

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
Carnahan in Congress

ADDRESS (number and street) 7370 Manchester Rd STE 20
 Check if different than previously reported. (ACC)
St. Louis MO 63143

2. **FEC IDENTIFICATION NUMBER** C00386276
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MO 03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on [] [] [] in the State of []

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lawrence S. Giesing

Signature of Treasurer Electronically Filed by Lawrence S. Giesing Date 08 01 2008

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

Office Use Only									
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Carnahan in Congress

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	66025.00	567000.27
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	66025.00	567000.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	127991.02	491833.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3932.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	127991.02	487900.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	129763.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Carnahan in Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

23850.00

159000.00

(ii) Unitemized.....

925.00

4905.00

(iii) TOTAL of contributions

24775.00

163905.00

from individuals..... ▶

0.00

150.00

(b) Political Party Committees.....

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

41250.00

402945.27

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

66025.00

567000.27

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

3932.97

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

41.79

1283.59

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

66066.79

572216.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	127991.02	491833.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	4091.59	62502.01
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	4091.59	62502.01
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS.....	0.00	-350.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	132082.61	553985.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	195779.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	66066.79
25. SUBTOTAL (add Line 23 and Line 24).....	261845.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	132082.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	129763.36

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Action Comm. for Rural Electrification
Mailing Address 4301 Wilson Blvd

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA300080-022

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Ameren Federal Political Action Comm
Mailing Address 1331 Pennsylvania Avenue, NW
Suite 550 S

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA204717-030

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Airlines PAC
Mailing Address 1101 17th Street NW
Suite 600

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA224337-023

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 65
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

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

Mailing Address 1111 14th St NW STE 1200

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: SA154761-056

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
American Federation of Teachers PAC

Mailing Address 555 New Jersey Avenue, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 2008

Transaction ID: SA503770-015

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
American Health Care Assn PAC - AHCA PAC

Mailing Address 1201 L Street, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: SA558765-002

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 11000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
American Society of Anesthesiologists PAC
Mailing Address 520 N Northwest Hwy
City Park Ridge State IL Zip Code 60068
FEC ID number of contributing federal political committee. **C** C00255752
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00
Date of Receipt: 03 / 11 / 2008
Transaction ID: SA506337-015
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Association of American Railroads PAC (RAILPA)
Mailing Address 50 F St NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00280743
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 03 / 31 / 2008
Transaction ID: SA507807-006
Amount of Each Receipt this Period: 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AT&T Inc. Federal PAC
Mailing Address 175 E. Houston, Rm 7-A-50
City San Antonio State TX Zip Code 78205
FEC ID number of contributing federal political committee. **C** C00109017
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00
Date of Receipt: 03 / 31 / 2008
Transaction ID: SA506793-043
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Brotherhood Of Locomotive Eng. PAC
Mailing Address 1370 Ontario St.
City Cleveland State OH Zip Code 44113
FEC ID number of contributing federal political committee. **C** C00099234
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: MM / DD / YYYY 03 / 31 / 2008
Transaction ID: SA403802-010
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Burlington Northern Santa Fe Corp RAILPAC
Mailing Address 700 13th St NW STE 220
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00235739
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt: MM / DD / YYYY 03 / 24 / 2008
Transaction ID: SA522776-008
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Citizens For Global Solutions PAC
Mailing Address 418 7th St SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00043992
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: MM / DD / YYYY 03 / 31 / 2008
Transaction ID: SA512874-008
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Committee To Elect Roddy
Mailing Address 222 S. Meramec Ave, Suite 301
City Clayton State MO Zip Code 63105
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 750.00
Date of Receipt MM / DD / YYYY
03 / 31 / 2008
Transaction ID: SA403845-014
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CSX Good Government Fund
Mailing Address 1331 Pennsylvania Ave NW STE 560
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00043687
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt MM / DD / YYYY
03 / 31 / 2008
Transaction ID: SA522783-002
Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Microsoft PAC
Mailing Address 16011 NE 36th Way
Box 97017
City Redmond State WA Zip Code 98073
FEC ID number of contributing federal political committee. **C** C00227546
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
03 / 31 / 2008
Transaction ID: SA544418-006
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 6250.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
National Rural Letter Carriers Assn PAC
Mailing Address 1630 Duke St 4th FL
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00072025
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 03 / 27 / 2008
Transaction ID: SA303382-018
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Norfolk Southern Corp Good Government Fund
Mailing Address 1500 K Street, NW Suite 375
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00009282
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00
Date of Receipt 03 / 31 / 2008
Transaction ID: SA508150-010
Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PAC of The Missouri Hospital Association
Mailing Address P.O. Box 60
City Jefferson City State MO Zip Code 65102
FEC ID number of contributing federal political committee. **C** C00289777
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 02 / 26 / 2008
Transaction ID: SA114697-130
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 11 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Parsons Corporation PAC

Mailing Address 1133 15th Street, NW
STE 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 8

Transaction ID: SA534107-005

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 911 Washington Ave
7th Floor

