 LAKE HEIGHTS		Amount of Each Disbursement this Period  280.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City ST. LOUIS	State MO			Zip Code 63138
Purpose of Disbursement CONTRIBUTION				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SOUTHWESTERN BELL</b>		Transaction ID: SB17.4917 Date of Disbursement 06 / 19 / 2001		
Mailing Address P O BOX 830170		Amount of Each Disbursement this Period  122.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City DALLAS	State MO			Zip Code 75303
Purpose of Disbursement TELEPHONE				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CHARLES A. STEWART</b>		Transaction ID: SB17.4919 Date of Disbursement 06 / 19 / 2001		
Mailing Address 10 S BROADWAY, SUITE 800		Amount of Each Disbursement this Period  4425.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City ST. LOUIS	State MO			Zip Code 63102
Purpose of Disbursement ACCOUNTING SERVICES				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4827.09</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)				PAGE 44 / 52
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. UNKNOWN</b>		Transaction ID: SB17.6302 Date of Disbursement 01 / 05 / 2001	
Mailing Address		Amount of Each Disbursement this Period  571.35 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City	State		Zip Code
Purpose of Disbursement UNKNOWN WITHDRAWAL PRIOR TO CAS			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. UNKNOWN</b>		Transaction ID: SB17.6213 Date of Disbursement 01 / 17 / 2001	
Mailing Address		Amount of Each Disbursement this Period  400.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City	State		Zip Code
Purpose of Disbursement UNKNOWN WITHDRAWAL PRIOR TO CAS			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. US POSTMASTER</b>		Transaction ID: SB17.4921 Date of Disbursement 05 / 02 / 2001	
Mailing Address		Amount of Each Disbursement this Period  340.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City ST. LOUIS	State MO		Zip Code 63105
Purpose of Disbursement POSTAGE			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1311.35</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)

PAGE 45 / 52

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

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

Full Name (Last, First, Middle Initial) A. VICTORIAN LODGE #7		Transaction ID: SB17.4923 Date of Disbursement 06 / 19 / 2001		
Mailing Address 4408 PENNSYLVANIA AVE		Amount of Each Disbursement this Period  220.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City ST. LOUIS	State MO			Zip Code 63111-1211
Purpose of Disbursement DUES				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	220.00
TOTAL This Period (last page this line number only) .....	▶	51318.07

**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 46 / 52
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. 21ST WARD REG DEMOCRATIC ORG.		Transaction ID: SB21.6336 Date of Disbursement 02 / 02 / 2001
Mailing Address 4524 ATHLONE		Amount of Each Disbursement this Period  500.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. 21ST WARD REG DEMOCRATIC ORG.		Transaction ID: SB21.6335 Date of Disbursement 02 / 12 / 2001
Mailing Address 4524 ATHLONE		Amount of Each Disbursement this Period  500.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. 4TH REGULAR DEMOCRATIC ORG		Transaction ID: SB21.6334 Date of Disbursement 03 / 26 / 2001
Mailing Address 4273 W MARTIN LUTHER KING		Amount of Each Disbursement this Period  500.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional) .....	▶	1500.00
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)				PAGE 47 / 52
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. BECO</b>		Transaction ID: SB21.6333 Date of Disbursement 03 / 21 / 2001
Mailing Address 8315 SEVILLE		Amount of Each Disbursement this Period  1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ST. LOUIS	State MO Zip Code 63130	
Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BOSLEY JR FOR MAYOR</b>		Transaction ID: SB21.6331 Date of Disbursement 01 / 20 / 2001
Mailing Address		Amount of Each Disbursement this Period  1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COM TO RE-ELECT HARMON</b>		Transaction ID: SB21.6286 Date of Disbursement 01 / 24 / 2001
Mailing Address 1920 VIRGINIA AVENUE		Amount of Each Disbursement this Period  1000.00 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 CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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)				PAGE 48 / 52
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. DEMOCRATIC CONGRESSIONAL</b>		Transaction ID: SB21.6337 Date of Disbursement 03 / 19 / 2001	
Mailing Address 430 S. CAPITOL STREET, SE		Amount of Each Disbursement this Period  5000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City WASHINGTON	State DC		Zip Code 20003
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. DIANE WATSON FOR CONGRESS</b>		Transaction ID: SB21.6313 Date of Disbursement 05 / 07 / 2001	
Mailing Address 3710 MARTIN LUTHER KING BLVD SUITE 140		Amount of Each Disbursement this Period  1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City LOS ANGELES	State CA		Zip Code 90008
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. HALLSFERRY TOWNSHIP CLUB</b>		Transaction ID: SB21.6312 Date of Disbursement 02 / 01 / 2001	
Mailing Address 8810 EDGE FIELD DR		Amount of Each Disbursement this Period  1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City ST. LOUIS	State MO		Zip Code 63138
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>7000.00</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)				PAGE 48 / 52
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. KILPATRICK FOR MAYOR		Transaction ID: SB21.6311 Date of Disbursement 06 / 15 / 2001	
Mailing Address P O BOX 32175			
City DETROIT	State MI	Zip Code 48232	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LOUISE LUCAS FOR CONGRESS		Transaction ID: SB21.6255 Date of Disbursement 06 / 04 / 2001	
Mailing Address 3109 AIRLINE BLVD			
City PORTSMOUTH	State VA	Zip Code 23701	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONTRIBUTION		012 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MISSOURI HOUSE DEMOCRATIC CAMPAIGN		Transaction ID: SB21.6232 Date of Disbursement 04 / 09 / 2001	
Mailing Address 419 EAST HIGH			
City JEFFERSON CITY	State MO	Zip Code 65101	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONTRIBUTION		012 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	3000.00
TOTAL This Period (last page this line number only) .....	▶	14500.00

Form/Schedule: **5B17**  
Transaction ID: **5B17.4825**

Casino Queen Inc. - Meal/Entertainment - \$100; TWA - Travel - \$577.50; La Tomate - Meals - \$70; NWL Lodging - Travel-\$50.

Form/Schedule: **5B17**  
Transaction ID: **5B17.4826**

USPS - Postage and Delivery - 521; US HSE-Members - Meals 525; B. Smith Union Station - Meals \$65.

Form/Schedule: **5B17**  
Transaction ID: **5B17.4827**

Host Internation - Meals \$30.2; Metro Premier Chauffers - Transportation \$76.7; Bull Feathers - Meals - \$30.

Form/Schedule: **5B17**  
Transaction ID: **5B17.4828**

Salad Bowl - Meals - \$164.68

Form/Schedule: **6B17**  
Transaction ID: **5B17.4828**

American Express - Membership Fee - \$75; Landry's - Meals - \$73; Cheshire Inn - Meals - \$28; Dressel's Pub - Meals - \$28; Oceanaire Seafood - Meals \$128.86; The Grill from Ipanema - Meals - \$74; Embassy Row Hilton - Lodging - \$541.52