

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

Team Emerson for Jo Ann Emerson

ADDRESS (number and street)

P.O. Box 822

Check if different than previously reported. (ACC)

Cape Girardeau

MO

63702

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00320457

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MO

08

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

0 4

0 1

2 0 0 7

through

0 6

3 0

2 0 0 7

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 Kathy Swan

Signature of Treasurer Electronically Filed by Kathy Swan

Date

0 7

1 3

2 0 0 7

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Team Emerson for Jo Ann Emerson

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	241994.00	271595.00
(b) Total Contribution Refunds (from Line 20(d)).....	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	241494.00	271095.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	49025.09	216312.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8290.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49025.09	208022.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	255030.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
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

Write or Type Committee Name
Team Emerson for Jo Ann Emerson

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	118393.00	127093.00
(i) Itemized (use Schedule A).....	9351.00	12252.00
(ii) Unitemized.....	127744.00	139345.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	114250.00	132250.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	241994.00	271595.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	100.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	8290.41
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	763.85	2499.26
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	242757.85	282484.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	49025.09	216312.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	10000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	500.00
21. OTHER DISBURSEMENTS.....	0.00	4000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	49525.09	230812.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61797.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	242757.85
25. SUBTOTAL (add Line 23 and Line 24).....	304555.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49525.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	255030.33

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Jo Ann Emerson		Candidate ID Number H6MO08084
Name of Principal Campaign Committee Team Emerson for Jo Ann Emerson		Committee ID Number C C00320457
Committee Address P.O. Box 822		
City Cape Girardeau	State MO	ZIP 63702-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	279884.67	2500.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	279884.67	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. AADA SkinPAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 1350 I Street, NW, Suite 870		Transaction ID: 70612.C36202	
City State Zip Code Washington DC 20005-3319	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chair Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Accenture PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 800 Connecticut Ave NW Suite 600		Transaction ID: 70407.C36031	
City State Zip Code Washington DC 20006-2709	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Accenture PAC Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Treasurer Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. ACEC/PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address American Council of Engineering Companies PAC		Transaction ID: 70407.C36032	
City State Zip Code Washington DC 20005-2605	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer American Council of Engineerin Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Government Affairs Election Cycle-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. ACRE - Action Committee for		Date of Receipt
Mailing Address Rural Electrification 4301 Wilson Boulevard		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Arlington	State VA	Zip Code 22203-1860
FEC ID number of contributing federal political committee. C		Transaction ID: 70407.C36029
Name of Employer		Amount of Each Receipt this Period 1500.00
Occupation Assistant Secretary-Treasurer		Receipt
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. AEP PAC		Date of Receipt
Mailing Address American Electirc Power 1 Riverside Plaza		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City Columbus	State OH	Zip Code 43215
FEC ID number of contributing federal political committee. C		Transaction ID: 70612.C36162
Name of Employer		Amount of Each Receipt this Period 1000.00
Occupation		Receipt
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. AHCA-PAC		Date of Receipt
Mailing Address American Health Care Association P 1201 L Street, NW		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Transaction ID: 70612.C36135
Name of Employer		Amount of Each Receipt this Period 1500.00
Occupation		Receipt
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	<input type="checkbox"/> 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. AHCA-PAC

Full Name (Last, First, Middle Initial)
Mailing Address American Health Care Association P
1201 L Street, NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 70612.C36136

Amount of Each Receipt this Period
1000.00

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

B. Allianz Life Insurance Co, PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 Connecticut Ave NW
Suite 950

City Washington State DC Zip Code 20036-4303

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

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 6 / 2 1 / 2 0 0 7

Transaction ID: 70625.C36306

Amount of Each Receipt this Period
1000.00

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

C. ALPA-PAC

Full Name (Last, First, Middle Initial)
Mailing Address Air Line Pilots Association PAC
1625 Massachusetts Avenue, N.W.

City Washington State DC Zip Code 20036

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

Name of Employer Occupation
Director, Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70612.C36172

Amount of Each Receipt this Period
5000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. American Assn. of Nurse Anesthetists		Date of Receipt MM / DD / YYYY 05 / 29 / 2007
Mailing Address 412 First Street, SE, Suite 12		Transaction ID: 70612.C36221
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Coordinator, Political Affairs	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Commercial Lines, Inc.		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
Mailing Address Effective Government Fund 426 C Street, N.E.		Transaction ID: 70612.C36161
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Asst. VP, Public Affairs	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. American Dental PAC		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 1111 14th St NW Suite 1100		Transaction ID: 70625.C36336
City Washington	State DC	Zip Code 20005-5603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. American Hospital Association PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 325 7th St NW, Suite 700		Transaction ID: 70612.C36182
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AMO PAC American Maritime Officers		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 490 Lenfant Plz SW Ste 7204		Transaction ID: 70612.C36134
City Washington	State DC	Zip Code 20024-2107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Assistant Vice President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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) C. Anheuser-Busch PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 1310 G Street NW, Suite 600		Transaction ID: 70612.C36179
City Washington	State DC	Zip Code 20005-3000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. AOT PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address American Occupational Therapy PAC 4720 Montgomery Lane		Transaction ID: 70710.C36454
City Bethesda	State MD	Zip Code 20824
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Asbestos Workers PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 8717 Baring Avenue		Transaction ID: 70625.C36305
City Munster	State IN	Zip Code 46321
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer IAIFI & Asbestos Workers Union Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Political & Legislative Direct Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Association of Community Pharmacists		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address RX PAC 122 C Street NW, Suite 500		Transaction ID: 70612.C36243
City Washington	State DC	Zip Code 20001
Amount of Each Receipt this Period 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. AT&T PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 1401 I St NW Suite 1100		Transaction ID: 70710.C36447
City Washington State DC Zip Code 20005-2225	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Director, Government Affairs	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AWO - PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007
Mailing Address The American Waterways Operators 801 Quincy Street		Transaction ID: 70612.C36159
City Arlington State VA Zip Code 22203	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation President & CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Bank PAC American Bankers Association		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address 1120 Connecticut Ave NW		Transaction ID: 70612.C36242
City Washington State DC Zip Code 20036-3905	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Bechtel PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 1015 15th St NW		Transaction ID: 70612.C36208	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20005-2605		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Boeing PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 1200 Wilson Blvd		Transaction ID: 70407.C36033	
City Arlington	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 22209-2305		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation BPAC Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Boeing PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address 1200 Wilson Blvd		Transaction ID: 70612.C36266	
City Arlington	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 22209-2305		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation BPAC Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Boilermakers-Blacksmiths LEAP		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address Campaign Assistance Fund 753 State Avenue, Suite 565		Transaction ID: 70612.C36183	
City State Zip Code Kansas City KS 66101	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Treasurer	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Boilermakers-Blacksmiths LEAP		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address Campaign Assistance Fund 753 State Avenue, Suite 565		Transaction ID: 70612.C36225	
City State Zip Code Kansas City KS 66101	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Treasurer	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bricklayers and Allied Craftworkers PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 1776 I St NW		Transaction ID: 70612.C36213	
City State Zip Code Washington DC 20006-3700	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Building & Construction Trades PAC

Mailing Address 815 16th St NW, Ste 600

City Washington State DC Zip Code 20006-4101

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

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 5 / 2 1 / 2 0 0 7

Transaction ID: 70612.C36210

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
California Dairies PAC

Mailing Address 1155 Pacheco Blvd.

City Los Banos State CA Zip Code 93635-2198

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C36456

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Caterpillar Employees PAC

Mailing Address 100 NE Adams St

City Peoria State IL Zip Code 61629-0001

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

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 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C36429

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 116
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
CHUBBPAC

Mailing Address The Chubb Corporation PAC
PO Box 1615

City Warren State NJ Zip Code 07061-1615

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

Name of Employer Occupation
Asst. Secretary & Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C36452

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
CLIC

Mailing Address Carpenters Legislative Improvement
101 Constitution Avenue, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation
General President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C36446

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Committee for Advancement of Cotton

Mailing Address National Cotton Council of America
1521 New Hampshire Avenue, N.W.

City Washington State DC Zip Code 20036

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

Name of Employer Occupation
Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 2 / 2 0 0 7

Transaction ID: 70407.C36034

Amount of Each Receipt this Period
1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Committee for Advancement of Cotton		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address National Cotton Council of America 1521 New Hampshire Avenue, N.W.		Transaction ID: 70612.C36227
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Council PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address Council of Insurance Agents & Brok 701 Pennsylvania Avenue, N.W.		Transaction ID: 70710.C36417
City State Zip Code Washington DC 20004-2608	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) DEPAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address Dairy Farmers of America 10220 N. Ambassador Drive		Transaction ID: 70612.C36156
City State Zip Code Kansas City MO 64190-9700	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Govt. & Member Relations Election Cycle-to-Date ▼ 2000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 116
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
DRS Tech Good Government Fund

Mailing Address 5 Sylvan Way

City Parsippany State NJ Zip Code 07054-3818

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 7

Transaction ID: 70612.C36222

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
DRS Tech Good Government Fund