City St. Louis State MO Zip Code 63101

FEC ID number of contributing federal political committee. **C** C00352930

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA103412-068

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
U.S.-Cuba Democracy PAC

Mailing Address 2020 Pennsylvania Ave, NW, #930

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA525764-008

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ► **41250.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) Mrs. Carole Baras	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 11069 Kohrs Lane	Transaction ID: SA501159-008
	City State Zip Code Affton MO 63123	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Information Requested Occupation Realtor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. John E. Bardgett, Jr.	Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 2233 Dunhill Way Ct	Transaction ID: SA402170-033
	City State Zip Code Clarkson Valley MO 63005	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Information Requested Occupation Government and Public Relation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Jill M. Bednar	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 1807 Haysleton Dr	Transaction ID: SA148227-017
	City State Zip Code Jefferson City MO 65109	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Information Requested Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Joseph P. Bednar, Jr.
Mailing Address 1807 Haysleton Dr
City Jefferson City State MO Zip Code 65109
FEC ID number of contributing federal political committee. **C**
Name of Employer Armstrong Teasdale LLP Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1000.00
Date of Receipt 02 / 26 / 2008
Transaction ID: SA148227-018
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey M. Berger
Mailing Address 1635 Wildhorse Parkway Drive
City Chesterfield State MO Zip Code 63005
FEC ID number of contributing federal political committee. **C**
Name of Employer McBride & Sons Homes, Inc. Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
250.00
Date of Receipt 02 / 28 / 2008
Transaction ID: SA555896-002
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Larry Carp
Mailing Address 225 S Meramec STE 325
City Clayton State MO Zip Code 63105
FEC ID number of contributing federal political committee. **C**
Name of Employer Carp & Sexauer Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
4600.00
Date of Receipt 03 / 27 / 2008
Transaction ID: SA101239-064
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3550.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) Citizens For Barbara Fraser	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 581 Stratford Ave.	Transaction ID: SA209554-029
	City State Zip Code St. Louis MO 63130	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00

B.	Full Name (Last, First, Middle Initial) Hon. Margaret T Donnelly	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 68 Lake Forest Drive	Transaction ID: SA102059-077
	City State Zip Code Richmond Heights MO 63117	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Margaret Donnelly For Attorney General Candidate Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Mr. Fred Epstein	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 109 Arundel PI	Transaction ID: SA102338-089
	City State Zip Code Clayton MO 63105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Industrial Engineering & Equipment (In President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 65
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Marlyn Essman

Mailing Address 21 Somerset Downs

City State Zip Code
St. Louis MO 63124

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

Name of Employer Not employed Occupation Homemaker

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: SA102357-034

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Hon. Richard A. Gephardt

Mailing Address 1200 Nineteenth Street

City State Zip Code
Washington DC 20036

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

Name of Employer Gephardt Group Occupation President/CEO

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2008

Transaction ID: SA403739-007

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Rodney D. Gray

Mailing Address PO Box 1069

City State Zip Code
Jefferson City MO 65102

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

Name of Employer Hendren & Andrae LLC Occupation Attorney

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: SA132669-036

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Robert Herleth</p> <p>Mailing Address 4159 Flora Place</p> <p>City State Zip Code St. Louis MO 63110</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Missouri Botanical Gardens Executive Vice President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2008</p> <p>Transaction ID: SA526877-004</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mrs. Eva Johnston</p> <p>Mailing Address 5882 Delor St</p> <p>City State Zip Code St. Louis MO 63109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Information Requested Information Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2008</p> <p>Transaction ID: SA401915-020</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Greg N. Johnston</p> <p>Mailing Address 904 W Main STE 100</p> <p>City State Zip Code Jefferson City MO 65102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Johnston & Associates, Inc Governmental Consultant</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2008</p> <p>Transaction ID: SA200360-024</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 65
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Dr. Larry King

Mailing Address 659 Tuxedo

City State Zip Code
St. Louis MO 63119

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

Name of Employer Occupation
Southwest Medical Center Physician

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

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA532175-006

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Terry W. Latal

Mailing Address 10236 Reavis Gardens Dr

City State Zip Code
Affton MO 63123

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

Name of Employer Occupation
J. H. Berra Company Mechanic Construction

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

Date of Receipt
MM / DD / YYYY
03 / 24 / 2008

Transaction ID: SA326405-030

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Lathrop and Gage

Mailing Address 10 South Broadway Suite 1300

City State Zip Code
St. Louis MO 63101

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

Name of Employer Occupation

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

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA104774-057

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 65
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Mont S. Levy

Mailing Address 224 Lancaster Dr

City Clayton State MO Zip Code 63105

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

Name of Employer Grand Center Inc Occupation Administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 03 / 27 / 2008
Transaction ID: SA505775-023
Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joseph O. Losos

Mailing Address 8957 Clayton Rd

City St. Louis State MO Zip Code 63117

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

Name of Employer Wedgewood Partners Inc Occupation Investment Advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 03 / 24 / 2008
Transaction ID: SA104913-050
Amount of Each Receipt this Period: 2300.00

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

C. Full Name (Last, First, Middle Initial)
Oceanview Properties

Mailing Address 6504 Delmar

City St. Louis State MO Zip Code 63130

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2008
Transaction ID: SA117697-027
Amount of Each Receipt this Period: 300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 65

(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Norman W. Pressman

Mailing Address 2206 Bopp Rd

City State Zip Code
St. Louis MO 63131

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Goldstein & Pressman, P.C. Partner/ Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA106420-092

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Peter H. Raven

Mailing Address 2361 Tower Grove

City State Zip Code
St. Louis MO 63110

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Missouri Botanical Garden Arboretum President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA403004-069

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Rush L. Robinson

Mailing Address 12302 Rule Hill Ct

City State Zip Code
Maryland Heights MO 63043

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St. Louis College of Health Careers Administrator

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA505134-014

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Dale Rosenbloom

Mailing Address 1 Rams Way

City State Zip Code
Earth City MO 63045

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

Name of Employer Occupation
The Rams Football Company Partner

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: SA546208-002

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert S. Rothschild, Jr.

