



Missouri Ethics Commission  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

M.E.C. ID NO. CO31036

1. DATE OF REPORT <u>7/3/06</u>	OFFICE USE ONLY <i>[Signature]</i> LT
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
Hubbard for State Rep

3. COMMITTEE MAILING ADDRESS  
1546 Biddle

4. COMMITTEE TELEPHONE NUMBER  
(314) 973-1986

CITY / STATE / ZIP  
ST. Louis MO 63106

5. TREASURER'S NAME  
Milo Wilson

6. TREASURER'S MAILING ADDRESS  
1546 Biddle

7. TREASURER'S TELEPHONE NUMBER  
 HOME: (314) 973-1986  
 WORK:

CITY / STATE / ZIP  
St. Louis MO 63106

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER  
Rodney R. Hubbard

9. DEPUTY TREASURER'S MAILING ADDRESS  
1546 Biddle

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME: (314) 393-6120  
 WORK:

CITY / STATE / ZIP  
ST. Louis MO 63106

11. DATE OF ELECTION  
08-08-06

12. TYPE OF ELECTION (CHECK ONE)  
 PRIMARY       GENERAL       SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM 7/1/06 THROUGH 7/28/06

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

Rodney R. Hubbard  
1017 N 16<sup>th</sup> St.  
ST. Louis MO. 63106  
(314) 393-6120  
State Representative Dist 58

CHECK IF INCUMBENT

REPUBLICAN     DEMOCRAT   

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT  
 Jan 15     Apr 15     Jul 15     Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

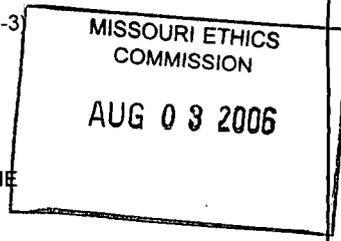
SEMIANNUAL DEBT REPORT  
 Jan 15     Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

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.

[Signature]  
 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.

[Signature]  
 CANDIDATE'S SIGNATURE



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

NAME OF COMMITTEE <i>Hubbard for State Rep</i>	DATE OF REPORT <i>7/31/06</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		\$ 24100	<b>MONEY ON HAND</b>			
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6130					
3. ALL LOANS RECEIVED THIS PERIOD	+					
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+					
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 6130				25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 4433.74
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+				26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 6130
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 6130				27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-				a) Disbursements By Check \$ 4025	-\$ 4025
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 30230			b) Disbursements By Cash \$	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 6538.74		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 2291.57	<b>INDEBTEDNESS</b>			
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 4025					
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+					
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+					
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 4025				29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 26,216.57	30. LOANS RECEIVED THIS PERIOD	+		
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$	32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$		
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$		
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$		
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 RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep DATE: 7/31/06

**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: <u>Premium Standard Farmore</u> ADDRESS: <u>423 W 8th St.</u> CITY / STATE: <u>Kansas City, Mo 64405</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>7/01/06</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Site Improvement Association</u> ADDRESS: <u>1395 Dougherty Ferry</u> CITY / STATE: <u>ST. Louis Mo. 63221</u> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>7/11/06</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>HMO Missouri, Inc</u> ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>7/17/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>John Bardgett + Associates</u> ADDRESS: <u>16141 Swingley Ridge</u> CITY / STATE: <u>Pharsteefield mo 63017</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>7/14/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MHA</u> ADDRESS: <u>P.O. Box 60 JC mo 65102</u> CITY / STATE: EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>7/15/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>SLAR PAC</u> ADDRESS: <u>1277 Olive Blvd</u> CITY / STATE: <u>ST. Louis mo 63141</u> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>7/24/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MHA ST. Louis Dist PAC</u> ADDRESS: <u>P.O. Box 60 JC mo. 65102</u> CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>7/14/06</u> \$ <u>25.00</u>	\$ <u>25.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Builders Association PAC</u> ADDRESS: CITY / STATE: EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>7/20/06</u> \$ <u>250</u>	\$ <u>250</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		\$ <u>2175</u>
(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 <i>Hubbard for State Rep</i>	DATE <i>7/27/06</i>
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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: <i>Missouri Association of Nurse</i> ADDRESS: CITY / STATE: EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>7/20/06</i> ----- \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Home Building Industry</i> ADDRESS: <i>10104 Old Olive St. Rd</i> CITY / STATE: <i>St. Louis MO 63141</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/21/06</i> ----- \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>DANA L. Lusk</i> ADDRESS: <i>3020 Franklin Ave</i> CITY / STATE: <i>St. Louis mo 63106</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/15/06</i> ----- \$ <i>30.00</i>	\$ <i>30</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Bank of America Missouri</i> ADDRESS: CITY / STATE: EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>7/15/06</i> ----- \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Alliance for Business + Technical ED</i> ADDRESS: <i>101 E High St.</i> CITY / STATE: <i>Jefferson City, mo 65101</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/17/06</i> ----- \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Associated Builders and Contractors</i> ADDRESS: <i>4760 N Pomona Ave</i> CITY / STATE: <i>Kansas City, mo 64153</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/18/06</i> ----- \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Six States Rental INC</i> ADDRESS: <i>10276 Hwy 11</i> CITY / STATE: <i>New Haven, mo 63068</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/18/06</i> ----- \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Cleaveland Enterprises of the Midwest, Inc</i> ADDRESS: <i>239 Rock Industrial</i> CITY / STATE: <i>Union mo 63084</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/19/06</i> ----- \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		\$ <i>2155</i>