Mailing Address 5 Sylvan Way

City Parsippany State NJ Zip Code 07054-3818

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C36448

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Edward Jones PAC

Mailing Address 12555 Manchester Rd

City Saint Louis State MO Zip Code 63131-3710

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

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 6 / 1 8 / 2 0 0 7

Transaction ID: 70625.C36277

Amount of Each Receipt this Period
 1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Emerson Electric Responsible Govt Fund		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 8000 W Florissant Ave		Transaction ID: 70625.C36278
City State Zip Code Saint Louis MO 63136-1414	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Emerson Electric Asst. VP, Government Affairs	Election Cycle-to-Date 2008.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car Company PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 600 Corporate Park Dr		Transaction ID: 70710.C36414
City State Zip Code Saint Louis MO 63105-4204	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation VP, Legislative Affairs	Election Cycle-to-Date 2008.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Farmers Group Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1201 F St NW Suite 250		Transaction ID: 70710.C36430
City State Zip Code Washington DC 20004-1217	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Director, Federal Affairs	Election Cycle-to-Date 2008.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 116
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Federal Express PAC
Mailing Address 101 Constitution Ave NW Ste 801
City State Zip Code
Washington DC 20001-2133
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Government Affairs
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 7
Transaction ID: 70407.C36035
Amount of Each Receipt this Period
1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
General Electric Company PAC
Mailing Address 1299 Pennsylvania Ave NW Suite 1100
City State Zip Code
Washington DC 20004-2400
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Secretary
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7
Transaction ID: 70710.C36455
Amount of Each Receipt this Period
1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
GPHA Political Action Committee
Mailing Address 2300 Clarendon Blvd
City State Zip Code
Arlington VA 22201-3398
FEC ID number of contributing federal political committee. **C**
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 6 / 2 9 / 2 0 0 7
Transaction ID: 70710.C36457
Amount of Each Receipt this Period
1000.00
Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Greyhound Lines PAC

Mailing Address 1101 14th St NW Ste 750

City Washington State DC Zip Code 20005-5608

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

Name of Employer Occupation Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 70409.C36090

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Health Care Leadership Committee

Mailing Address 221 East Capitol Avenue

City Jefferson City State MO Zip Code 65101

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

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
0 6 / 2 7 / 2 0 0 7

Transaction ID: 70710.C36404

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
HIPAC

Mailing Address Honeywell International PAC
1001 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004

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

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
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70612.C36158

Amount of Each Receipt this Period
1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. HOLLIM, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 201 Jones Rd		Transaction ID: 70612.C36173	
City State Zip Code Waltham MA 02451-1600		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. IAFF FIREPAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address International Association of Fire 1750 New York Avenue, NW		Transaction ID: 70407.C36036	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation General President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. IAFF FIREPAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address International Association of Fire 1750 New York Avenue, NW		Transaction ID: 70612.C36223	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation General President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. IAFF FIREPAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address International Association of Fire 1750 New York Avenue, NW		Transaction ID: 70612.C36224
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation General President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Ingram Barge Company PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 4400 Harding Road		Transaction ID: 70612.C36160
City Nashville State TN Zip Code 37205	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation President & CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ingram Barge Company PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 4400 Harding Road		Transaction ID: 70710.C36415
City Nashville State TN Zip Code 37205	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation President & CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 116
(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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
INSURPAC

Mailing Address Independent Insurance Agents of Am
412 1st St SE Ste 300

City State Zip Code
Washington DC 20003-1804

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

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
0	6	/	2	8	/	2	0	0	7

Transaction ID: 70710.C36418

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
International Union of Operating

Mailing Address Engineers Political Education Comm
1125 Seventeenth Street, N.W.

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
IUOE Engineers PEC Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	0	7

Transaction ID: 70409.C36091

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
IPAL

Mailing Address Ironworkers Political Action Leagu
1750 New York Ave, N.W.

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	7

Transaction ID: 70612.C36209

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 116
(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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Isle of Capri Casinos PAC

Mailing Address 1641 Popp's Ferry Road

City State Zip Code
Biloxi MS 39532

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

Name of Employer Occupation
Isle of Capri Casinos Senior Director of Government

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 70612.C36267

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
IUPAT - International Union of Painters

Mailing Address and Allied Trades PAC
United Unions Building

City State Zip Code
Washington DC 20006

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

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
 0 4 / 2 7 / 2 0 0 7

Transaction ID: 70612.C36148

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jacobs Good Government Fund

Mailing Address 1111 So. Arroyo Parkway

City State Zip Code
Pasadena CA 91105

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 7

Transaction ID: 70625.C36307

Amount of Each Receipt this Period
1500.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
KCP&L POWER PAC

Mailing Address PO Box 418679

City State Zip Code
Kansas City MO 64141-9679

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

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 4 / 2 3 / 2 0 0 7

Transaction ID: 70612.C36138

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
KIRBYPAC

Mailing Address 55 Waugh Drive, Suite 1000

City State Zip Code
Houston TX 77007-5800

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

Name of Employer Occupation
Kirby Corporation Manager, Govt Relations

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 5 / 1 8 / 2 0 0 7

Transaction ID: 70612.C36199

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
LeBoeuf, Lamb, Greene & MacRae PAC

Mailing Address 1875 Connecticut Ave NW
Suite 1200

City State Zip Code
Washington DC 20009-5728

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

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 4 / 1 7 / 2 0 0 7

Transaction ID: 70612.C36129

Amount of Each Receipt this Period
1000.00

Receipt
 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 116
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
NACDS-PAC

Mailing Address National Association of Chain Drug
Stores - PAC

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C** C00022368

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 5 / 0 4 / 2 0 0 7

Transaction ID: 70612.C36157

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NAIFAPAC National Association of

Mailing Address Insurance and Financial Advisors P
2901 Telestar Court

City State Zip Code
Falls Church VA 22042-0692

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

Name of Employer Occupation
Executive Assistant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 70625.C36289

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
NAPUS PAC For Postmasters

Mailing Address 8 Herbert St

City State Zip Code
Alexandria VA 22305-2628

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

Name of Employer Occupation
NAPUS PAC for Postmasters Director, Government Relations

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 4 / 0 4 / 2 0 0 7

Transaction ID: 70407.C36063

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. National Beer Wholesalers PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 1101 King St Ste 600 Suite 600		Transaction ID: 70413.C36118	
City Alexandria State VA Zip Code 22314-2965	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. National Beer Wholesalers PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 1101 King St Ste 600 Suite 600		Transaction ID: 70625.C36308	
City Alexandria State VA Zip Code 22314-2965	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 4000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. NCPA PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address National Community Pharmacists Ass 205 Daingerfield Road		Transaction ID: 70612.C36141	
City Alexandria State VA Zip Code 22314-2885	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Senior VP	Election Cycle-to-Date ▼ 1500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 116
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Nestle Purina PetCare PET

Mailing Address CHECKERBOARD SQUARE

City State Zip Code
Saint Louis MO 63164-0001

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

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 6 / 2 8 / 2 0 0 7

Transaction ID: 70710.C36416

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NRLCA Political Action Committee

Mailing Address National Rural Letter Carriers As
1630 Duke Street, 4th Floor

City State Zip Code
Alexandria VA 22314-3465

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

Name of Employer Occupation
Assist. Dir. Govt Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 2 / 2 0 0 7

Transaction ID: 70407.C36030

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
OOIDA PAC

Mailing Address Owner Operator Independent Driver
1101 30th Street, NW

City State Zip Code
Washington DC 20007

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

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 4 / 2 3 / 2 0 0 7

Transaction ID: 70612.C36140

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 116
(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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
PIA PAC - The National Association of

Mailing Address Professional Insurance Agents PAC
400 N Washington St

City Alexandria State VA Zip Code 22314-2312

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

Name of Employer Occupation
Director, Political Affairs

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 6 / 2 0 / 2 0 0 7

Transaction ID: 70625.C36290

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address Sabreliner Corporation PAC
7733 Forsyth Boulevard Suite 1500

City St. Louis State MO Zip Code 63105-1821

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

Name of Employer Occupation
VP, Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 7

Transaction ID: 70625.C36288

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Sheet Metal Workers

Mailing Address International Association PAC
1750 New York Avenue, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation
General President

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 4 / 2 7 / 2 0 0 7

Transaction ID: 70612.C36147

Amount of Each Receipt this Period
1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 116
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Sheet Metal Workers		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address International Association PAC 1750 New York Avenue, NW		Transaction ID: 70612.C36184
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation General President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Speaker Jetton Leadership Committee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 901 Missouri Blvd #103		Transaction ID: 70710.C36365
City Jefferson City State MO Zip Code 65109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Steptoe & Johnson PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 1330 Connecticut Avenue, NW		Transaction ID: 70625.C36291
City Washington State DC Zip Code 20036-1795	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 116
(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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
The Procter & Gamble Company

Mailing Address Good Government Committee
1 Procter & Gamble Plaza

City State Zip Code
Cincinnati OH 45202

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

Name of Employer Occupation
Director, National Relations

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 5 / 1 4 / 2 0 0 7

Transaction ID: 70612.C36180

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Tranportation Trades Dept., AFL-CIO PAC

Mailing Address 888 16th Street, NW, Suite 650

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation
Transportation Trades AFL-CIO Legislative Representative

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 7

Transaction ID: 70612.C36226

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Tuesday Group PAC

Mailing Address PO Box 40385

City State Zip Code
Washington DC 20016

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

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 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C36445

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
WAL * PAC

Mailing Address 702 SW Eighth Street

City Bentonville State AR Zip Code 72716-0001

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

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
0	5	/	1	4	/	2	0	0	7

Transaction ID: 70612.C36181

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1201 F St NW Suite 250

City Washington State DC Zip Code 20004-1217

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

Name of Employer Occupation
VP & Director, Federal Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: 70710.C36453

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	114250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Wendell Bailey

Mailing Address 101 4th Street

City Willow Springs State MO Zip Code 65793

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

Name of Employer self Occupation Auto Dealer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: 70625.C36335

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
David Bangert

Mailing Address 93 Gillette Circle Pass

City Weldon Spring State MO Zip Code 63304-0535

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

Name of Employer Limited Leasing Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: 70407.C36068

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
David Bangert

Mailing Address 93 Gillette Circle Pass

City Weldon Spring State MO Zip Code 63304-0535

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

Name of Employer Limited Leasing Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2007