Mailing Address 6340 Clayton Rd. #406E

City State Zip Code
Richmond Heights MO 63117

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

Name of Employer Occupation
Sandy Rothschild & Associates, Inc. President

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: SA106928-081

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
S.F. Shannon Real Estate Management, LLC

Mailing Address P.O Box 4675

City State Zip Code
Saint Louis MO 63108

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

Name of Employer Occupation

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: SA341691-029

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jake Schillinger

Mailing Address 5229 S. Grand Boulevard

City State Zip Code
St. Louis MO 63111

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

Name of Employer Occupation
State Farm Agent

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

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA525948-006

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Schlichter Bogard and Denton

Mailing Address 100 South 4th Street, STE 900

City State Zip Code
St. Louis MO 63102

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

Name of Employer Occupation

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

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: SA107133-140

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John J. Shaw

Mailing Address 1 Rams Way

City State Zip Code
Earth City MO 63045

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

Name of Employer Occupation
St. Louis Rams President

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

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA168458-034

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 65
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. R. Prescott Sifton, Jr.
Mailing Address 9814 Berwick Place
City State Zip Code
St. Louis MO 63123
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Blackwell Sanders Peper Attorney
Martin, L.L.P.
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008
Transaction ID: SA235231-023
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Marjorie Smith
Mailing Address 3414 Hawthorne Blvd
City State Zip Code
St. Louis MO 63104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
City of St. Louis Educator
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008
Transaction ID: SA204106-018
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
St. Louis Assoc of Retired Prof Firefighters
Mailing Address 4271 Delor St
City State Zip Code
St. Louis MO 63116
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008
Transaction ID: SA524245-030
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Ms. Cathy Steele

Mailing Address 1006 Orchard Lakes

City State Zip Code
St. Louis MO 63146

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

Name of Employer Occupation
The Law Office of Cathy Steele Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: SA501462-016

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Martha Ray Sweeney

Mailing Address 8235 Forsyth Blvd

City State Zip Code
Clayton MO 63105

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

Name of Employer Occupation
Not employed Homemaker

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: SA163830-046

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 3900 Watson Place NW

City State Zip Code
Washington DC 20016

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: SA190643-047

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 65
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial)
Mr. Craig P. Taylor

Mailing Address 895 Bolger Ct

City State Zip Code
Fenton MO 63026

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

Name of Employer Occupation
U-Gas, Inc Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA503445-013

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Tillery

Mailing Address 505 N. 7th St
Ste 3600

City State Zip Code
St. Louis MO 63101

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

Name of Employer Occupation
Korein, Tillery LLC Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2008

Transaction ID: SA133212-035

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	23850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 65
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial) The Business Bank Of St. Louis		Date of Receipt MM / DD / YYYY 01 / 31 / 2008
Mailing Address 8000 Maryland, STE 100		Transaction ID: SA512677-071
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.29
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1258.09	

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

B.

Full Name (Last, First, Middle Initial) The Business Bank Of St. Louis		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Mailing Address 8000 Maryland, STE 100		Transaction ID: SA512677-072
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.06
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1271.15	

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

C.

Full Name (Last, First, Middle Initial) The Business Bank Of St. Louis		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
Mailing Address 8000 Maryland, STE 100		Transaction ID: SA512677-073
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.44
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1283.59	

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

SUBTOTAL of Receipts This Page (optional)	41.79
TOTAL This Period (last page this line number only)	41.79

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Advertisers Printing Company, Inc.</p> <p>Mailing Address 1229 South Vaneventer</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name Advertisers Printing Company, Inc.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB404651-005</p> <p>Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 2495.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Advertisers Printing Company, Inc.</p> <p>Mailing Address 1229 South Vaneventer</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name Advertisers Printing Company, Inc.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB404651-006</p> <p>Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 193.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) AmerenUE</p> <p>Mailing Address PO Box 66301</p> <p>City St. Louis State MO Zip Code 63166</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name AmerenUE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB518880-038</p> <p>Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 51.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

2739.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) AmerenUE</p> <p>Mailing Address PO Box 66301</p> <p>City St. Louis State MO Zip Code 63166</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name AmerenUE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB518880-039</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="227.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T (formerly SBC)</p> <p>Mailing Address One SBC Center</p> <p>City St. Louis State MO Zip Code 63103</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name AT&T (formerly SBC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB503124-056</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="432.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T (formerly SBC)</p> <p>Mailing Address One SBC Center</p> <p>City St. Louis State MO Zip Code 63103</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name AT&T (formerly SBC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB503124-057</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="262.23"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

