



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**JERRY NOLTE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	7640.00	33612.95
(b) Total Contribution Refunds (from Line 20(d)) .....	500.00	650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7140.00	32962.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13723.27	35101.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13723.27	35101.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4491.88	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	6500.00	

**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

**JERRY NOLTE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3050.00	18800.04
(ii) Unitemized.....	3590.00	9104.48
(iii) TOTAL of contributions from individuals ▶	6640.00	27904.52
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	4708.43
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7640.00	33612.95
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	6500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	6500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	130.49
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7640.00	40243.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13723.27	35101.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	650.00
(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)).....	500.00	650.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	14223.27	35751.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11075.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7640.00
25. SUBTOTAL (add Line 23 and Line 24).....	18715.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14223.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4491.88

**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 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Russell E Simmons</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2012	
Mailing Address c/o Takoda Enterprises, LLC 1831 SW Market		<b>Transaction ID : SA11AI.4474</b>	
City Lee's Summit	State MO	Zip Code 64082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2500.00	
Name of Employer Takoda Enterprises, LLC	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>Beverly Worth</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2012	
Mailing Address 6320 NE Woodstock Dr.		<b>Transaction ID : SA11AI.4476</b>	
City Lee's Summit	State MO	Zip Code 64064	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 300.00	
Name of Employer Worth Harley Davidson	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>William You</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012	
Mailing Address C/O Sun Marble 9800 Dice Lane		<b>Transaction ID : SA11AI.4580</b>	
City Lenexa	State KS	Zip Code 66215	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Sun Marble	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3050.00
<b>TOTAL</b> This Period (last page this line number only).....	3050.00

# 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 6 OF 17	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CERNER CORPORATION**

Mailing Address **2800 ROCKCREEK PARKWAY**

City **KANSAS CITY** State **MO** Zip Code **64117**

FEC ID number of contributing federal political committee. **C C00410589**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11C.4523**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

Contribution

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

\_\_\_\_\_ **1000.00**

\_\_\_\_\_ **1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael Billings</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2012
Mailing Address 50 SW 1971st Rd		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.4403</b>
City Kingsville State MO Zip Code 64061	Purpose of Disbursement Website & IT Support	
Candidate Name <b>JERRY NOLTE FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 06		

Full Name (Last, First, Middle Initial) <b>B. Downtown Lee's Summit Main Street</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2012
Mailing Address 226 SE Douglas St. Suite 203		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : SB17.4415</b>
City Lee's Summit State MO Zip Code 64063	Purpose of Disbursement Festival exhibitor booth fee	
Candidate Name		Category/Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dublin Group</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2012
Mailing Address 7301 W 129th St		Amount of Each Disbursement this Period 1194.50 <b>Transaction ID : SB17.4408</b>
City Overland Park State KS Zip Code 66209	Purpose of Disbursement Political Consulting services fee	
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1924.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Independence Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 210 W. Truman Rd.		Amount of Each Disbursement this Period 335.00 <b>Transaction ID : SB17.4417</b>
City Independence	State MO Zip Code 64050	
Purpose of Disbursement Festival exhibitor booth fee	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lafayette County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012
Mailing Address PO Box 42		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4422</b>
City Lexington	State MO Zip Code 64067	
Purpose of Disbursement Membership fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Missouri Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 105 E. High St.		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4426</b>
City Jefferson City	State MO Zip Code 65101	
Purpose of Disbursement Voter Vault mailing list fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1135.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lauryn Reinhart</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 8140 Clearwater Dr.		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : SB17.4404</b>
City Kansas City	State MO	
Zip Code 64152	Purpose of Disbursement Office Support Staff	Category/ Type
Candidate Name <b>JERRY NOLTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MO District: 06	

Full Name (Last, First, Middle Initial) <b>B. Service Printing &amp; Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 1146 Harrison St.		Amount of Each Disbursement this Period 1032.12 <b>Transaction ID : SB17.4424</b>
City Kansas City	State MO	
Zip Code 64106	Purpose of Disbursement Campaign Materials: Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Service Printing &amp; Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1146 Harrison St.		Amount of Each Disbursement this Period 2134.35 <b>Transaction ID : SB17.4432</b>
City Kansas City	State MO	
Zip Code 64106	Purpose of Disbursement Campaign Materials: Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3436.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Service Printing &amp; Graphics Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2012
Mailing Address 1146 Harrison St.		Amount of Each Disbursement this Period 746.32
City Kansas City	State MO	
Zip Code 64106	Purpose of Disbursement Campaign Materials: Printing	<b>Transaction ID : SB17.4437</b>
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Soli Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 2012 Swift		Amount of Each Disbursement this Period 157.95
City Kansas City	State MO	
Zip Code 64116	Purpose of Disbursement Campaign Materials: Printing	<b>Transaction ID : SB17.4431</b>
Candidate Name <b>JERRY NOLTE FOR CONGRESS</b>	006 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 06		