Transaction ID: 70625.C36293

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Bruce Barnes

Mailing Address 125 Greenbriar Dr

City State Zip Code
Sikeston MO 63801-4807

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

Name of Employer Occupation
Santie Oil Co. President

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
06 / 04 / 2007

Transaction ID: 70612.C36230

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Charlotte Bess

Mailing Address 4218 County Road 205

City State Zip Code
Cape Girardeau MO 63701-8422

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

Name of Employer Occupation
self Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: 70612.C36231

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Hardy Billington

Mailing Address 80 E Outer Rd

City State Zip Code
Poplar Bluff MO 63901-6996

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

Name of Employer Occupation
Self-employed Land Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70710.C36431

Amount of Each Receipt this Period
250.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Joe Blanton

Mailing Address 1023 N Ranney St

City State Zip Code
Sikeston MO 63801-5005

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

Name of Employer self
Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2007

Transaction ID: 70612.C36255

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
James Bogle

Mailing Address 202 E. Chestnut

City State Zip Code
East Prairie MO 63845

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

Name of Employer self
Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2007

Transaction ID: 70612.C36244

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ralph Boyer

Mailing Address 1201 N Kingshighway St

City State Zip Code
Sikeston MO 63801-4821

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

Name of Employer Retired
Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: 70625.C36337

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Patricia Boyers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 3467 Township Line Rd		Transaction ID: 70711.C36505	
City State Zip Code Poplar Bluff MO 63901-1519		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Boycom Cablevision, Inc. Owner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Patricia Boyers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 3467 Township Line Rd		Transaction ID: 70710.C36352	
City State Zip Code Poplar Bluff MO 63901-1519		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Boycom Cablevision, Inc. Owner			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) C. David Brewer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 404 N Main St		Transaction ID: 70612.C36233	
City State Zip Code Charleston MO 63834-1029		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired			
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)	5600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
J. Edgar Brister

Mailing Address 106 Lanier Avenue

City State Zip Code
Mobile AL 36607

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

Name of Employer Occupation
Seabulk Towing Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
06 / 18 / 2007

Transaction ID: 70625.C36279

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Joe Buerkle

Mailing Address 211 Castle Rock Vlg

City State Zip Code
Cape Girardeau MO 63701-7703

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

Name of Employer Occupation
Limbaugh, Russell, Payne & How Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36353

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Tom Burris

Mailing Address 440 W Hunts Rd
P.O. Box 416

City State Zip Code
Bernie MO 63822-8115

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

Name of Employer Occupation
Overturf Healthmart Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 70612.C36191

Amount of Each Receipt this Period
1300.00

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

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
William Bush

Mailing Address 37 Picardy Ln

City State Zip Code
Saint Louis MO 63124-1628

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

Name of Employer Occupation
Bush ODonnell & Company Chairman

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 7

Transaction ID: 70612.C36239

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Swayne Byrd

Mailing Address 508 N Main St

City State Zip Code
Sikeston MO 63801-2106

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

Name of Employer Occupation
self Architect

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 7

Transaction ID: 70612.C36234

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Truman Cato

Mailing Address RR 2 Box 2802

City State Zip Code
Advance MO 63730-9414

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

Name of Employer Occupation
Retired Retired

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

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: 70625.C36313

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Beth Choate		Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2007	
Mailing Address 1210 East Commercial		Transaction ID: 70625.C36273	
City State Zip Code Charleston MO 63834-1208	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer self Occupation Farmer	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. James Clay		Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2007	
Mailing Address 211 Kramer Dr		Transaction ID: 70407.C36071	
City State Zip Code Sikeston MO 63801-4748	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer self Occupation Accountant	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. Daniel Coffman		Date of Receipt M M / D D / Y Y Y Y Y 05 / 24 / 2007	
Mailing Address PO Box 820		Transaction ID: 70612.C36218	
City State Zip Code Poplar Bluff MO 63902-0820	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer self Occupation CPA	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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Paul Combs

Mailing Address PO Box 787

City State Zip Code
Kennett MO 63857-0787

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

Name of Employer Occupation
Baker Implement Co. Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2007

Transaction ID: 70612.C36245

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Larry Daily

Mailing Address 5480 Crestview Heights Dr

City State Zip Code
Bettendorf IA 52722-5654

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

Name of Employer Occupation
Alter Barge Line President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: 70625.C36280

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Keith Deimund

Mailing Address 3022 Beaver Creek Dr

City State Zip Code
Cape Girardeau MO 63701-1702

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2007

Transaction ID: 70612.C36149

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
John Dietzman

Mailing Address 10520 Research Dr

City State Zip Code
Rolla MO 65401-8194

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

Name of Employer
Self-employed

Occupation
Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70710.C36434

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
William Dill

Mailing Address 7959 Tiger Lily Drive

City State Zip Code
Naples FL 34113

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

Name of Employer
self

Occupation
Farmer

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
06 / 12 / 2007

Transaction ID: 70612.C36257

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Kenneth Dobbins

Mailing Address 2460 Brookwood Dr

City State Zip Code
Cape Girardeau MO 63701-2417

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

Name of Employer
Southeast Missouri University

Occupation
President

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
06 / 14 / 2007

Transaction ID: 70616.C36269

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Sandy Donley

Mailing Address 237 Kensington Ln

City State Zip Code
Cape Girardeau MO 63701-8425

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

Name of Employer self
Occupation Real Estate Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2007

Transaction ID: 70612.C36228

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Jerry Drury

Mailing Address 6434 County Road 313

City State Zip Code
Cape Girardeau MO 63701-9103

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: 70710.C36460

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Tommy Echols

Mailing Address PO Box 386

City State Zip Code
Highlands TX 77562

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

Name of Employer Echo Marine
Occupation VP, Operations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2007

Transaction ID: 70612.C36200

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Grant Erdel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 415 5th St NE		Transaction ID: 70710.C36428	
City State Zip Code Washington DC 20002-5241		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Biotechnology Industry Org	Occupation Director, Government Relations		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Lee F. Fetter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 57 Joy Ave		Transaction ID: 70710.C36406	
City State Zip Code Saint Louis MO 63119-2501		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Childrens Hospital	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. George Foster		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 6100 Bohleysville Rd		Transaction ID: 70612.C36164	
City State Zip Code Millstadt IL 62260-2328		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jefferson Barracks Marine Serv	Occupation President		
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Marvin Fowler

Mailing Address 1307 Westwood Dr

City State Zip Code
West Plains MO 65775-1985

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

Name of Employer Retired Occupation Retired

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

200.00

Date of Receipt
06 / 29 / 2007

Transaction ID: 70710.C36436

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Royce Fugate

Mailing Address 2605 Lee Anna Dr

City State Zip Code
West Plains MO 65775-1793

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

Name of Employer City of West Plains Occupation City Admin./Engineer

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

200.00

Date of Receipt
06 / 29 / 2007

Transaction ID: 70710.C36420

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Pat Funk

Mailing Address PO Box 245

City State Zip Code
Gainesville MO 65655-0100

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

Name of Employer Century Bank of the Ozarks Occupation Associate Dir., Public Affairs

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

300.00

Date of Receipt
04 / 13 / 2007

Transaction ID: 70413.C36120

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Harry George

Mailing Address Broadway Prescription Shop
710 Broadway

City State Zip Code
Cape Girardeau MO 63701

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

Name of Employer self Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: 70612.C36175

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Steve Golding

Mailing Address 1601 N Frontage Rd

City State Zip Code
Vicksburg MS 39180-5149

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

Name of Employer Golding Barge Line, Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: 70612.C36165

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Wayne Grau

Mailing Address 1078 Wyoming Avenue

City State Zip Code
Wyoming PA 18644

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

Name of Employer Pride Mobility Products Occupation Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36356

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Mark Gremaud

Mailing Address 5938 N Highway 51

City State Zip Code
Perryville MO 63775-8359

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

Name of Employer
Self-employed

Occupation
Agri-Business

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36357

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Myra Gremaud

Mailing Address 600 Washington Ln

City State Zip Code
Perryville MO 63775-2149

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

Name of Employer
self

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: 70407.C36076

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Myra Gremaud

Mailing Address 600 Washington Ln

City State Zip Code
Perryville MO 63775-2149

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

Name of Employer
self

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70711.C36506

Amount of Each Receipt this Period
1300.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Myra Gremaud

Mailing Address 600 Washington Ln

City State Zip Code
Perryville MO 63775-2149

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

Name of Employer self Occupation
self Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70710.C36358

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Evelyn Griffin

Mailing Address 19875 Griffin Ln

City State Zip Code
Dexter MO 63841-9773

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

Name of Employer self Occupation
self Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: 70625.C36320

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
David Haggard

Mailing Address 300 W Washington St

City State Zip Code
Kennett MO 63857-1942

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

Name of Employer Self-employed Occupation
Self-employed Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70710.C36359

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Norman Hannaford		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address HC 3 Box 830		Transaction ID: 70413.C36122	
City State Zip Code Gainesville MO 65655-9519		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Century Bank of the Ozarks	Occupation Senior VP		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Chris Harlin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address PO Box 68		Transaction ID: 70413.C36123	
City State Zip Code Gainesville MO 65655-0068		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Century Bank of the Ozarks	Occupation President		
Receipt For: 2008 <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) C. John Harlin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address PO Box 68		Transaction ID: 70413.C36124	
City State Zip Code Gainesville MO 65655-0068		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Century Bank of the Ozarks	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Timothy Healey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 2 Homeland PI		Transaction ID: 70710.C36408	
City State Zip Code Saint Louis MO 63109-3318		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lange-Stegmann	Occupation Director, Safety & Reg. Affair		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Martin Hecht		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address PO Box 740		Transaction ID: 70710.C36360	
City State Zip Code Cape Girardeau MO 63702		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Kerry Holekamp		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 5 Barclay Woods		Transaction ID: 70612.C36187	
City State Zip Code Saint Louis MO 63124		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer homemaker	Occupation Homemaker		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	5300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. William Holekamp		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 5 Barclay Woods		Transaction ID: 70612.C36186	
City State Zip Code Saint Louis MO 63124	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Holekamp Capital Owner	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		