922.47

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) AT&T (formerly SBC)</p> <p>Mailing Address One SBC Center</p> <p>City St. Louis State MO Zip Code 63103</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name AT&T (formerly SBC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503124-058</p> <p>Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 432.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Rep. John Russell Carnahan</p> <p>Mailing Address 3150 Allen Ave</p> <p>City St. Louis State MO Zip Code 63104</p> <p>Purpose of Disbursement Reimbursement - Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB121783-036</p> <p>Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1243.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Cingular Wireless, Now AT&T Mobility</p> <p>Mailing Address PO Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name Cingular Wireless, Now AT&T Mobility</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB404815-052</p> <p>Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 207.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1883.76

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Cingular Wireless, Now AT&T Mobility</p> <p>Mailing Address PO Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name Cingular Wireless, Now AT&T Mobility</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB404815-053</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="203.78"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Cingular Wireless, Now AT&T Mobility</p> <p>Mailing Address PO Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name Cingular Wireless, Now AT&T Mobility</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB404815-054</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="196.64"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Coro Leadership Center</p> <p>Mailing Address Woods Hall Room 230 One University Blvd</p> <p>City Normandy State MO Zip Code 63121</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name Coro Leadership Center</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB515532-004</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1400.42"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial)
CS Data Managers LLC

Transaction ID: SB500671-060
Date of Disbursement

Mailing Address 406 N Main Street
Suite B

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

City Rolla State MO Zip Code 65401

Amount of Each Disbursement this Period

1530.38

Purpose of Disbursement
Data Management Services

001

Category/
Type

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

Candidate Name
CS Data Managers LLC

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CS Data Managers LLC

Transaction ID: SB500671-061
Date of Disbursement

Mailing Address 406 N Main Street
Suite B

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

City Rolla State MO Zip Code 65401

Amount of Each Disbursement this Period

1328.65

Purpose of Disbursement
Data Management Services

001

Category/
Type

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

Candidate Name
CS Data Managers LLC

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CS Data Managers LLC

Transaction ID: SB500671-062
Date of Disbursement

Mailing Address 406 N Main Street
Suite B

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

City Rolla State MO Zip Code 65401

Amount of Each Disbursement this Period

1364.14

Purpose of Disbursement
Data Management Services

001

Category/
Type

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

Candidate Name
CS Data Managers LLC

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

4223.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) DCCC</p> <p>Mailing Address 430 S. Capital Street, SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Political Contribution Candidate Name DCCC Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB555007-003 Date of Disbursement: MM / DD / YYYY 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 71420.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Division of Employment Security</p> <p>Mailing Address PO Box 888</p> <p>City Jefferson City State MO Zip Code 65102</p> <p>Purpose of Disbursement Payroll taxes Candidate Name Division of Employment Security Category/Type 001</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB503141-047 Date of Disbursement: MM / DD / YYYY 01 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 7.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Farmers Insurance Group</p> <p>Mailing Address 9237 Ward Parkway, Ste 230</p> <p>City Kansas City State MO Zip Code 64114</p> <p>Purpose of Disbursement Automobile Insurance Candidate Name Farmers Insurance Group Category/Type 001</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB533461-003 Date of Disbursement: MM / DD / YYYY 01 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 748.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

72176.03

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) Fleet Management Solutions, Inc. Mailing Address 3426 Empresa Drive, Ste. 100 City San Luis Obispo State CA Zip Code 93401 Purpose of Disbursement Automobile Expense Candidate Name Fleet Management Solutions, Inc. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB553524-008 Date of Disbursement 01 / 18 / 2008 Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Fleet Management Solutions, Inc. Mailing Address 3426 Empresa Drive, Ste. 100 City San Luis Obispo State CA Zip Code 93401 Purpose of Disbursement Automobile Expense Candidate Name Fleet Management Solutions, Inc. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB553524-009 Date of Disbursement 01 / 28 / 2008 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Fleet Management Solutions, Inc. Mailing Address 3426 Empresa Drive, Ste. 100 City San Luis Obispo State CA Zip Code 93401 Purpose of Disbursement Automobile Expense Candidate Name Fleet Management Solutions, Inc. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB553524-010 Date of Disbursement 02 / 22 / 2008 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	156.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Ford Credit</p> <p>Mailing Address PO Box 790093</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Automobile</p> <p>Candidate Name Ford Credit</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB553839-007</p> <p>Date of Disbursement 01 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 590.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Ford Credit</p> <p>Mailing Address PO Box 790093</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Automobile</p> <p>Candidate Name Ford Credit</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB553839-008</p> <p>Date of Disbursement 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 590.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Ford Credit</p> <p>Mailing Address PO Box 790093</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Automobile</p> <p>Candidate Name Ford Credit</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB553839-009</p> <p>Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 590.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1770.09

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. James M. Hubbard</p> <p>Mailing Address 110 Maryland Ave. NE Suite 411</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB329158-025 Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 505.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. James M. Hubbard</p> <p>Mailing Address 110 Maryland Ave. NE Suite 411</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB329158-026 Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 364.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. James M. Hubbard</p> <p>Mailing Address 110 Maryland Ave. NE Suite 411</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB329158-027 Date of Disbursement 03 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 505.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1374.89