Full Name (Last, First, Middle Initial) <b>c. Soli Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 2012 Swift		Amount of Each Disbursement this Period 124.87
City Kansas City	State MO	
Zip Code 64116	Purpose of Disbursement Campaign Materials: Printing	<b>Transaction ID : SB17.4446</b>
Candidate Name <b>JERRY NOLTE FOR CONGRESS</b>	006 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1029.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Soli Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 2012 Swift		Amount of Each Disbursement this Period 972.95 <b>Transaction ID : SB17.4440</b>
City Kansas City	State MO	
Purpose of Disbursement Campaign Materials: Printing	Category/ Type 006	
Candidate Name <b>JERRY NOLTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MO District: 06	

Full Name (Last, First, Middle Initial) <b>B. Sutherland Lumber</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 2201 Armour Road		Amount of Each Disbursement this Period 212.92 <b>Transaction ID : SB17.4441</b>
City North Kansas City	State MO	
Purpose of Disbursement Sign posts	Category/ Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. the Bespoke Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 140 Walnut Suite 202		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4407</b>
City Kansas City	State MO	
Purpose of Disbursement FEC Compliance Services	Category/ Type	
Candidate Name <b>JERRY NOLTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MO District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	972.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. the Bespoke Group</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 140 Walnut Suite 202		Amount of Each Disbursement this Period 675.00 <b>Transaction ID : SB17.4414</b>
City Kansas City State MO Zip Code 64106	Purpose of Disbursement FEC Compliance Services	
Candidate Name <b>JERRY NOLTE FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. the Bespoke Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 140 Walnut Suite 202		Amount of Each Disbursement this Period 675.00 <b>Transaction ID : SB17.4433</b>
City Kansas City State MO Zip Code 64106	Purpose of Disbursement FEC Compliance Services	
Candidate Name <b>JERRY NOLTE FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 7170 N. Broadway St.		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : SB17.4438</b>
City Kansas City State MO Zip Code 64118	Purpose of Disbursement Postage for campaign mailing	
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1530.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 7170 N. Broadway St.		Amount of Each Disbursement this Period 96.00 <b>Transaction ID : SB17.4443</b>
City Kansas City	State MO	
Zip Code 64118	Purpose of Disbursement Postage for campaign mailing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dionne Vantuyl</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 3537 N. Walrond Ave.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4405</b>
City Kansas City	State MO	
Zip Code 64117	Purpose of Disbursement Campaign staffer wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Dionne Vantuyl</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 3537 N. Walrond Ave.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4413</b>
City Kansas City	State MO	
Zip Code 64117	Purpose of Disbursement Campaign staffer wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2096.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dionne Vantuyl</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 3537 N. Walrond Ave.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4434</b>
City Kansas City	State MO	
Zip Code 64117	Purpose of Disbursement Campaign staffer wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	13124.06

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 17			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**JERRY NOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. North Kansas City Beverage Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address c/o Curt Borland 203 E. 11th Ave.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4412</b>
City North Kansas City	State MO	
Purpose of Disbursement Refund of contribution	Zip Code 64116	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **JERRY NOLTE FOR CONGRESS** Transaction ID : **SC/10.4234**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **GERALD NOLTE** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 10703

City State ZIP Code  
 GLADSTONE MO 64188

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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**TERMS**

Date Incurred: M 12 / D 16 / Y 2011  
 Date Due: M / D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. 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)..... ▶ 1500.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **JERRY NOLTE FOR CONGRESS** Transaction ID : **SC/10.4235**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **GERALD NOLTE** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 10703

City State ZIP Code  
GLADSTONE MO 64188

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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**TERMS**

Date Incurred: M 12 / D 30 / Y 2011  
 Date Due: M / D / Y On Demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	6500.00

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