Full Name (Last, First, Middle Initial) B. Steve Horst		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 520 Elwanda Dr		Transaction ID: 70710.C36361	
City State Zip Code Jackson MO 63755-1143	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Horst Pharmacy Owner	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ida Hurley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address 3177 N 401st Rd		Transaction ID: 70625.C36300	
City State Zip Code Charleston MO 63834-8140	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Hurley & Associates Marketing Director	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Ann Hux		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 307 Ridge Dr		Transaction ID: 70616.C36270	
City State Zip Code Sikeston MO 63801-4655	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation self Homemaker	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Albert James		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 201 Kramer		Transaction ID: 70710.C36362	
City State Zip Code Sikeston MO 63801	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation self Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. R. D. James		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 810 Maple St		Transaction ID: 70710.C36363	
City State Zip Code New Madrid MO 63869-1217	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation A.C. Riley Cotton Co. Land/Cotton Gin Mgr.	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Paul Janoush

Mailing Address PO Box 397

City State Zip Code
Rosedale MS 38769

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

Name of Employer Occupation
JANTRAN Chief Financial Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: 70612.C36166

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Dianne Jennings

Mailing Address 901 Moore Ave

City State Zip Code
Sikeston MO 63801-5002

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

Name of Employer Occupation
homemaker Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36364

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jay Kanzler

Mailing Address 20 Southmoor Dr

City State Zip Code
Clayton MO 63105-3017

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

Name of Employer Occupation
Washington University Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2007

Transaction ID: 70710.C36475

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Jay Kanzler

Mailing Address 20 Southmoor Dr

City Clayton State MO Zip Code 63105-3017

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

Name of Employer Washington University Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2007

Transaction ID: 70710.C36409

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mary Beth Kapp

Mailing Address 543 Deer Creek Rd

City Cape Girardeau State MO Zip Code 63701-9254

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

Name of Employer self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2007

Transaction ID: 70407.C36047

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mary Beth Kapp

Mailing Address 543 Deer Creek Rd

City Cape Girardeau State MO Zip Code 63701-9254

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

Name of Employer self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2007

Transaction ID: 70612.C36259

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Mary Kasten

Mailing Address 2825 Bloomfield Rd

City State Zip Code
Cape Girardeau MO 63703-6335

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70625.C36309

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Stacia Kasten

Mailing Address 1220 Broadridge Dr

City State Zip Code
Jackson MO 63755-9465

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

Name of Employer homemaker Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36366

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Campbell Kaufman

Mailing Address 300 Independence Avenue, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Cornerstone Government Affairs Occupation Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70710.C36451

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Brian Kearns

Mailing Address 522 Chalet Ct

City State Zip Code
Saint Louis MO 63141-7668

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

Name of Employer Occupation
Fireside Group Executive

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
06 / 04 / 2007

Transaction ID: 70612.C36240

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Charles King

Mailing Address 2101 South Mission Circle

City State Zip Code
Friendswood TX 77546

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

Name of Employer Occupation
Buffalo Marine Service In-c. Vice President

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
06 / 18 / 2007

Transaction ID: 70625.C36281

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Keith Kirk

Mailing Address 216 David Dr #4

City State Zip Code
Sikeston MO 63801-4732

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

Name of Employer Occupation
First National Bank Training Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70710.C36443

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Ruth Knoté		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2007	
Mailing Address 2323 Brookwood Dr		Transaction ID: 70411.C36114	
City Cape Girardeau	State MO	Amount of Each Receipt this Period 100.00	
Zip Code 63701-2414		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer self self	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) B. Ruth Knoté		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2007	
Mailing Address 2323 Brookwood Dr		Transaction ID: 70612.C36260	
City Cape Girardeau	State MO	Amount of Each Receipt this Period 500.00	
Zip Code 63701-2414		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer self self	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Holmes Lamoreux		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007	
Mailing Address 7733 Forsyth Blvd Suite 1500		Transaction ID: 70625.C36287	
City Saint Louis	State MO	Amount of Each Receipt this Period 2300.00	
Zip Code 63105-1817		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Sabreliner Corporation	Occupation Chairman & CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	2900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 116
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

<p>A. Full Name (Last, First, Middle Initial) Merritt Lane</p> <p>Mailing Address 835 Union St Suite 333</p> <p>City State Zip Code New Orleans LA 70112-1401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Canal Barge Company President/ceo</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 ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 04 / 2007</p> <p>Transaction ID: 70710.C36504</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) William Lay</p> <p>Mailing Address PO Box 2635</p> <p>City State Zip Code Paducah KY 42002-2635</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation B & H Towing 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 ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 18 / 2007</p> <p>Transaction ID: 70612.C36198</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) William Louis-Dreyfus</p> <p>Mailing Address 200 Park Ave, 33rd Floor</p> <p>City State Zip Code New York NY 10166-0001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Louis Dreyfus Corp. CEO</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 ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 23 / 2007</p> <p>Transaction ID: 70710.C36503</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <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)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
William Louis-Dreyfus

Mailing Address 200 Park Ave, 33rd Floor

City State Zip Code
New York NY 10166-0001

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

Name of Employer Occupation
Louis Dreyfus Corp. CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36378

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Gordon MacDougall

Mailing Address 1615 Brookside Road

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Occupation
Beacon Consulting Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2007

Transaction ID: 70612.C36214

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John Mackel

Mailing Address 810 Caribou Ct

City State Zip Code
Cape Girardeau MO 63701-4946

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

Name of Employer Occupation
self Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36367

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Bob Matthews

Mailing Address 3120 Independence St

City State Zip Code
Cape Girardeau MO 63703-5043

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70710.C36389

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Charles Matthews

Mailing Address 4276 State Hwy W

City State Zip Code
Cape Girardeau MO 63701-9190

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 7

Transaction ID: 70625.C36347

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Janice Matthews

Mailing Address 1 Cotton Trace St

City State Zip Code
Sikeston MO 63801-1925

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

Name of Employer self Occupation Real Estate Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 7

Transaction ID: 70612.C36249

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Robert Scott Matthews

Mailing Address PO Box 506

City State Zip Code
Sikeston MO 63801-0506

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

Name of Employer Occupation
Matthews Farms Inc. Farm Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2007

Transaction ID: 70612.C36235

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
James Maurer

Mailing Address 3120 Beaver Creek Dr

City State Zip Code
Cape Girardeau MO 63701-1736

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

Name of Employer Occupation
Rhodes 101 Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 70612.C36192

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
John McAllister

Mailing Address 3039 Albemarle Street NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
McAllister & Quinn LLC Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
243.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2007

Transaction ID: 70710.C36477

Amount of Each Receipt this Period
243.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2243.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
John McAllister

Mailing Address 3039 Albemarle Street NW

City Washington State DC Zip Code 20008

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

Name of Employer McAllister & Quinn LLC Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1243.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 70612.C36139

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Elizabeth McClary

Mailing Address 1215 Royal Dr

City Jackson State MO Zip Code 63755-2663

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70710.C36368

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Emmy McClelland

Mailing Address 455 Pasadena Ave

City Saint Louis State MO Zip Code 63119-3126

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

Name of Employer St. Louis Childrens Hospital Occupation Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 7

Transaction ID: 70710.C36410

Amount of Each Receipt this Period
250.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Michael McKay

Mailing Address 2231 Derby Way

City State Zip Code
Saint Louis MO 63131-3257

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

Name of Employer Sabreliner Corp. Occupation Chief Financial Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 7

Transaction ID: 70407.C36053

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Michael McKay

Mailing Address 2231 Derby Way

City State Zip Code
Saint Louis MO 63131-3257

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

Name of Employer Sabreliner Corp. Occupation Chief Financial Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C36423

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Paul McKee

Mailing Address 1001 Boardwalk Springs Place Suite 220

City State Zip Code
O Fallon MO 63366

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

Name of Employer Paric-McEagle Occupation CEO

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 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C36449

Amount of Each Receipt this Period
1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Mary McLane Mailing Address PO Box 567 City State Zip Code Poplar Bluff MO 63902-0567 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70616.C36271 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	4	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	1	4	/	2	0	0	7														
500.00																							
Name of Employer McLane Transport Occupation Executive Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

B. Full Name (Last, First, Middle Initial) Lisa Merrill Mailing Address 607 Tanglewood Ave City State Zip Code Sikeston MO 63801-4683 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70625.C36284 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	0	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	2	0	/	2	0	0	7														
1000.00																							
Name of Employer self Occupation Housewife Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

C. Full Name (Last, First, Middle Initial) Duane Michie Mailing Address RR 1 Box 4 City State Zip Code Hayti MO 63851-9801 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70612.C36236 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	4	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	0	4	/	2	0	0	7														
1000.00																							
Name of Employer First State Bank & Trust Co. Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Richard Montgomery		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address PO Box 595		Transaction ID: 70612.C36193	
City Sikeston	State MO	Amount of Each Receipt this Period 1000.00	
Zip Code 63801-0595		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Americare	Occupation Owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. O. Franklin Morton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 208 Elmwood Drive		Transaction ID: 70625.C36282	
City Pearl River	State LA	Amount of Each Receipt this Period 1000.00	
Zip Code 70452		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Turn Services	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Russ Mothershead		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address PO Box 1717		Transaction ID: 70710.C36369	
City Cape Girardeau	State MO	Amount of Each Receipt this Period 1000.00	
Zip Code 63702-1717		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Agri-Chemico	Occupation Owner		
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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Pat Naeger Mailing Address 1083 Pcr 906 City Perryville State MO Zip Code 63775-6141 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70710.C36370 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	0	7														
1000.00																							
Name of Employer self Occupation Pharmacist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

