

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Commerce Bancshares, Inc., PAC

Full Name (Last, First, Middle Initial)

A. Hartzler for Congress

Mailing Address
150 Long Road, Suite 50

City State Zip Code
Chesterfield MO 63005

Purpose of Disbursement
U.S. House from MO-Dist 4 (1,000.00)

Candidate Name
Vicky Hartzler

Office Sought: House
 Senate
 President
Disbursement For: Primary General
 Other (specify) ▼
State: **MO** District: **4**

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2012

0 1 1
Category/
Type

Amount of Each Disbursement this Period

1 0 0 0 0 0

Full Name (Last, First, Middle Initial)

B. Enyart for Congress

Mailing Address
P O Box 308

City State Zip Code
Belleville IL 62222

Purpose of Disbursement
U.S. House from IL-Dist 12 (300.00)

Candidate Name
Bill Enyart

Office Sought: House
 Senate
 President
Disbursement For: Primary General
 Other (specify) ▼
State: **IL** District: **12**

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2012

0 1 1
Category/
Type

Amount of Each Disbursement this Period

3 0 0 0 0 0

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

Category/
Type

Amount of Each Disbursement this Period

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

1 3 0 0 0 0

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

2 8 0 0 0 0

12030884896