



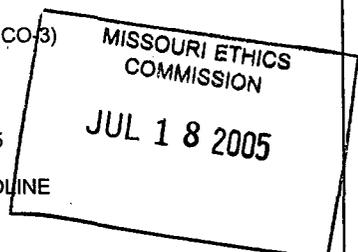
Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. CO51134

1. DATE OF REPORT <u>7/12/05</u>	OFFICE USE ONLY 
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>Rachel Storch for State Senate</u>	
3. COMMITTEE MAILING ADDRESS <u>6624 Oakland, Suite F</u>	4. COMMITTEE TELEPHONE NUMBER <u>(314)645-3397</u>
CITY / STATE / ZIP <u>St Louis, MO 63139</u>	
5. TREASURER'S NAME <u>James R. Dowd</u>	
6. TREASURER'S MAILING ADDRESS <u>c/o 6624 Oakland, Suite F</u>	7. TREASURER'S TELEPHONE NUMBER HOME: WORK: <u>(314)621-2500</u>
CITY / STATE / ZIP <u>St Louis, MO 63139</u>	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	
10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:	
CITY / STATE / ZIP	
11. DATE OF ELECTION <u>August 8, 2005</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM _____ THROUGH <u>June 30, 2005</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>Rachel Josephine Storch</u> <u>6624 Oakland, Suite F</u> <u>St Louis, MO 63139</u> <u>(314)645-3397</u> <u>State Senate</u> <u>District 4, Missouri Senate</u> <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20__
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>James R. Dowd (ESS)</u> TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Rachel Storch</u> CANDIDATE'S SIGNATURE





Missouri Ethics Commission  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Rachel Storch for State Senate</i>	DATE OF REPORT <i>7/12/05</i>	OFFICE/USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6950		<b>MONEY ON HAND</b>	
3. ALL LOANS RECEIVED THIS PERIOD	+\$ 0			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 0		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0
5. <b>SUBTOTAL</b> MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 6950		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 6950
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 0		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
7. <b>TOTAL ALL RECEIPTS THIS PERIOD</b> (SUM 5A + 6A)	\$ 6950		a) Disbursements By Check \$ 23.60	-\$ 23.60
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$ 0		b) Disbursements By Cash \$	
9. <b>TOTAL ALL RECEIPTS THIS ELECTION</b> (SUM 1B + 7A - 8A)		\$ 6950	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 6926.40
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	<b>INDEBTEDNESS</b>	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 23.60		30. LOANS RECEIVED THIS PERIOD	+\$ 0
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 0		31. NEW DEBTS INCURRED THIS PERIOD	+\$ 0
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0		32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$ 0
14. <b>TOTAL ALL EXPENDITURES MADE THIS PERIOD</b> (SUM 11A + 12A + 13A)	\$ 23.60		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$ 0
15. <b>TOTAL EXPENDITURES THIS ELECTION</b> (SUM 10B + 14A)		\$ 23.60	34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	35. <b>TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD</b> (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0			
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0			
19. <b>TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD</b> (SUM 17A + 18A)	\$ 0			
20. <b>TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION</b> (SUM 16B + 19A)		\$ 0		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 0			
24. <b>TOTAL OTHER DISBURSEMENTS THIS PERIOD</b> (SUM 21A + 22A + 23A)	\$ 0			