B. Full Name (Last, First, Middle Initial) John Nichols Mailing Address PO Box 206 City Greenville State MS Zip Code 38702 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70612.C36167 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	4		2	0	0	7														
1000.00																							
Name of Employer Mississippi Marine Corporation Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

C. Full Name (Last, First, Middle Initial) Dale Nitzschke Mailing Address 880 Wallace Ave City Milford State OH Zip Code 45150-1158 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70616.C36272 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	4		2	0	0	7														
1000.00																							
Name of Employer Southeast Missouri University Occupation Chancellor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
David Norman

Mailing Address RR 7, Box 7061

City Ava State MO Zip Code 65608-9776

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

Name of Employer Ava Drug Company Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2007

Transaction ID: 70407.C36054

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
David Norman

Mailing Address RR 7, Box 7061

City Ava State MO Zip Code 65608-9776

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

Name of Employer Ava Drug Company Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36391

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Bill Ogborn

Mailing Address 1339 Ashland Hills Dr

City Cape Girardeau State MO Zip Code 63701-2183

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

Name of Employer self Occupation Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 70710.C36371

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Fredrick Palmer

Mailing Address 57 Fair Oaks Drive

City State Zip Code
Saint Louis MO 63124

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

Name of Employer Occupation
Peabody Energy Sr. VP, Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2007

Transaction ID: 70710.C36411

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Gayle Palmer

Mailing Address 57 Fair Oaks Drive

City State Zip Code
Saint Louis MO 63124

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

Name of Employer Occupation
homemaker Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2007

Transaction ID: 70710.C36412

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
James Patterson

Mailing Address PO Box 12228

City State Zip Code
Saint Louis MO 63157

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

Name of Employer Occupation
Osage Marine President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2007

Transaction ID: 70612.C36168

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Nancy Porterfield

Mailing Address 948 Lester St Ste 3

City State Zip Code
Poplar Bluff MO 63901-4989

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

Name of Employer
Self-employed

Occupation
Architect

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2007

Transaction ID: 70625.C36301

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Juanita Purcell

Mailing Address 4678 State Road H

City State Zip Code
De Soto MO 63020-4717

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

Name of Employer
self

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: 70710.C36435

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Birdie Rader

Mailing Address 613 Peironnet Drive

City State Zip Code
Cape Girardeau MO 63701

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

Name of Employer
Century 21 Real Estate

Occupation
Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2007

Transaction ID: 70612.C36250

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 116
	<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)
Team Emerson for Jo Ann Emerson

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

Mailing Address 2361 Tower Grove Ave

City State Zip Code
Saint Louis MO 63110-3410

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

Name of Employer Missouri Botanical Gardens Occupation Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2007

Transaction ID: 70612.C36133

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Richard Reade

Mailing Address 116 Mooreland Dr

City State Zip Code
Caruthersville MO 63830-2337

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

Name of Employer Mid-Continent Aircraft Corp. Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2007

Transaction ID: 70612.C36261

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Joe Regenhardt

Mailing Address 3220 Lakewood Dr

City State Zip Code
Cape Girardeau MO 63701-1925

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2007

Transaction ID: 70612.C36211

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Evelyn Rehagen

Mailing Address 721 N Parkview Dr

City State Zip Code
Perryville MO 63775-2743

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

Name of Employer Occupation
Rustic Wood Prod, Inc. Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2007

Transaction ID: 70710.C36372

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Jill Rickard

Mailing Address 233 Aquamsi St

City State Zip Code
Cape Girardeau MO 63703-7403

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

Name of Employer Occupation
homemaker Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2007

Transaction ID: 70710.C36376

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ben Robertson

Mailing Address PO Box 1029

City State Zip Code
Poplar Bluff MO 63901-6121

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

Name of Employer Occupation
Robertson Construction Owner

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
06 / 18 / 2007

Transaction ID: 70625.C36274

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Christopher Roehrig

Mailing Address 1 School Street, Suite 202

City State Zip Code
Glen Cove NY 11542

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

Name of Employer
Roehrig Maritime

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: 70612.C36169

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Gary Romine

Mailing Address 19557 State Route EE

City State Zip Code
Farmington MO 63640

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

Name of Employer
Show-Me Rent-to-Own

Occupation
Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2007

Transaction ID: 70625.C36285

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Donald Rone

Mailing Address 503 W 5th St

City State Zip Code
Portageville MO 63873-1109

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

Name of Employer
FMC

Occupation
Sales Representative

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2007

Transaction ID: 70612.C36237

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Lewis Rone

Mailing Address 711 Warren Ave

City Portageville State MO Zip Code 63873-1362

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

Name of Employer self Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70612.C36201

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Michael Rushing

Mailing Address 325 Elwanda Drive

City Jackson State MO Zip Code 63755

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

Name of Employer Rushing Marine Service Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: 70612.C36170

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Gary Rust

Mailing Address PO Box 699

City Cape Girardeau State MO Zip Code 63702-0699

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 70612.C36194

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Wendy Rust		Date of Receipt MM / DD / YYYY 05 / 17 / 2007
Mailing Address 250 Birdsong Ln		Transaction ID: 70612.C36195
City Cape Girardeau	State MO	Zip Code 63701-8143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer homemaker	Occupation Homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Marsha Sander		Date of Receipt MM / DD / YYYY 06 / 06 / 2007
Mailing Address 1131 Shady Ln		Transaction ID: 70612.C36251
City Jackson	State MO	Zip Code 63755-2651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jackson Public Schools	Occupation Teacher	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Timothy Sanders		Date of Receipt MM / DD / YYYY 04 / 23 / 2007
Mailing Address 300 Independence Ave SE		Transaction ID: 70612.C36142
City Washington	State DC	Zip Code 20003-1041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cornerstone Government Affairs	Occupation Executive Vice President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Dale Sause		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 155 East Market Avenue		Transaction ID: 70612.C36171	
City State Zip Code Coos Bay OR 97420		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Sause Brothers President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Diane Sayre		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7	
Mailing Address 212 West 10th Street		Transaction ID: 70612.C36252	
City State Zip Code Caruthersville MO 63830-2330		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation City of Caruthersville Mayor			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Laverne Schaefer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 218 Smith St		Transaction ID: 70710.C36426	
City State Zip Code Perryville MO 63775-1927		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Schaefer Water Center Owner			
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) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Sam Schalk		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address 2721 N 10th St		Transaction ID: 70612.C36263	
City State Zip Code Poplar Bluff MO 63901-2140		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Gamblin Lumber Co. Owner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jerry Schwab		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7	
Mailing Address 3101 Vail St		Transaction ID: 70612.C36253	
City State Zip Code Cape Girardeau MO 63701-3549		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Capetown RV Owner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Hugh Scott		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 101 S Hanley Rd		Transaction ID: 70710.C36377	
City State Zip Code Saint Louis MO 63105-3406		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Stifel Nicholas Investment Banker			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Roger Shaw Mailing Address HC3, Box 60B City Birch Tree State MO Zip Code 65438 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7 Transaction ID: 70710.C36396 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Shaw & Company Inc Vice President Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		

B. Full Name (Last, First, Middle Initial) Rex Sinquefield Mailing Address 244 Bent Walnut Lane City Westphalia State MO Zip Code 65085 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: 70710.C36444 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Retired Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Menlo Smith Mailing Address 635 Maryville Centre Dr. Suite 105 City Saint Louis State MO Zip Code 63141-5817 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7 Transaction ID: 70710.C36413 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Sunmark Capital Corp. Chairman Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Clyde Southern

Mailing Address PO Box 117

City State Zip Code
Steele MO 63877-0117

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

Name of Employer Self-employed
Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2007

Transaction ID: 70612.C36190

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Clyde Southern

Mailing Address PO Box 117

City State Zip Code
Steele MO 63877-0117

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

Name of Employer Self-employed
Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2007

Transaction ID: 70612.C36254

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ernest Story

Mailing Address 205 North Virginia Street

City State Zip Code
Charleston MO 63834

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

Name of Employer self
Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2007

Transaction ID: 70625.C36275

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
John Story

Mailing Address 1610 E Marshall St

City Charleston State MO Zip Code 63834-8107

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

Name of Employer self Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
06 / 18 / 2007

Transaction ID: 70625.C36276

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Larry Strobel

Mailing Address PO Box 142

City Bell City State MO Zip Code 63735-0142

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

Name of Employer self Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
06 / 26 / 2007

Transaction ID: 70710.C36374

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Caroline Strom

Mailing Address 80 N Ridge Rd

City Sikeston State MO Zip Code 63801-9777

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

Name of Employer self Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
06 / 20 / 2007

Transaction ID: 70625.C36286

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 116
	<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Kathryn Swan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 3926 Annwood Dr		Transaction ID: 70625.C36334	
City State Zip Code Cape Girardeau MO 63701-2165		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation JCS Tel-Link Owner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Bettie Talbert		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 117 Edgewood Dr		Transaction ID: 70612.C36146	
City State Zip Code Cape Girardeau MO 63703-6319		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation self Homemaker			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Greg Tobin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 2235 Cambridge St		Transaction ID: 70612.C36238	
City State Zip Code Cape Girardeau MO 63701-2570		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation self Physician			
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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Mildred Wallhausen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address PO Box 69		Transaction ID: 70625.C36303	
City State Zip Code Charleston MO 63834-0069		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Enterprise Courier	Occupation Publisher		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mark Williams		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address PO Box 761		Transaction ID: 70710.C36427	
City State Zip Code Rolla MO 65402-0761		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <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) C. Howard Wood		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address PO Box 18		Transaction ID: 70612.C36212	
City State Zip Code Bonne Terre MO 63628-0018		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Charter Communications	Occupation Executive		
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) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Randol York Mailing Address PO Box 827 City State Zip Code Sikeston MO 63801-0827 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70612.C36229 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	9		2	0	0	7														
1000.00																							
Name of Employer self Occupation Property Manager Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