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) Mr. James M. Hubbard	Transaction ID: SB329158-028 Date of Disbursement 03 / 15 / 2008
	Mailing Address 110 Maryland Ave. NE Suite 411	Amount of Each Disbursement this Period 505.19
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Mr. James M. Hubbard	Transaction ID: SB329158-029 Date of Disbursement 03 / 17 / 2008
	Mailing Address 110 Maryland Ave. NE Suite 411	Amount of Each Disbursement this Period 5.40
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement - US House Sea Cooin Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Intuit Payroll Service	Transaction ID: SB550866-026 Date of Disbursement 01 / 16 / 2008
	Mailing Address 2632 Marine Way, MS2700	Amount of Each Disbursement this Period 3.99
	City Mountain View State CA Zip Code 94039	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Service Fees Candidate Name Intuit Payroll Service	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	514.58
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Intuit Payroll Service</p> <p>Mailing Address 2632 Marine Way, MS2700</p> <p>City Mountain View State CA Zip Code 94039</p> <p>Purpose of Disbursement Payroll Service Fees</p> <p>Candidate Name Intuit Payroll Service</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB550866-027</p> <p>Date of Disbursement 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Intuit Payroll Service</p> <p>Mailing Address 2632 Marine Way, MS2700</p> <p>City Mountain View State CA Zip Code 94039</p> <p>Purpose of Disbursement Payroll Service Fees</p> <p>Candidate Name Intuit Payroll Service</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB550866-028</p> <p>Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 4.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Intuit Payroll Service</p> <p>Mailing Address 2632 Marine Way, MS2700</p> <p>City Mountain View State CA Zip Code 94039</p> <p>Purpose of Disbursement Payroll Service Fees</p> <p>Candidate Name Intuit Payroll Service</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB550866-029</p> <p>Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13.95

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial)
Intuit Payroll Service

Mailing Address 2632 Marine Way, MS2700

City Mountain View State CA Zip Code 94039

Purpose of Disbursement
Payroll Service Fees

001
Category/
Type

Candidate Name
Intuit Payroll Service

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB550866-030
Date of Disbursement

03 / 01 / 2008

Amount of Each Disbursement this Period

4.98

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

B.

Full Name (Last, First, Middle Initial)
Intuit Payroll Service

Mailing Address 2632 Marine Way, MS2700

City Mountain View State CA Zip Code 94039

Purpose of Disbursement
Payroll Service Fees

001
Category/
Type

Candidate Name
Intuit Payroll Service

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB550866-031
Date of Disbursement

03 / 15 / 2008

Amount of Each Disbursement this Period

4.98

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

C.

Full Name (Last, First, Middle Initial)
Jefferson Avenue Bistro LLC

Mailing Address 3701 South Jefferson

City St. Louis State MO Zip Code 63118

Purpose of Disbursement
Catering

007
Category/
Type

Candidate Name
Jefferson Avenue Bistro LLC

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB559255-001
Date of Disbursement

03 / 08 / 2008

Amount of Each Disbursement this Period

583.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

592.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) KJFF/KTJJ Radio Mailing Address P. O. Box 368 City Festus State MO Zip Code 63028 Purpose of Disbursement Advertising Candidate Name KJFF/KTJJ Radio Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB503035-004 Date of Disbursement 01 / 18 / 2008 Amount of Each Disbursement this Period 170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) KTJJ Mailing Address P. O. Box 368 City Festus State MO Zip Code 63028 Purpose of Disbursement Advertising Candidate Name KTJJ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB541963-002 Date of Disbursement 03 / 05 / 2008 Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Merchant E-Solutions Mailing Address 920 N. Argonne Ste 200 City Spokane State WA Zip Code 99212 Purpose of Disbursement Merchant account fees Candidate Name Merchant E-Solutions Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB507931-117 Date of Disbursement 01 / 02 / 2008 Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

305.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Merchant E-Solutions</p> <p>Mailing Address 920 N. Argonne Ste 200</p> <p>City Spokane State WA Zip Code 99212</p> <p>Purpose of Disbursement Merchant account fees</p> <p>Candidate Name Merchant E-Solutions</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB507931-120</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Merchant E-Solutions</p> <p>Mailing Address 920 N. Argonne Ste 200</p> <p>City Spokane State WA Zip Code 99212</p> <p>Purpose of Disbursement Merchant account fees</p> <p>Candidate Name Merchant E-Solutions</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB507931-121</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Merchant E-Solutions</p> <p>Mailing Address 920 N. Argonne Ste 200</p> <p>City Spokane State WA Zip Code 99212</p> <p>Purpose of Disbursement Merchant account fees</p> <p>Candidate Name Merchant E-Solutions</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB507931-123</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="47.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

167.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Merchant E-Solutions</p> <p>Mailing Address 920 N. Argonne Ste 200</p> <p>City Spokane State WA Zip Code 99212</p> <p>Purpose of Disbursement Merchant account fees</p> <p>Candidate Name Merchant E-Solutions</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB507931-124</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 5.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Missouri - State Of</p> <p>Mailing Address PO Box 999</p> <p>City Jefferson City State MO Zip Code 65108</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name Missouri - State Of</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503141-046</p> <p>Date of Disbursement 01 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 267.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Benjamin J. Murray</p> <p>Mailing Address 2147 Avalon Ridge Circle</p> <p>City Fenton State MO Zip Code 63026</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503138-116</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 639.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