(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 <i>Hubbard for State Rep</i>	DATE <i>7/31/06</i>
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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: <del>Flame Ambassadors</del> MBA Gateway PAC ADDRESS: <i>207 E. Capital Avenue</i> CITY / STATE: <i>Jefferson City Mo 65101</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>7/15/06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Missouri State UAW</i> ADDRESS: <i>721 Durm Rd.</i> CITY / STATE: <i>Hazelwood, MO 63042</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>7/20/06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>HealthLink</i> ADDRESS: <i>P.O. Box 60086</i> CITY / STATE: <i>Cincinnati, OH 45206</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/25/06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Missouri Medical PAC</i> ADDRESS: <i>P.O. Box 142</i> CITY / STATE: <i>Jefferson City Mo 65102</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/25/06</i> \$ <i>325</i>	\$ <i>325</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>AT+T Missouri</i> ADDRESS: <i>One SBC Center</i> CITY / STATE: <i>St. Louis MO 63104</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/27/06</i> \$ <i>175</i>	\$ <i>175</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Jonathan L. Grantham M.D.</i> ADDRESS: <i>1021 Rustic Ridge</i> CITY / STATE: <i>Joplin, MO 64804</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>7/27/06</i> \$ <i>325</i>	\$ <i>325</i> <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>		\$ <i>1800</i>

(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>Hubbard for State Rep</i>		2. REPORT DATE <i>7/31/06</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			\$
			\$
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$
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: <i>Original Graffett</i>		<i>7/6/06</i>	\$ <i>adv</i>
ADDRESS: <i>Original 18th Ward</i>			\$ <input checked="" type="checkbox"/> PAID <i>1000</i>
CITY / STATE: <i>St. Louis, Mo</i>			<input type="checkbox"/> INCURRED
NAME: <i>Original 18th Ward</i>		<i>7/7/06</i>	\$ <i>Cont</i>
ADDRESS: <i>4250 Emight</i>			\$ <input checked="" type="checkbox"/> PAID <i>500</i>
CITY / STATE: <i>St. Louis, Mo 63108</i>			<input type="checkbox"/> INCURRED
NAME: <i>Bruce McClelland</i>		<i>7/7/06</i>	\$ <i>campaign work</i>
ADDRESS: <i>1634 Carr</i>			\$ <input checked="" type="checkbox"/> PAID <i>250</i>
CITY / STATE: <i>St. Louis, Mo</i>			<input type="checkbox"/> INCURRED
NAME: <i>Vernell Wilton</i>		<i>7/8/06</i>	\$ <i>Campaign work</i>
ADDRESS: <i>Vernell Wilton</i>			\$ <input checked="" type="checkbox"/> PAID <i>300</i>
CITY / STATE: <i>St. Louis, Mo</i>			<input type="checkbox"/> INCURRED
NAME: <i>Alzallee Henderson</i>		<i>7/10/06</i>	\$ <i>campaign work</i>
ADDRESS: <i>Alzallee Henderson</i>			\$ <input checked="" type="checkbox"/> PAID <i>100</i>
CITY / STATE: <i>St. Louis, Mo</i>			<input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ <i>2150</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>1875</i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>4025</i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$
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  
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep DATE: 7/3/06

**INSTRUCTIONS**

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
NAME AND ADDRESS OF RECIPIENT			
Freeman Bosley SA Citizens against recall 4257 N 20th St St. Louis, Mo. 63106	7/15/06	contr	\$ 500
Shirley Fenley 1217 Selby St. Louis Mo. 63106	7/15/06	Campaign work	\$ 150
Vernell Williams	7/15/06	Campaign work	\$ 200
Charles Prete	7/19/06	Campaign work	\$ 150
Anthony Major	7/19/06	Campaign work	\$ 150
Vernell Williams	7/25/06	Campaign work	\$ 500
Blue Cross - Healthlink	7/25/06	Reimbursement	\$ 325
			\$
			\$
			\$
<b>TOTAL: ITEMIZED EXPENDITURES</b>			\$ 1875
(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			