



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. 2061196

1. DATE OF REPORT 7-1-06	OFFICE USE ONLY <i>[Signature]</i> [Stamp]
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Grounds for County Legislature	
3. COMMITTEE MAILING ADDRESS 1401 NW Wildwood Dr CITY / STATE / ZIP Blue Springs, MO 64015	4. COMMITTEE TELEPHONE NUMBER 816-228-1590
5. TREASURER'S NAME Kathy Grounds	
6. TREASURER'S MAILING ADDRESS 1401 NW Wildwood CITY / STATE / ZIP Blue Springs, MO 64015	7. TREASURER'S TELEPHONE NUMBER HOME: 816-228-1590 WORK: n/a
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 8-806	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 4-1-06 THROUGH 6-30-06	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Gregory Grounds 1401 NW Wildwood Dr Blue Springs, MO 64015 816-228-1590 Jackson County Legislature - 5th District <input type="checkbox"/> CHECK IF INCUMBENT <input checked="" type="checkbox"/> REPUBLICAN <input 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>Kathy Grounds</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>Gregory Grounds</u> CANDIDATE'S SIGNATURE

MISSOURI ETHICS COMMISSION
JUL 14 2006



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Grounds for County Legislature	DATE OF REPORT 7-1-06	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	MONEY ON HAND		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$	5,375.00				
3. ALL LOANS RECEIVED THIS PERIOD	+	\$ 20,500.00				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+	\$				
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$	25,875.00				
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+	\$ 311.37		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0	
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$	26,186.37		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+	\$ 25,875.00
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-	\$ 0		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)		
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)			\$ 26,186.37	a) Disbursements By Check \$ 273.00	-	\$ 292.95
				b) Disbursements By Cash \$ 19.95		
EXPENDITURES		A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 0		\$ 25,582.05	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$	292.95		INDEBTEDNESS		
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+	\$ 311.37		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0	
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+	\$ 1,296.91		30. LOANS RECEIVED THIS PERIOD	+	\$ 20,500.00
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$	1,901.23		31. NEW DEBTS INCURRED THIS PERIOD	+	\$ 1,296.91
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)			\$ 1,901.23	32. PAYMENTS MADE ON LOANS THIS PERIOD	-	\$ 0
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION	33. CREDITS RECEIVED ON LOANS THIS PERIOD	-	\$
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$	34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-	\$
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$			35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$	21,796.91
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+	\$				
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$					
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)			\$			
OTHER DISBURSEMENTS		A. THIS PERIOD	B. THIS ELECTION			
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+	\$				
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+	\$				
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+	\$				
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$					



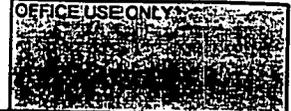
MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Grounds for County Legislature		2. REPORT DATE 7-1-06	
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: ADDRESS: See Supplemental forms attached. 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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			\$
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			+ \$ 5,261.37
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 4,950.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 311.37
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			\$
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ 425.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER NAME: Greg Grounds ADDRESS: 1401 NW Wildwood DR CITY / STATE: Blue Springs, MO 64015 NAME: ADDRESS: CITY / STATE:		16. DATE RECEIVED 4-1-06 to 6-28-06	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B) \$ 20,500.00
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$ 20,500.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ 20,500.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ 311.37
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 5,375.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 26,186.37



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL



NAME OF COMMITTEE Grounds for County Legislature	DATE 7-1-06
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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: Citizens for Lograsso ADDRESS: 1080 W. South Outer Rd CITY / STATE: Blue Springs, MO 64015 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	6-28-06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Christian Ablah ADDRESS: 8609 Brentmoor CITY / STATE: Wichita, KS EMPLOYER: Classic Real Estate <input type="checkbox"/> COMMITTEE:	5-1-06 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Adams Farm Development Co., LLC ADDRESS: 415 N Lasalle ST Suite 200 CITY / STATE: Chicago, IL EMPLOYER: <input type="checkbox"/> COMMITTEE:	5-17-06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Nancy Seelen ADDRESS: 333 W Meyer #715 CITY / STATE: Kansas City, MO EMPLOYER: St. Lukes Health System <input type="checkbox"/> COMMITTEE:	5-20-06 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Tom Williams ADDRESS: 1205 NE Locust Ct CITY / STATE: Blue Springs, MO 64014 EMPLOYER: Ingalls Williams Architects <input type="checkbox"/> COMMITTEE:	5-11-06 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Sandra Ingalls ADDRESS: 1205 NE Locust Ct CITY / STATE: Blue Springs, MO 64014 EMPLOYER: Ingalls Williams Architects <input type="checkbox"/> COMMITTEE:	5-11-06 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Brookside Investments, Inc. ADDRESS: 803 PCA Rd CITY / STATE: Warrensburg, MO EMPLOYER: <input type="checkbox"/> COMMITTEE:	6-23-06 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: John and Patricia Jennings ADDRESS: 18833 E 25th Ter S CITY / STATE: Independence, MO 64057 EMPLOYER: City of Independence, U. S. Dept. of Agriculture <input type="checkbox"/> COMMITTEE:	6-9-06 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$