B. Full Name (Last, First, Middle Initial) Elvie Younger Mailing Address PO Box 506 City State Zip Code Eminence MO 65466-0506 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70612.C36155 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	7														
100.00																							
Name of Employer Usda Occupation Community Exec. Director Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																				
100.00																							

C. Full Name (Last, First, Middle Initial) Elvie Younger Mailing Address PO Box 506 City State Zip Code Eminence MO 65466-0506 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70612.C36220 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	0	7														
500.00																							
Name of Employer Usda Occupation Community Exec. Director Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00																				
600.00																							

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	118393.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 116
	<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. The Business Bank of St Louis		Date of Receipt MM / DD / YYYY 06 / 20 / 2007
Mailing Address 8000 Maryland Ave		Transaction ID: 70710.C36473
City State Zip Code Saint Louis MO 63105-3752	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.70
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1523.84	

Full Name (Last, First, Middle Initial) B. Montgomery Bank		Date of Receipt MM / DD / YYYY 04 / 30 / 2007
Mailing Address 2027 Broadway St		Transaction ID: 70710.C36470
City State Zip Code Cape Girardeau MO 63701-4511	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 49.37
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 469.64	

Full Name (Last, First, Middle Initial) C. Montgomery Bank		Date of Receipt MM / DD / YYYY 05 / 31 / 2007
Mailing Address 2027 Broadway St		Transaction ID: 70710.C36471
City State Zip Code Cape Girardeau MO 63701-4511	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 141.55
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 611.19	

SUBTOTAL of Receipts This Page (optional)	▶	399.62
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 84 / 116	
	(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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial)
Montgomery Bank

Mailing Address 2027 Broadway St

City State Zip Code
Cape Girardeau MO 63701-4511

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
975.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: 70710.C36472

Amount of Each Receipt this Period
364.23

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

SUBTOTAL of Receipts This Page (optional)	▶	364.23
TOTAL This Period (last page this line number only)	▶	763.85

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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 70710.E10129 Date of Disbursement 04 / 11 / 2007	
Mailing Address SUITE 0001		Amount of Each Disbursement this Period 1279.19	
City Chicago State IL Zip Code 60679-0001	Purpose of Disbursement MISC. MEALS AND TRAVEL: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MISC. MEALS AND TRAVEL: SEE BELOW	

Full Name (Last, First, Middle Initial) B. The Royal NORleans		Transaction ID: 70710.E10131 Date of Disbursement 04 / 11 / 2007	
Mailing Address 300 Broadway St		Amount of Each Disbursement this Period 226.75	
City Cape Girardeau State MO Zip Code 63701-7331	Purpose of Disbursement POLITICAL MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POLITICAL MEALS	

Full Name (Last, First, Middle Initial) C. Tiffany & Co.		Transaction ID: 70710.E10130 Date of Disbursement 04 / 11 / 2007	
Mailing Address 15 Sylvan Way		Amount of Each Disbursement this Period 204.35	
City Parsippany State NJ Zip Code 07054-3805	Purpose of Disbursement POLITICAL FR GIFTS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POLITICAL FR GIFTS	

SUBTOTAL of Disbursements This Page (optional) ▶	1279.19
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 70710.E10171 Date of Disbursement 05 / 14 / 2007	
Mailing Address SUITE 0001		Amount of Each Disbursement this Period 2237.85	
City Chicago State IL Zip Code 60679-0001	Purpose of Disbursement MISC. MEALS AND TRAVEL: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MISC. MEALS AND TRAVEL: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Bistro Bis		Transaction ID: 70710.E10173 Date of Disbursement 05 / 14 / 2007	
Mailing Address 15 E St NW		Amount of Each Disbursement this Period 382.40	
City Washington State DC Zip Code 20001-1501	Purpose of Disbursement POLITICAL MEALS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POLITICAL MEALS	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 70710.E10202 Date of Disbursement 06 / 08 / 2007	
Mailing Address SUITE 0001		Amount of Each Disbursement this Period 2607.96	
City Chicago State IL Zip Code 60679-0001	Purpose of Disbursement MISC. MEALS AND TRAVEL: SEE BELOW	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MISC. MEALS AND TRAVEL: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	4845.81
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)
Team Emerson for Jo Ann Emerson

<p>A. Bistro Bis</p> <p>Full Name (Last, First, Middle Initial) Bistro Bis</p> <p>Mailing Address 15 E St NW</p> <p>City Washington State DC Zip Code 20001-1501</p> <p>Purpose of Disbursement POLITICAL MEALS</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>Transaction ID: 70710.E10203</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="328.34"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: POLITICAL MEALS</p>
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<p>B. Charlie Palmer Steak</p> <p>Full Name (Last, First, Middle Initial) Charlie Palmer Steak</p> <p>Mailing Address 101 Constitution Ave NW</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>Purpose of Disbursement POLITICAL MEALS</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>Transaction ID: 70710.E10204</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="222.33"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: POLITICAL MEALS</p>
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<p>C. My Daddys Cheesecake</p> <p>Full Name (Last, First, Middle Initial) My Daddys Cheesecake</p> <p>Mailing Address 111 N Main St</p> <p>City Cape Girardeau State MO Zip Code 63701-7308</p> <p>Purpose of Disbursement POLITICAL MEALS</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>Transaction ID: 70710.E10205</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="693.63"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: POLITICAL MEALS</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. AMS Mini Storage		Transaction ID: 70710.E10132
Mailing Address 1606 N Kingshighway St		Date of Disbursement 04 / 11 / 2007
City Cape Girardeau	State MO	Zip Code 63701-2120
Purpose of Disbursement STORAGE EXPENSE	Amount of Each Disbursement this Period 50.00	
Candidate Name	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. AMS Mini Storage		Transaction ID: 70710.E10163
Mailing Address 1606 N Kingshighway St		Date of Disbursement 05 / 04 / 2007
City Cape Girardeau	State MO	Zip Code 63701-2120
Purpose of Disbursement STORAGE EXPENSE	Amount of Each Disbursement this Period 50.00	
Candidate Name	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. AMS Mini Storage		Transaction ID: 70710.E10206
Mailing Address 1606 N Kingshighway St		Date of Disbursement 06 / 08 / 2007
City Cape Girardeau	State MO	Zip Code 63701-2120
Purpose of Disbursement STORAGE EXPENSE	Amount of Each Disbursement this Period 50.00	
Candidate Name	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE EXPENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	150.00
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)
Team Emerson for Jo Ann Emerson

A. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 930170 City Dallas State TX Zip Code 75393-0170 Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10133 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 234.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE
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B. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 930170 City Dallas State TX Zip Code 75393-0170 Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10157 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 239.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE
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C. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 930170 City Dallas State TX Zip Code 75393-0170 Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10190 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 264.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	738.12
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Begley Janssen Young and Birk		Transaction ID: 70710.E10112 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 2103 Themis St		Amount of Each Disbursement this Period 1597.00
City Cape Girardeau State MO Zip Code 63701-5123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL EXPENSE	Candidate Name	PAYROLL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Begley Janssen Young and Birk		Transaction ID: 70710.E10111 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 2103 Themis St		Amount of Each Disbursement this Period 420.00
City Cape Girardeau State MO Zip Code 63701-5123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING EXPENSE	Candidate Name	ACCOUNTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Begley Janssen Young and Birk		Transaction ID: 70710.E10144 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 2103 Themis St		Amount of Each Disbursement this Period 35.00
City Cape Girardeau State MO Zip Code 63701-5123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING EXPENSE	Candidate Name	ACCOUNTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2052.00
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Begley Janssen Young and Birk		Transaction ID: 70710.E10156 Date of Disbursement 04 / 30 / 2007	
Mailing Address 2103 Themis St		Amount of Each Disbursement this Period 1830.05	
City Cape Girardeau State MO Zip Code 63701-5123	Purpose of Disbursement PAYROLL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL EXPENSE	

Full Name (Last, First, Middle Initial) B. Begley Janssen Young and Birk		Transaction ID: 70710.E10176 Date of Disbursement 05 / 14 / 2007	
Mailing Address 2103 Themis St		Amount of Each Disbursement this Period 225.00	
City Cape Girardeau State MO Zip Code 63701-5123	Purpose of Disbursement ACCOUNTING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING EXPENSE	

Full Name (Last, First, Middle Initial) C. Begley Janssen Young and Birk		Transaction ID: 70710.E10189 Date of Disbursement 05 / 31 / 2007	
Mailing Address 2103 Themis St		Amount of Each Disbursement this Period 1597.00	
City Cape Girardeau State MO Zip Code 63701-5123	Purpose of Disbursement PAYROLL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ▶	3652.05
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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Begley Janssen Young and Birk		Transaction ID: 70710.E10207 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 2103 Themis St		Amount of Each Disbursement this Period 35.00	
City Cape Girardeau State MO Zip Code 63701-5123	Purpose of Disbursement ACCOUNTING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING EXPENSE	
B. Full Name (Last, First, Middle Initial) Bellwether Consulting Group		Transaction ID: 70710.E10113 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 815 Slaters Ln		Amount of Each Disbursement this Period 812.52	
City Alexandria State VA Zip Code 22314-1219	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE	
C. Full Name (Last, First, Middle Initial) Bellwether Consulting Group		Transaction ID: 70710.E10115 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 815 Slaters Ln		Amount of Each Disbursement this Period 195.65	
City Alexandria State VA Zip Code 22314-1219	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ▶	1043.17
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Bellwether Consulting Group		Transaction ID: 70710.E10114 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 815 Slaters Ln		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-1219	Purpose of Disbursement FUNDRAISING CONSULTING FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group		Transaction ID: 70710.E10158 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 815 Slaters Ln		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-1219	Purpose of Disbursement FUNDRAISING CONSULTING FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING FEE

