



MISSOURI ETHICS COMMISSION  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

1. DATE OF REPORT  
**09/02/06**  
 OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. **C010122**

2. FULL NAME OF COMMITTEE  
**Committee to ELECT JIM VIEBROCK REPRESENTATIVE**

3. COMMITTEE MAILING ADDRESS  
**PO BOX 176**

4. COMMITTEE TELEPHONE NUMBER

CITY/STATE/ZIP  
**Republic MO 65738**

5. TREASURER'S NAME  
**ROGER A REKATE, CPA**

6. TREASURER'S MAILING ADDRESS  
**600 W. Republic Rd, A-112**

7. TREASURER'S TELEPHONE NUMBER  
 HOME: **417 725-0150** WORK: **417-881-2080**

CITY/STATE/ZIP  
**SPRINGFIELD, MO 65807**

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME: WORK:

11. DATE OF ELECTION  
**08/08/06**

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

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM **7-28-06**

THROUGH **9-2-06**

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

**Jim Viebrock**  
**12716 W. Highway 174**  
**Republic, MO 65738**  
  
**STATE REPRESENTATIVE**  
**134th DISTRICT**  
**MO. HOUSE REPUBLICAN**

15. TYPE OF REPORT:  
 15 DAY AFTER CAUCUS NOMINATION  
 COMMITTEE QUARTERLY REPORT  
 JAN 15  APRIL 15  JULY 15  OCT 15  
 8 DAYS BEFORE ELECTION  
 30 DAYS AFTER ELECTION  
 TERMINATION (ATTACH FORM CO-3)  
 SEMIANNUAL DEBT REPORT  
 JAN 15  JULY 15  
 ANNUAL SUPPLEMENTAL, JAN 15  
 15 DAYS AFTER PETITION DEADLINE  
 OTHER \_\_\_\_\_  
 AMENDING PREVIOUS REPORT DATED \_\_\_\_\_ - 20\_\_\_\_

MISSOURI ETHICS COMMISSION  
 SEP 11 2006

CHECK IF INCUMBENT  
 REPUBLICAN  DEMOCRAT  \_\_\_\_\_

16. COMMITTEE TREASURER'S SIGNATURE  
 I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

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.

CANDIDATE'S SIGNATURE



MISSOURI ETHICS COMMISSION  
REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

Committee to ELECT  
Jim Viebrock REPRESENTATIVE

DATE OF REPORT

9/2/06

OFFICE USE ONLY

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED	13,181 <sup>79</sup>	\$ 13,181 <sup>79</sup>	<b>MONEY ON HAND</b>	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 2675 <sup>00</sup>	2675 <sup>00</sup>		
3. ALL LOANS RECEIVED THIS PERIOD	+			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 2675 <sup>00</sup>	2675 <sup>00</sup>		
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 2675 <sup>00</sup>
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 15,856 <sup>79</sup>	15,856 <sup>79</sup>	27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-		a) Disbursements By Check \$ 3,401 <sup>34</sup>	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	15,856 <sup>79</sup>	\$ 15,856 <sup>79</sup>	b) Disbursements By Cash \$	
<b>EXPENDITURES</b>			<b>INDEBTEDNESS</b>	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED	18,603 <sup>35</sup>	\$ 18,603 <sup>35</sup>	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 196 <sup>59</sup>
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 3,401 <sup>34</sup>	3,401 <sup>34</sup>	<b>INDEBTEDNESS</b>	
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)	\$ 22,004 <sup>69</sup>	22,004 <sup>69</sup>		
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	22,004 <sup>69</sup>	\$ 22,004 <sup>69</sup>		
<b>CONTRIBUTIONS MADE</b>			29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED	0	\$ 0	30. LOANS RECEIVED THIS PERIOD	+ 0
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		31. NEW DEBTS INCURRED THIS PERIOD	+ 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+		32. PAYMENTS MADE ON LOANS THIS PERIOD	- 0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- 0
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	0	\$ 0	34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- 0
<b>OTHER DISBURSEMENTS</b>			35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 0	0		
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)	\$ 0	0		