(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: Grounds for County Legislature
DATE: 7-1-06

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: Constance Haynick ADDRESS: 2909 SW Walnut CITY / STATE: Blue Springs, MO 64015 EMPLOYER: Self employed <input checked="" type="checkbox"/> COMMITTEE:	6-19-06 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gayle and Doris Fulghum ADDRESS: 2424 N. Old Atherton Rd CITY / STATE: Independence, MO 64058 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5-2-06 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Leo Danaher Trust ADDRESS: P. O. Box 1146 CITY / STATE: Blue Springs, MO 64013 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5-9-06 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Conrad Graham ADDRESS: 8914 S. Shrout CITY / STATE: Grain Valley, MO 64029 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5-11-06 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Kendall Garten ADDRESS: 1600 NE Coronado Dr CITY / STATE: Blue Springs, MO 64014 EMPLOYER: Self employed attorney <input type="checkbox"/> COMMITTEE:	5-9-06 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Todd A. Stastny Medical Associates ADDRESS: 300 NW Mock Ste 200 CITY / STATE: Blue Springs, MO 64014 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5-9-06 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Cheryl Barnett ADDRESS: P.O.Box 1143 CITY / STATE: Blue Springs, MO 64013 EMPLOYER: Heavilin Beauty School <input type="checkbox"/> COMMITTEE:	5-11-06 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: David Frantze ADDRESS: 11812 Central CITY / STATE: Kansas City, MO EMPLOYER: Attorney - Morrison, Hecker <input type="checkbox"/> COMMITTEE:	5-1-06 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS \$

(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 Grounds for County Legislature	DATE 7-1-06
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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.

3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: Greg Grounds ADDRESS: 922 Oak CITY / STATE: Kansas City, MO 64106 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE: Self employed	4-1-06 \$ 311.37	\$ 311.37 <input type="checkbox"/> MONETARY <input checked="" 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
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS	\$	\$
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(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 Grounds For County Legislature		2. REPORT DATE 7-1-06	
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			
Bank Charge			\$ 19.95
			\$
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 19.95
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 19.95
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: Kansas City Star ADDRESS: 1729 Grand CITY / STATE: Kansas City, MO 64108-1498		6-15-06	Ad \$ 273.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Cross & Oberlie ADDRESS: 916 Byrd Ave CITY / STATE: Neenah, WI 54956		6-26-06	Printing \$ 1,296.91 <input type="checkbox"/> PAID <input checked="" 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)			\$ 1,596.91
13. SUBTOTAL: ANY ATTACHED PAGES			+ \$
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 1,596.91
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 1,589.86
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 292.95
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 311.37
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0
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)			\$
24. SUBTOTAL: ANY ATTACHED PAGES			+ \$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$



**MISSOURI ETHICS COMMISSION
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM	<input checked="" type="checkbox"/> LOAN RECEIVED	OFFICE USE ONLY
	<input type="checkbox"/> LOAN REPAYMENT	

NAME OF COMMITTEE
Grounds for County Legislature

REPORT DATE
7-1-06

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER
Greg Grounds
1401 NW Wildwood Dr.
Blue Springs, MO 64015

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN
Greg Grounds, Grounds for County Legislature
1401 NW Wildwood Dr.
Blue Springs, MO 64015

3. LOAN I.D. NUMBER (IF ANY)	4. DATE OF LOAN 4-1-06 to 6-28-06	5. AMOUNT OF LOAN \$ 20,500.00
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6. ANNUAL RATE OF INTEREST 0 %	7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.) 1 year demand note
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8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)
1 year demand note

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)		\$
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE		\$
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED		\$