Full Name (Last, First, Middle Initial) C. Bellwether Consulting Group		Transaction ID: 70710.E10159 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 815 Slaters Ln		Amount of Each Disbursement this Period 1932.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-1219	Purpose of Disbursement FUNDRAISING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	6932.89
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)

<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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Bellwether Consulting Group		Transaction ID: 70710.E10183 Date of Disbursement MM / DD / YYYY 05 / 18 / 2007	
Mailing Address 815 Slaters Ln		Amount of Each Disbursement this Period 59.46	
City Alexandria State VA Zip Code 22314-1219	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	FUNDRAISING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group		Transaction ID: 70710.E10191 Date of Disbursement MM / DD / YYYY 06 / 01 / 2007	
Mailing Address 815 Slaters Ln		Amount of Each Disbursement this Period 2500.00	
City Alexandria State VA Zip Code 22314-1219	Purpose of Disbursement FUNDRAISING CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	FUNDRAISING CONSULTING FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bellwether Consulting Group		Transaction ID: 70710.E10208 Date of Disbursement MM / DD / YYYY 06 / 08 / 2007	
Mailing Address 815 Slaters Ln		Amount of Each Disbursement this Period 3353.85	
City Alexandria State VA Zip Code 22314-1219	Purpose of Disbursement FUNDRAISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	FUNDRAISING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5913.31
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 70710.E10184 Date of Disbursement 05 / 18 / 2007
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 372.53
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL DUES Candidate Name	Category/Type	ANNUAL DUES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Charter Communications		Transaction ID: 70710.E10145 Date of Disbursement 04 / 24 / 2007
Mailing Address 1620 N Kingshighway St		Amount of Each Disbursement this Period 63.93
City Cape Girardeau State MO Zip Code 63701-2120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE EXPENSE Candidate Name	Category/Type	CABLE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charter Communications		Transaction ID: 70710.E10185 Date of Disbursement 05 / 18 / 2007
Mailing Address 1620 N Kingshighway St		Amount of Each Disbursement this Period 63.93
City Cape Girardeau State MO Zip Code 63701-2120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE EXPENSE Candidate Name	Category/Type	CABLE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	500.39
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

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)
Team Emerson for Jo Ann Emerson

A. Direct Mail Systems Full Name (Last, First, Middle Initial) Mailing Address 12450 Automobile Blvd City Clearwater State FL Zip Code 33762-4427 Purpose of Disbursement DIRECT MAIL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10116 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 2025.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL EXPENSE
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B. Direct Mail Systems Full Name (Last, First, Middle Initial) Mailing Address 12450 Automobile Blvd City Clearwater State FL Zip Code 33762-4427 Purpose of Disbursement DIRECT MAIL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10201 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7 Amount of Each Disbursement this Period 1175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL EXPENSE
--	--	--

C. Element 74 Full Name (Last, First, Middle Initial) Mailing Address 2845 Independence St City Cape Girardeau State MO Zip Code 63703-5015 Purpose of Disbursement WEBSITE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10117 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE SERVICE
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SUBTOTAL of Disbursements This Page (optional) ▶	3215.04
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Element 74		Transaction ID: 70710.E10134 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 2845 Independence St		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cape Girardeau State MO Zip Code 63703-5015	WEBSITE SERVICE	
Purpose of Disbursement WEBSITE SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Element 74		Transaction ID: 70710.E10164 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 2845 Independence St		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cape Girardeau State MO Zip Code 63703-5015	WEBSITE SERVICES	
Purpose of Disbursement WEBSITE SERVICES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Element 74		Transaction ID: 70710.E10209 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 2845 Independence St		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cape Girardeau State MO Zip Code 63703-5015	WEBSITE SERVICE	
Purpose of Disbursement WEBSITE SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
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)
Team Emerson for Jo Ann Emerson

A. Jo Ann Emerson Full Name (Last, First, Middle Initial) Mailing Address 1637 Themis St City Cape Girardeau State MO Zip Code 63701-5221 Purpose of Disbursement MISC. MEALS & TRAVEL REIMBURSEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10153 Date of Disbursement: 04 / 24 / 2007 Amount of Each Disbursement this Period: 433.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MISC. MEALS & TRAVEL REIMBURSEMENT
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B. Jo Ann Emerson Full Name (Last, First, Middle Initial) Mailing Address 1637 Themis St City Cape Girardeau State MO Zip Code 63701-5221 Purpose of Disbursement MISC. MEALS & TRAVEL REIMBURSEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10199 Date of Disbursement: 06 / 05 / 2007 Amount of Each Disbursement this Period: 307.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MISC. MEALS & TRAVEL REIMBURSEMENT
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C. Jo Ann Emerson Full Name (Last, First, Middle Initial) Mailing Address 1637 Themis St City Cape Girardeau State MO Zip Code 63701-5221 Purpose of Disbursement MISC. MEALS & TRAVEL REIMBURSEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10219 Date of Disbursement: 06 / 12 / 2007 Amount of Each Disbursement this Period: 428.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MISC. MEALS & TRAVEL REIMBURSEMENT
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SUBTOTAL of Disbursements This Page (optional) ▶	1169.76
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car		Transaction ID: 70710.E10135 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address PO Box 16230		Amount of Each Disbursement this Period 504.57
City Saint Louis State MO Zip Code 63105-0930	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR RENTAL	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAR RENTAL

Full Name (Last, First, Middle Initial) B. Enterprise Rent-A-Car		Transaction ID: 70710.E10177 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address PO Box 16230		Amount of Each Disbursement this Period 181.66
City Saint Louis State MO Zip Code 63105-0930	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR RENTAL	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAR RENTAL

Full Name (Last, First, Middle Initial) C. Enterprise Rent-A-Car		Transaction ID: 70710.E10212 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 16230		Amount of Each Disbursement this Period 272.49
City Saint Louis State MO Zip Code 63105-0930	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR RENTAL	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAR RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶	958.72
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)
Team Emerson for Jo Ann Emerson

A. Farmington Chamber of Commerce Full Name (Last, First, Middle Initial) Farmington Chamber of Commerce Mailing Address 302 N Washington St City Farmington State MO Zip Code 63640-1752 Purpose of Disbursement POLITICAL ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10192 Date of Disbursement 06 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL ADVERTISING
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B. Federal Express Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10136 Date of Disbursement 04 / 11 / 2007 Amount of Each Disbursement this Period 13.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING EXPENSE
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C. Federal Express Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10178 Date of Disbursement 05 / 14 / 2007 Amount of Each Disbursement this Period 41.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	105.32
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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Justin Gibbs		Transaction ID: 70710.E10148 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 2145 Otto Dr		Amount of Each Disbursement this Period 626.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State MO Zip Code 63755-2525	Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT

B. Full Name (Last, First, Middle Initial) Justin Gibbs		Transaction ID: 70710.E10197 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 2145 Otto Dr		Amount of Each Disbursement this Period 293.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State MO Zip Code 63755-2525	Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT

C. Full Name (Last, First, Middle Initial) Becky Hamill & Company		Transaction ID: 70710.E10165 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 1433 Foxhall Rd NW		Amount of Each Disbursement this Period 2525.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007-2006	Purpose of Disbursement POLITICAL MEALS EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL MEALS EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	3444.64
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)
Team Emerson for Jo Ann Emerson

A. IT Werx Full Name (Last, First, Middle Initial) Mailing Address 400 Broadway St Suite 226 City Cape Girardeau State MO Zip Code 63701-5622 Purpose of Disbursement TECHNICAL SUPPORT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10118 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 145.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TECHNICAL SUPPORT
B. IT Werx Full Name (Last, First, Middle Initial) Mailing Address 400 Broadway St Suite 226 City Cape Girardeau State MO Zip Code 63701-5622 Purpose of Disbursement TECHNICAL SUPPORT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10146 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7 Amount of Each Disbursement this Period 145.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TECHNICAL SUPPORT
C. IT Werx Full Name (Last, First, Middle Initial) Mailing Address 400 Broadway St Suite 226 City Cape Girardeau State MO Zip Code 63701-5622 Purpose of Disbursement TECHNICAL SUPPORT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10193 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 145.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TECHNICAL SUPPORT

SUBTOTAL of Disbursements This Page (optional)	435.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 103 / 116

<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)
Team Emerson for Jo Ann Emerson

A. Full Name (Last, First, Middle Initial) Knap Floral		Transaction ID: 70710.E10119 Date of Disbursement 04 / 02 / 2007	
Mailing Address PO Box 701		Amount of Each Disbursement this Period 64.71	
City Cape Girardeau State MO Zip Code 63702-0701	Purpose of Disbursement FLOWER EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FLOWER EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Knap Floral		Transaction ID: 70710.E10120 Date of Disbursement 04 / 02 / 2007	
Mailing Address PO Box 701		Amount of Each Disbursement this Period 64.49	
City Cape Girardeau State MO Zip Code 63702-0701	Purpose of Disbursement FLOWER EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FLOWER EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Knap Floral		Transaction ID: 70710.E10147 Date of Disbursement 04 / 24 / 2007	
Mailing Address PO Box 701		Amount of Each Disbursement this Period 107.68	
City Cape Girardeau State MO Zip Code 63702-0701	Purpose of Disbursement FLOWER EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FLOWER EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	236.88
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)
Team Emerson for Jo Ann Emerson