MISSOURI ETHICS COMMISSION  
**CONTRIBUTIONS AND LOANS RECEIVED**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Committee to elect Jim Viebrock Representative</i>		2. REPORT DATE <i>9/2/06</i>	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>			
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>BUILDERS ASSOCIATION</i> ADDRESS: <i>632 WEST 39th St.</i> CITY/STATE: <i>KANSAS CITY, MO 64111</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>7/28/06</i> <i>250<sup>00</sup></i>	\$ <i>250<sup>00</sup></i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Edison Schools</i> ADDRESS: <i>521 Fifth Ave.</i> CITY/STATE: <i>NEW YORK, NY 10175</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>7/28/06</i> <i>150<sup>00</sup></i>	\$ <i>150<sup>00</sup></i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>BURNS &amp; Mc DONNELL</i> ADDRESS: CITY/STATE: <i>WARSAW, MO 65355 JC</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>7/28/06</i> <i>325<sup>00</sup></i>	\$ <i>325<sup>00</sup></i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MO. HEALTH CARE</i> ADDRESS: <i>236 METRO DR.</i> CITY/STATE: <i>JEFFERSON CITY, MO 65101</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>8/3/06</i> <i>325<sup>00</sup></i>	\$ <i>325<sup>00</sup></i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>1050<sup>00</sup></i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ <i>1525<sup>00</sup></i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>2575<sup>00</sup></i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ <i>2575<sup>00</sup></i>
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (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			<i>100.00</i>
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: <i>N/A</i> ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Committee to elect Jim Viebrock Representative</i>		2. REPORT DATE <i>9/2/06</i>	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>			
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>Mo. Cable PBC</i> ADDRESS: <i>4700 Little Blue Pkwy</i> CITY/STATE: <i>Independence, MO 64057</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>8/3/06</i> <i>325<sup>00</sup></i>	\$ <i>325<sup>00</sup></i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Missouri's For Matt Bunt INC.</i> ADDRESS: <i>PO Box 695</i> CITY/STATE: <i>Jefferson City, MO 65102</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>8/11/06</i> <i>325<sup>00</sup></i>	\$ <i>325<sup>00</sup></i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MARK S. STUPPY</i> ADDRESS: <i>4599 S. Farm Rd 107</i> CITY/STATE: <i>Brookline Station MO 65619</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>8/11/06</i> <i>350<sup>00</sup></i>	\$ <i>350<sup>00</sup></i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>North Point Health Services, LLC</i> ADDRESS: <i>Jefferson City, MO 65102</i> CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>8/11/06</i> <i>300<sup>00</sup></i>	\$ <i>300.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>1,200<sup>00</sup></i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)</b>			
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			AMOUNT RECEIVED
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: <i>N/A</i> ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS AND LOANS RECEIVED

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INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Committee to elect Jim Vierbrock Representative</i>		2. REPORT DATE <i>9/2/06</i>	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>			
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>NATIONAL Federation of Independent Businesses</i>		<i>9/1/06</i>	\$ <i>325<sup>00</sup></i>
ADDRESS: _____		<i>325<sup>00</sup></i>	<input checked="" type="checkbox"/> MONETARY
CITY/STATE: <i>KANSAS CITY, MO 64111</i>			<input type="checkbox"/> IN-KIND
EMPLOYER: _____			
<input checked="" type="checkbox"/> COMMITTEE:			
NAME: _____			\$
ADDRESS: _____			<input type="checkbox"/> MONETARY
CITY/STATE: _____			<input type="checkbox"/> IN-KIND
EMPLOYER: _____			
<input type="checkbox"/> COMMITTEE:			
NAME: _____			\$
ADDRESS: _____			<input type="checkbox"/> MONETARY
CITY/STATE: _____			<input type="checkbox"/> IN-KIND
EMPLOYER: _____			
<input type="checkbox"/> COMMITTEE:			
NAME: _____			\$
ADDRESS: _____			<input type="checkbox"/> MONETARY
CITY/STATE: _____			<input type="checkbox"/> IN-KIND
EMPLOYER: _____			
<input type="checkbox"/> COMMITTEE:			
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>325<sup>00</sup></i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)</b>			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			
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: <i>N/A</i>			
ADDRESS: _____			
CITY/STATE: _____			
NAME: _____			
ADDRESS: _____			
CITY/STATE: _____			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION  
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <i>Committee to elect Jim Vierbrock Representative</i>		2. REPORT DATE <i>9/2/06</i>	
<b>A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)</b>			
3. CATEGORY OF EXPENDITURE			4. AMOUNT PAID OR INCURRED THIS PERIOD
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)			\$ <i>0</i>
<b>B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: <i>Community Publishers</i> ADDRESS: <i>249 Hwy 60 west</i> CITY/STATE: <i>Republic, Mo 65738</i>	<i>7/28/06</i>	<i>ADVERTISING</i> <i>2,101<sup>34</sup></i>	\$ <i>2,101<sup>34</sup></i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>WESTERN SCREEN PRINTING</i> ADDRESS: <i>665 E HARRISON</i> CITY/STATE: <i>Republic Mo 65738</i>	<i>8/24/06</i>	<i>1,300<sup>00</sup></i>	\$ <i>1,300<sup>00</sup></i> <input checked="" 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>3,401<sup>34</sup></i>
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>3,401<sup>34</sup></i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>3,401<sup>34</sup></i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <i>3,401<sup>34</sup></i>
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)			\$
<b>C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: <i>N/A</i> 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			\$