912.51

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Benjamin J. Murray

Transaction ID: SB503138-117
Date of Disbursement

Mailing Address 2147 Avalon Ridge Circle

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

City Fenton State MO Zip Code 63026

Amount of Each Disbursement this Period

639.62

Purpose of Disbursement
Salary

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. Benjamin J. Murray

Transaction ID: SB503138-118
Date of Disbursement

Mailing Address 2147 Avalon Ridge Circle

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

City Fenton State MO Zip Code 63026

Amount of Each Disbursement this Period

2581.13

Purpose of Disbursement
Salary

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Benjamin J. Murray

Transaction ID: SB503138-119
Date of Disbursement

Mailing Address 2147 Avalon Ridge Circle

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

City Fenton State MO Zip Code 63026

Amount of Each Disbursement this Period

639.62

Purpose of Disbursement
Salary

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3860.37

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Benjamin J. Murray

Transaction ID: SB503138-120
Date of Disbursement

Mailing Address 2147 Avalon Ridge Circle

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

City State Zip Code
Fenton MO 63026

Amount of Each Disbursement this Period

1357.12

Purpose of Disbursement

001
Category/
Type

Salary
Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. Benjamin J. Murray

Transaction ID: SB503138-121
Date of Disbursement

Mailing Address 2147 Avalon Ridge Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	8

City State Zip Code
Fenton MO 63026

Amount of Each Disbursement this Period

1357.13

Purpose of Disbursement

001
Category/
Type

Salary
Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
National City Bank

Transaction ID: SB503121-043
Date of Disbursement

Mailing Address 230 N. Euclid Avenue

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

City State Zip Code
St. Louis MO 63108

Amount of Each Disbursement this Period

1837.63

Purpose of Disbursement

001
Category/
Type

Credit Card Payment

Candidate Name
National City Bank

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

4551.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) American Airlines, Inc.	Transaction ID: SB503121-043.1 Date of Disbursement
	Mailing Address PO Box 619616 Mail Drop 2400	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75261	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="223.00"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Airlines, Inc.	Transaction ID: SB503121-043.2 Date of Disbursement
	Mailing Address PO Box 619616 Mail Drop 2400	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75261	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="103.50"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Kingsmill Resort And Conference Center	Transaction ID: SB503121-043.3 Date of Disbursement
	Mailing Address 1010 Kingsmill Road	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Williamsburg State VA Zip Code 23185	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="1175.00"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) Kingsmill Resort And Conference Center	Transaction ID: SB503121-043.4 Date of Disbursement
	Mailing Address 1010 Kingsmill Road	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Williamsburg State VA Zip Code 23185	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="78.98"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Mohinde Singh Taxi	Transaction ID: SB503121-043.5 Date of Disbursement
	Mailing Address 3054 COVINGTON STREET	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="25.00"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB503121-043.6 Date of Disbursement
	Mailing Address 1024 S Big Bend Blvd	<input type="text" value="02"/> <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Richmond Heights State MO Zip Code 63117	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="51.60"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 1024 S Big Bend Blvd City Richmond Heights State MO Zip Code 63117 Purpose of Disbursement Office Supplies Candidate Name National City Bank Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB503121-043.7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 23.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001	

B. Full Name (Last, First, Middle Initial) Postmaster Mailing Address Benton Park Station City St. Louis State MO Zip Code 63104 Purpose of Disbursement Postage Candidate Name National City Bank Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB503121-043.8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 3.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001	

C. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address PO Box 36647 City Dallas State TX Zip Code 75235 Purpose of Disbursement Travel Candidate Name National City Bank Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB503121-043.9 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 216.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) National City Bank</p> <p>Mailing Address 230 N. Euclid Avenue</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-044</p> <p>Date of Disbursement 03 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 1024 S Big Bend Blvd</p> <p>City Richmond Heights State MO Zip Code 63117</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-044.1</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 27.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) National City Bank</p> <p>Mailing Address 230 N. Euclid Avenue</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-046</p> <p>Date of Disbursement 03 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1912.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2112.58

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial)
J2 Fax Broadcast Service

Mailing Address 6922 Hollywood Blvd.

City Los Angeles State CA Zip Code 90028

Purpose of Disbursement
Fax service

Candidate Name
National City Bank

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB503121-046.1
Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

200.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Paddy Malone's Pub

Mailing Address 700 West Main St.

City Jefferson City State MO Zip Code 65101

Purpose of Disbursement
Catering

Candidate Name
National City Bank

007
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB503121-046.2
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

480.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address Benton Park Station

City St. Louis State MO Zip Code 63104

Purpose of Disbursement
Postage

Candidate Name
National City Bank

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB503121-046.3
Date of Disbursement

02 / 22 / 2008

Amount of Each Disbursement this Period

2.33

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address Benton Park Station

City St. Louis State MO Zip Code 63104

Purpose of Disbursement
Postage

Candidate Name
National City Bank

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB503121-046.4
Date of Disbursement

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

Amount of Each Disbursement this Period

410.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Candidate Name
National City Bank

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB503121-046.5
Date of Disbursement

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

Amount of Each Disbursement this Period

216.50

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
The Greek Taverna

Mailing Address 1100 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Catering

Candidate Name
National City Bank

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB503121-046.6
Date of Disbursement