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Rachel Storch for State Senate</i>		2. REPORT DATE <i>7/12/05</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: <i>Deborah M. Storch</i> ADDRESS: <i>7214 Maryland Ave</i> CITY / STATE: <i>St Louis, MO 63130</i> EMPLOYER: <i>Clothes Quarters / Retail Business</i> <input type="checkbox"/> COMMITTEE:		<i>6/17/05</i> \$ <i>600</i>	\$ <i>600</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Roberta Gutwein</i> ADDRESS: <i>7415 York Dr</i> CITY / STATE: <i>St Louis, MO 63105</i> EMPLOYER: <i>Clothes Quarters / Retail Business</i> <input type="checkbox"/> COMMITTEE:		<i>6/17/05</i> \$ <i>600</i>	\$ <i>600</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Paul Mendelson</i> ADDRESS: <i>1109 Highland Pointe Dr.</i> CITY / STATE: <i>St Louis, MO 63131</i> EMPLOYER: <i>Retired</i> <input type="checkbox"/> COMMITTEE:		<i>6/17/05</i> \$ <i>600</i>	\$ <i>600</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Paula Caplan</i> ADDRESS: <i>26 Alpine St.</i> CITY / STATE: <i>Cambridge, MA 02138</i> EMPLOYER: <i>Professor</i> <input type="checkbox"/> COMMITTEE:		<i>6/17/05</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Norman Fields</i> ADDRESS: <i>885 Park Ave.</i> CITY / STATE: <i>New York, NY 10021</i> EMPLOYER: <i>financial Advisor</i> <input type="checkbox"/> COMMITTEE:		<i>6/22/05</i> \$ <i>600</i>	\$ <i>600</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ <i>2600</i>	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ <i>4350</i>	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ <i>6950</i>	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ <i>6950</i>	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ <i>0</i>	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ <i>0</i>	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ <i>0</i>	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ <i>0</i>	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ <i>0</i>	
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ <i>0</i>	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ <i>0</i>	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ <i>0</i>	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ <i>0</i>	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ <i>6950</i>	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ <i>6950</i>	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: Rachel Storch for State Senate  
DATE: 7/12/05

**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: Philip Elkus ADDRESS: 27888 Orchard Lake Rd. CITY/STATE: Farmington Hills, MI 48334 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/30/05 \$ 600	\$ 600 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Stephen Neuman ADDRESS: 7810 Delmar Blvd. CITY/STATE: St Louis, MO 63130 EMPLOYER: Student <input type="checkbox"/> COMMITTEE:	6/25/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Barbara Fraser ADDRESS: 581 Stratford Ave. CITY/STATE: St Louis, MO 63130 EMPLOYER: Missouri House <input type="checkbox"/> COMMITTEE:	6/26/05 \$ 150	\$ 150 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Nathaniel Stord ADDRESS: 111 E. 79 <sup>th</sup> St., Apt. A CITY/STATE: NY, NY 10021 EMPLOYER: Financial Advisor <input type="checkbox"/> COMMITTEE:	6/29/05 \$ 600	\$ 600 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Steven Stogel ADDRESS: 7777 Bonhomme, #1210 CITY/STATE: St Louis, MO 63105 EMPLOYER: DFC Group <input type="checkbox"/> COMMITTEE:	6/30/05 \$ 600	\$ 600 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Thomas Storch ADDRESS: 249 E. 48 <sup>th</sup> St., Apt. 8H CITY/STATE: New York, NY 10017 EMPLOYER: Financial Advisor <input type="checkbox"/> COMMITTEE:	6/25/05 \$ 600	\$ 600 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Steve Skramka ADDRESS: 7170 Washington Ave. CITY/STATE: St Louis, MO 63130 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/25/05 \$ 600	\$ 600 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Anna Nedelisky ADDRESS: 237 W. 20 <sup>th</sup> St., Apt. 1A CITY/STATE: New York, NY 10011 EMPLOYER: Student <input type="checkbox"/> COMMITTEE:	6/29/05 \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<b>\$ 3750</b>

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: Rachel Storch for State Senate DATE: 7/12/05

**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED  (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <u>Leonard P. Cervantes</u> ADDRESS: <u>1007 Olive St., 4<sup>th</sup> floor</u> CITY / STATE: <u>ST LOUIS, MO 63101</u> EMPLOYER: <u>Attorney</u> <input type="checkbox"/> COMMITTEE:	<u>6/27/05</u> \$ <u>600</u>	\$ <u>600</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		\$ <u>600</u>

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Rachel Storch for State Senate</i>		2. REPORT DATE <i>7/12/05</i>	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4. AMOUNT PAID OR INCURRED THIS PERIOD
3. CATEGORY OF EXPENDITURE <i>Bank Expenses</i>			\$ <i>23.60</i>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ <i>23.60</i>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ <i>0</i>
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ <i>23.60</i>
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)
8. NAME AND ADDRESS OF RECIPIENT			11. AMOUNT THIS PERIOD
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ <i>0</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+ \$ <i>0</i>
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>0</i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>23.60</i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <i>23.60</i>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ <i>0</i>
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ <i>0</i>
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ <i>0</i>
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ <i>0</i>
24. SUBTOTAL: ANY ATTACHED PAGES			+ \$ <i>0</i>
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ <i>0</i>
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ <i>0</i>
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ <i>0</i>
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$ <i>0</i>