A. John McAllister Full Name (Last, First, Middle Initial) Mailing Address 3039 Albemarle Street NW City Washington State DC Zip Code 20008- Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.C36477IK Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 243.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND:
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B. Merriwether Investments Full Name (Last, First, Middle Initial) Mailing Address 400 Broadway St Ste 200 City Cape Girardeau State MO Zip Code 63701-5636 Purpose of Disbursement APRIL RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10122 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 1562.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 APRIL RENT
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C. Merriwether Investments Full Name (Last, First, Middle Initial) Mailing Address 400 Broadway St Ste 200 City Cape Girardeau State MO Zip Code 63701-5636 Purpose of Disbursement MAY RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10160 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 1562.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MAY RENT
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SUBTOTAL of Disbursements This Page (optional) ▶	3367.22
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Merriwether Investments		Transaction ID: 70710.E10194 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 400 Broadway St Ste 200		Amount of Each Disbursement this Period 1562.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cape Girardeau State MO Zip Code 63701-5636	Purpose of Disbursement JUNE RENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type JUNE RENT

Full Name (Last, First, Middle Initial) B. MO Department of Revenue		Transaction ID: 70710.E10155 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address PO Box 999		Amount of Each Disbursement this Period 413.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jefferson City State MO Zip Code 65108-0999	Purpose of Disbursement MISSOURI PAYROLL TAX WITHHELD Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type MISSOURI PAYROLL TAX WITHHELD

Full Name (Last, First, Middle Initial) C. Montgomery Bank		Transaction ID: 70710.E10137 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 2027 Broadway St		Amount of Each Disbursement this Period 499.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cape Girardeau State MO Zip Code 63701-4511	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	2474.11
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)

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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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Montgomery Bank		Transaction ID: 70710.E10162 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 2027 Broadway St		Amount of Each Disbursement this Period 47.95
City Cape Girardeau State MO Zip Code 63701-4511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FR DM CC FEES	Candidate Name	FR DM CC FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Montgomery Bank		Transaction ID: 70710.E10179 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 2027 Broadway St		Amount of Each Disbursement this Period 537.62
City Cape Girardeau State MO Zip Code 63701-4511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Montgomery Bank		Transaction ID: 70710.E10221 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 2027 Broadway St		Amount of Each Disbursement this Period 49.96
City Cape Girardeau State MO Zip Code 63701-4511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FR DM CC FEES	Candidate Name	FR DM CC FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	635.53
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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Montgomery Bank		Transaction ID: 70710.E10213 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 2027 Broadway St		Amount of Each Disbursement this Period 499.00
City Cape Girardeau State MO Zip Code 63701-4511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Category/Type	PAYROLL TAXES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Montgomery Bank		Transaction ID: 70710.E10222 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 2027 Broadway St		Amount of Each Disbursement this Period 48.58
City Cape Girardeau State MO Zip Code 63701-4511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FR DM CC FEES	Category/Type	FR DM CC FEES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Network Against Sexual Violence		Transaction ID: 70710.E10141 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 69 Doctors Park #C		Amount of Each Disbursement this Period 250.00
City Cape Girardeau State MO Zip Code 63703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONATION	Category/Type	DONATION
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	797.58
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)

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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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Postmaster		Transaction ID: 70710.E10128 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 320 N Frederick St		Amount of Each Disbursement this Period 100.00
City Cape Girardeau State MO Zip Code 63701-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE EXPENSE	Candidate Name	POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: 70710.E10140 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 320 N Frederick St		Amount of Each Disbursement this Period 39.00
City Cape Girardeau State MO Zip Code 63701-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE EXPENSE	Candidate Name	POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: 70710.E10143 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 320 N Frederick St		Amount of Each Disbursement this Period 39.00
City Cape Girardeau State MO Zip Code 63701-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE EXPENSE	Candidate Name	POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	178.00
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)
Team Emerson for Jo Ann Emerson

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 320 N Frederick St City Cape Girardeau State MO Zip Code 63701-9998 Purpose of Disbursement POSTAGE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10170 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7 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 POSTAGE EXPENSE
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B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 320 N Frederick St City Cape Girardeau State MO Zip Code 63701-9998 Purpose of Disbursement POSTAGE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10182 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7 Amount of Each Disbursement this Period 123.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE EXPENSE
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C. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 320 N Frederick St City Cape Girardeau State MO Zip Code 63701-9998 Purpose of Disbursement POSTAGE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10188 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 82.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	244.80
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)
Team Emerson for Jo Ann Emerson

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 320 N Frederick St City Cape Girardeau State MO Zip Code 63701-9998 Purpose of Disbursement BULK MAIL RATE PERMIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10198 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BULK MAIL RATE PERMIT
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B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 320 N Frederick St City Cape Girardeau State MO Zip Code 63701-9998 Purpose of Disbursement POSTAGE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10200 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7 Amount of Each Disbursement this Period 190.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE EXPENSE
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C. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 320 N Frederick St City Cape Girardeau State MO Zip Code 63701-9998 Purpose of Disbursement POSTAGE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10218 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	495.00
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)
Team Emerson for Jo Ann Emerson

<p>A. Postmaster</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 320 N Frederick St</p>		<p>Transaction ID: 70710.E10220 Date of Disbursement 06 / 21 / 2007</p>
<p>City Cape Girardeau State MO Zip Code 63701-9998</p>	<p>Purpose of Disbursement POSTAGE EXPENSE</p>	<p>Amount of Each Disbursement this Period 150.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p> <p>POSTAGE EXPENSE</p>

<p>B. Rental Land</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1922 Independence St</p>		<p>Transaction ID: 70710.E10167 Date of Disbursement 05 / 04 / 2007</p>
<p>City Cape Girardeau State MO Zip Code 63703-5823</p>	<p>Purpose of Disbursement EQUIPMENT RENTAL</p>	<p>Amount of Each Disbursement this Period 40.30</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p> <p>EQUIPMENT RENTAL</p>

<p>C. Sams Club</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 232 Shirley Dr</p>		<p>Transaction ID: 70710.E10142 Date of Disbursement 04 / 23 / 2007</p>
<p>City Cape Girardeau State MO Zip Code 63701-8478</p>	<p>Purpose of Disbursement PARADE SUPPLIES</p>	<p>Amount of Each Disbursement this Period 278.12</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p> <p>PARADE SUPPLIES</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>468.42</p>
<p>TOTAL This Period (last page this line number only)</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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Sams Club		Transaction ID: 70710.E10181 Date of Disbursement 05 / 11 / 2007
Mailing Address 232 Shirley Dr		Amount of Each Disbursement this Period 194.87
City Cape Girardeau State MO Zip Code 63701-8478	Purpose of Disbursement PARADE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PARADE SUPPLIES

Full Name (Last, First, Middle Initial) B. Sams Club		Transaction ID: 70710.E10195 Date of Disbursement 06 / 01 / 2007
Mailing Address 232 Shirley Dr		Amount of Each Disbursement this Period 245.73
City Cape Girardeau State MO Zip Code 63701-8478	Purpose of Disbursement PARADE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PARADE SUPPLIES

Full Name (Last, First, Middle Initial) C. Shivelbines Music Store		Transaction ID: 70710.E10123 Date of Disbursement 04 / 02 / 2007
Mailing Address 535 Broadway St		Amount of Each Disbursement this Period 483.64
City Cape Girardeau State MO Zip Code 63701-5623	Purpose of Disbursement EQUIPMENT RENTAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EQUIPMENT RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶	924.24
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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)
Team Emerson for Jo Ann Emerson

A. Lloyd Smith Full Name (Last, First, Middle Initial) Mailing Address 1204 Sikes Ave City Sikeston State MO Zip Code 63801-5052 Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10126 Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 839.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL REIMBURSEMENT
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B. Staples Full Name (Last, First, Middle Initial) Mailing Address Dept. 82 PO Box 30292 City Salt Lake City State UT Zip Code 84103-0292 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10139 Date of Disbursement 04 / 11 / 2007 Amount of Each Disbursement this Period 35.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
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C. Staples Full Name (Last, First, Middle Initial) Mailing Address Dept. 82 PO Box 30292 City Salt Lake City State UT Zip Code 84103-0292 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10180 Date of Disbursement 05 / 14 / 2007 Amount of Each Disbursement this Period 30.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
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SUBTOTAL of Disbursements This Page (optional) ▶	906.18
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)
Team Emerson for Jo Ann Emerson

A. Staples Full Name (Last, First, Middle Initial) Mailing Address Dept. 82 PO Box 30292 City Salt Lake City State UT Zip Code 84103-0292 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10217 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 16.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
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B. UPS Store Full Name (Last, First, Middle Initial) Mailing Address 2128 William St City Cape Girardeau State MO Zip Code 63703-5847 Purpose of Disbursement SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10151 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7 Amount of Each Disbursement this Period 66.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING EXPENSE
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C. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 25505 City Lehigh Valley State PA Zip Code 18002-5505 Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70710.E10161 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 130.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	212.72
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)

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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)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70710.E10152 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 135.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lehigh Valley State PA Zip Code 18002-5505	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70710.E10196 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 133.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lehigh Valley State PA Zip Code 18002-5505	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial) C. YEA		Transaction ID: 70710.E10125 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address c/o Mr. Fred Pennington 310 Broadway		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cape Girardeau State MO Zip Code 63701-	Purpose of Disbursement POLITICAL DONATION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL DONATION

SUBTOTAL of Disbursements This Page (optional) ▶	469.03
TOTAL This Period (last page this line number only) ▶	47995.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Team Emerson for Jo Ann Emerson

Full Name (Last, First, Middle Initial) A. Isle of Capri Casinos PAC		Transaction ID: 70713.E10223 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 1641 Popp's Ferry Road		Amount of Each Disbursement this Period 500.00	
City Biloxi State MS Zip Code 39532-	Purpose of Disbursement Refund of Contribution Contribution Refu Candidate Name	010 Category/ Type	
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) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00