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

Amount of Each Disbursement this Period

480.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) US House Members Dining	Transaction ID: SB503121-046.7
	Mailing Address US Capitol	Date of Disbursement 03 / 06 / 2008
	City Washington State DC Zip Code 20515	Amount of Each Disbursement this Period 106.55
	Purpose of Disbursement Catering Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) National City Bank	Transaction ID: SB503121-047
	Mailing Address 230 N. Euclid Avenue	Date of Disbursement 03 / 27 / 2008
	City St. Louis State MO Zip Code 63108	Amount of Each Disbursement this Period 1300.67
	Purpose of Disbursement Credit Card Payment Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) The Ritz Carlton St. Louis	Transaction ID: SB503121-047.1
	Mailing Address 100 Carondelet Plaza	Date of Disbursement 03 / 19 / 2008
	City St. Louis State MO Zip Code 63105	Amount of Each Disbursement this Period 1242.33
	Purpose of Disbursement Lodging Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1300.67
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) National City Bank</p> <p>Mailing Address 230 N. Euclid Avenue</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-049</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) United Air</p> <p>Mailing Address 77 W. Wacker Dr.</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-049.1</p> <p>Date of Disbursement 03 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) National City Bank</p> <p>Mailing Address 230 N. Euclid Avenue</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-052</p> <p>Date of Disbursement 01 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1215.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

3715.80

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) American Airlines, Inc.	Transaction ID: SB503121-052.1 Date of Disbursement
	Mailing Address PO Box 619616 Mail Drop 2400	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Dallas State TX Zip Code 75261	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="528.50"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Flowers.com	Transaction ID: SB503121-052.2 Date of Disbursement
	Mailing Address One Old Country Road STE 500	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Carle Place State NY Zip Code 11514	Amount of Each Disbursement this Period
	Purpose of Disbursement Flowers for event	<input type="text" value="78.98"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) National City Bank	Transaction ID: SB503121-052.3 Date of Disbursement
	Mailing Address 230 N. Euclid Avenue	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City St. Louis State MO Zip Code 63108	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="39.00"/>
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial) National City Bank <hr/> Mailing Address 230 N. Euclid Avenue <hr/> City St. Louis State MO Zip Code 63108 <hr/> Purpose of Disbursement Credit Card Payment Candidate Name National City Bank <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB503121-052.4 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 51.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Postmaster <hr/> Mailing Address Benton Park Station <hr/> City St. Louis State MO Zip Code 63104 <hr/> Purpose of Disbursement Postage Candidate Name National City Bank <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB503121-052.5 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Southwest Airlines <hr/> Mailing Address PO Box 36647 <hr/> City Dallas State TX Zip Code 75235 <hr/> Purpose of Disbursement Travel Candidate Name National City Bank <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB503121-052.6 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 216.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) National City Bank</p> <p>Mailing Address 230 N. Euclid Avenue</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-053</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2023.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Airlines, Inc.</p> <p>Mailing Address PO Box 619616 Mail Drop 2400</p> <p>City Dallas State TX Zip Code 75261</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-053.1</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 362.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Airlines, Inc.</p> <p>Mailing Address PO Box 619616 Mail Drop 2400</p> <p>City Dallas State TX Zip Code 75261</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name National City Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503121-053.2</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2023.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p> </p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) American Airlines, Inc.	Transaction ID: SB503121-053.3 Date of Disbursement																			
	Mailing Address PO Box 619616 Mail Drop 2400	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	1		2	0	0	8												
	City Dallas State TX Zip Code 75261	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>100.00</td></tr></table>	100.00																		
100.00																					
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) LaRusso's Cucina	Transaction ID: SB503121-053.4 Date of Disbursement																			
	Mailing Address 3121 Watson Rd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	1		2	0	0	8												
	City St. Louis State MO Zip Code 63139	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering	<table border="1"><tr><td>1023.24</td></tr></table>	1023.24																		
1023.24																					
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) US House Members Dining	Transaction ID: SB503121-053.5 Date of Disbursement																			
	Mailing Address US Capitol	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	1		2	0	0	8												
	City Washington State DC Zip Code 20515	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering	<table border="1"><tr><td>28.40</td></tr></table>	28.40																		
28.40																					
	Candidate Name National City Bank	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St SE City Washington State DC Zip Code 20003 Purpose of Disbursement Catering Candidate Name National Democratic Club Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB526236-056 Date of Disbursement 01 / 18 / 2008 Amount of Each Disbursement this Period 1197.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St SE City Washington State DC Zip Code 20003 Purpose of Disbursement Membership Dues Candidate Name National Democratic Club Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB526236-057 Date of Disbursement 01 / 18 / 2008 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St SE City Washington State DC Zip Code 20003 Purpose of Disbursement Catering Candidate Name National Democratic Club Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB526236-058 Date of Disbursement 03 / 05 / 2008 Amount of Each Disbursement this Period 607.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1825.09

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Oakville Democratic Organization</p> <p>Mailing Address P.O. Box 510271 7381 Telegraph Rd</p> <p>City St. Louis State MO Zip Code 63151</p> <p>Purpose of Disbursement Non-federal Political Contribution</p> <p>Candidate Name Oakville Democratic Organization</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB162421-005</p> <p>Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 140.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave 40th Fl</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name Perkins Coie</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB515974-014</p> <p>Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 196.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave 40th Fl</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name Perkins Coie</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB515974-015</p> <p>Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 240.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

576.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Phelps County Bank</p> <p>Mailing Address 718 N Pine St</p> <p>City Rolla State MO Zip Code 65401</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name Phelps County Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503143-058</p> <p>Date of Disbursement 01 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 861.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Phelps County Bank</p> <p>Mailing Address 718 N Pine St</p> <p>City Rolla State MO Zip Code 65401</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name Phelps County Bank</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503143-059</p> <p>Date of Disbursement 03 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1977.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address Benton Park Station</p> <p>City St. Louis State MO Zip Code 63104</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name Postmaster</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB503117-154</p> <p>Date of Disbursement 03 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 46.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2885.54

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) Red Brick Management LLC <hr/> Mailing Address 393 North Euclid Ave, Suite 300 <hr/> City St. Louis State MO Zip Code 63108 <hr/> Purpose of Disbursement Rent Candidate Name Red Brick Management LLC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB131439-021 Date of Disbursement 01 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 288.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Red Brick Management LLC <hr/> Mailing Address 393 North Euclid Ave, Suite 300 <hr/> City St. Louis State MO Zip Code 63108 <hr/> Purpose of Disbursement Rent Candidate Name Red Brick Management LLC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB131439-022 Date of Disbursement 02 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 288.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Red Brick Management LLC <hr/> Mailing Address 393 North Euclid Ave, Suite 300 <hr/> City St. Louis State MO Zip Code 63108 <hr/> Purpose of Disbursement Rent Candidate Name Red Brick Management LLC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB131439-023 Date of Disbursement 03 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 288.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

864.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Ms. Brie Sullinger</p> <p>Mailing Address 3223A Magnolia Avenue</p> <p>City St. Louis State MO Zip Code 63118</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB557643-001</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="727.15"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Targeted Strategies</p> <p>Mailing Address 130 East Lockwood Road</p> <p>City St. Louis State MO Zip Code 63119</p> <p>Purpose of Disbursement Fundraising Services</p> <p>Candidate Name Targeted Strategies</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB220074-082</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Targeted Strategies</p> <p>Mailing Address 130 East Lockwood Road</p> <p>City St. Louis State MO Zip Code 63119</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name Targeted Strategies</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB220074-083</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.19"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) Targeted Strategies</p> <p>Mailing Address 130 East Lockwood Road</p> <p>City St. Louis State MO Zip Code 63119</p> <p>Purpose of Disbursement Fundraising Services</p> <p>Candidate Name Targeted Strategies</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB220074-084</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Targeted Strategies</p> <p>Mailing Address 130 East Lockwood Road</p> <p>City St. Louis State MO Zip Code 63119</p> <p>Purpose of Disbursement Fundraising Services</p> <p>Candidate Name Targeted Strategies</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB220074-086</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address 1500 Pennsylvania Ave NW</p> <p>City Treasury State DC Zip Code 20220</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name United States Treasury</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB537574-002</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="144.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

<p>A. Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address 1500 Pennsylvania Ave NW</p> <p>City Treasury State DC Zip Code 20220</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name United States Treasury</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB537574-003</p> <p>Date of Disbursement 01 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 379.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 650580</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Delivery Service</p> <p>Candidate Name UPS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB511568-073</p> <p>Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 705.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 650580</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Delivery Service</p> <p>Candidate Name UPS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB511568-074</p> <p>Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 177.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1262.35

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 660720 City Dallas State TX Zip Code 75266 Purpose of Disbursement Telephone Service Candidate Name Verizon Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB527250-008 Date of Disbursement 01 / 18 / 2008 Amount of Each Disbursement this Period 203.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 660720 City Dallas State TX Zip Code 75266 Purpose of Disbursement Telephone Service Candidate Name Verizon Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB527250-009 Date of Disbursement 02 / 14 / 2008 Amount of Each Disbursement this Period 207.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 660720 City Dallas State TX Zip Code 75266 Purpose of Disbursement Telephone Service Candidate Name Verizon Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB527250-010 Date of Disbursement 03 / 17 / 2008 Amount of Each Disbursement this Period 205.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	617.21
TOTAL This Period (last page this line number only) ▶	127668.41

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Carnahan in Congress

A.

Full Name (Last, First, Middle Initial)
Rep. John Russell Carnahan

Transaction ID: SB121783-034
Date of Disbursement

Mailing Address 3150 Allen Ave

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

City State Zip Code
St. Louis MO 63104

Amount of Each Disbursement this Period

1991.59

Purpose of Disbursement
Loan Payment (final with interest)
Candidate Name

009
Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Rep. John Russell Carnahan

Transaction ID: SB121783-035
Date of Disbursement

Mailing Address 3150 Allen Ave

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

City State Zip Code
St. Louis MO 63104

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Loan Payment
Candidate Name

009
Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

4091.59

TOTAL This Period (last page this line number only)

4091.59

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Carnahan in Congress

Transaction ID: SC/10.1004

LOAN SOURCE Full Name (Last, First, Middle Initial)
Russ Carnahan - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3150 Allen Ave

City St. Louis State MO ZIP Code 63104

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
49000.00	49000.00	0.00

TERMS

Date Incurred: MM/07 DD/23 YY/2004 Date Due: on demand Interest Rate: 500.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	0.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Carnahan in Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
National City Bank

Nature of Debt (Purpose):
Credit Card Payment

Mailing Address 230 N. Euclid Avenue

City	State	ZIP Code
St. Louis	MO	63108

Outstanding Balance Beginning This Period

2023.00

Transaction ID: D503121-000

Amount Incurred This Period

0.00

Payment This Period

2023.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	0.00