

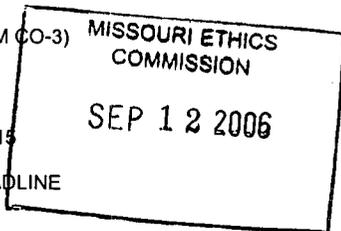


Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. 061274

1. DATE OF REPORT <u>9-7-06</u>	OFFICE USE ONLY <i>[Signature]</i> LT
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Citizens for McDowell	
3. COMMITTEE MAILING ADDRESS P.O. Box 7481 CITY / STATE / ZIP St. Joseph, MO 64507	4. COMMITTEE TELEPHONE NUMBER 816-279-2924
5. TREASURER'S NAME Diana Slawson	
6. TREASURER'S MAILING ADDRESS 2414 Big Pine Terr. CITY / STATE / ZIP St. Joseph, MO 64503	7. TREASURER'S TELEPHONE NUMBER HOME: 816-233-0627 WORK: 816-262-9883
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Laura Osborn	
9. DEPUTY TREASURER'S MAILING ADDRESS 14443 County Rd. 307 CITY / STATE / ZIP St. Joseph, MO 64505	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: 816-233-0749 WORK:
11. DATE OF ELECTION 11-7-06	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> 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 Ryan McDowell 3108 Lafayette Saint Joseph, MO 64507 816-279-2924 State Representative/27th 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 type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input checked="" 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><i>Laura L. Osborn</i></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><i>Ryan McDowell</i></u> CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Citizens for McDowell	DATE OF REPORT 9-7-06	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		\$ 5010	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 3711			
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 0			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 3711		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 2718.95
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 234.65		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 3711.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 3945.65		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ 125.90
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$		a) Disbursements By Check \$ 125.90	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	\$ 8955.65		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)	\$ 6304.05
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 2091.06	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 125.90			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 234.65			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 360.55		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 2451.61		30. LOANS RECEIVED THIS PERIOD	+ \$ 0
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+ \$ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0	32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 0
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0
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)	\$ 0
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (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	+ \$			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for McDowell		2. REPORT DATE 9-6-06	
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: Robert Corder ADDRESS: 6620 NE St. Rte 6 CITY / STATE: St. Joseph, MO 64507 EMPLOYER: Heartland Hospital <input type="checkbox"/> COMMITTEE:		8-17-06 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Performance Plus Rehab ADDRESS: 1802 N. Woodbine Rd. CITY / STATE: St. Joseph, MO 64505 EMPLOYER: na <input type="checkbox"/> COMMITTEE:		8-17-06 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Cindy Hausman ADDRESS: 23 Summerhill Ct. CITY / STATE: St. Joseph, MO 64507 EMPLOYER: na <input type="checkbox"/> COMMITTEE:		8-17-06 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Ron Benson ADDRESS: 1 Country Club Rd. CITY / STATE: St. Joseph, MO 64505 EMPLOYER: <input type="checkbox"/> COMMITTEE:		8-17-06 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Friends of Rob Schaaf ADDRESS: 516 Pinewood CITY / STATE: St. Joseph, MO 64506 EMPLOYER: na <input checked="" type="checkbox"/> COMMITTEE:		8-17-06 ----- \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ 1075.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$ 1684.65
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 2759.65
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 2525.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 234.65
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			\$ —
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$ 1.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ 1185.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$
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)			\$
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)			\$ 3711.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 3711.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for McDowell		2. REPORT DATE 9-6-06	
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: Al Purcel ADDRESS: 9803 SE State Rt. T CITY / STATE: St. Joseph, MO 64443 EMPLOYER: <input type="checkbox"/> COMMITTEE:		8-17-06 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Chris Dunn ADDRESS: 218 Eastland Dr. CITY / STATE: Jefferson City, MO EMPLOYER: Hulshof for Congress <input type="checkbox"/> COMMITTEE:		8-17-06 ----- \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Reba Hebert ADDRESS: 4207 St. Joseph Ave. CITY / STATE: St. Joseph, MO 64505 EMPLOYER: na <input type="checkbox"/> COMMITTEE:		8-30-06 ----- \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Don Devine ADDRESS: 2119 N. 32nd St. CITY / STATE: St. Joseph, MO 64506 EMPLOYER: City of St. Joseph <input type="checkbox"/> COMMITTEE:		8-27-06 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Leah Richardson ADDRESS: 3106 Morton Lane CITY / STATE: St. Joseph, MO 64506 EMPLOYER: St. Joseph School District <input type="checkbox"/> COMMITTEE:		8-31-06 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ 1250.
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. 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			\$
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			\$
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)			\$
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 REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for McDowell		2. REPORT DATE 9-6-06	
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: Franklin Stanley ADDRESS: 12340 Victory Dr. CITY / STATE: St. Joseph, MO 64505 EMPLOYER: Les Collins Plastering <input type="checkbox"/> COMMITTEE:		8-17-06 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Cindy Hausman</i> ADDRESS: <i>23 Summerhill Lt</i> CITY / STATE: <i>St. Joseph, MO 64507</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <i>na</i>		<i>8-17-06</i> \$ <i>300.00</i>	\$ <i>100.00</i> <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: <i>Jim Hausman</i> ADDRESS: <i>23 Summerhill Ct</i> CITY / STATE: <i>St. Joseph, MO 64507</i> EMPLOYER: <input type="checkbox"/> COMMITTEE: <i>self employed</i>		<i>8-17-06</i> \$ <i>330.56</i>	\$ <i>30.56</i> <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: <i>Shane Hebert</i> ADDRESS: <i>4207 St. Joseph Ave</i> CITY / STATE: <i>St. Joseph, MO</i> EMPLOYER: <i>Allied Construction Svc</i> <input type="checkbox"/> COMMITTEE:		<i>8-29-06</i> \$ <i>384.96</i>	\$ <i>84.96</i> <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: <i>Marty Clary</i> ADDRESS: <i>5423 Cypress Av</i> CITY / STATE: <i>St. Joseph, MO 64503</i> EMPLOYER: <i>Heartland Hospital</i> <input type="checkbox"/> COMMITTEE:		<i>8-29-06</i> \$ <i>19.13</i>	\$ <i>19.13</i> <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>434.65</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. 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			\$
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			\$
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)			\$
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 REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE *Citizens for McDowell* 2. REPORT DATE *9-6-06*

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		
Office Supplies		\$ 79.10
Postage		\$ 46.80
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 125.90
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ -----
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 125.90

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)	11. AMOUNT THIS PERIOD
8. NAME AND ADDRESS OF RECIPIENT				
NAME:				\$
ADDRESS:				<input type="checkbox"/> PAID
CITY / STATE:				<input type="checkbox"/> INCURRED
NAME:				\$
ADDRESS:				<input type="checkbox"/> PAID
CITY / STATE:				<input type="checkbox"/> INCURRED
NAME:				\$
ADDRESS:				<input type="checkbox"/> PAID
CITY / STATE:				<input type="checkbox"/> INCURRED
NAME:				\$
ADDRESS:				<input type="checkbox"/> PAID
CITY / STATE:				<input type="checkbox"/> INCURRED
NAME:				\$
ADDRESS:				<input type="checkbox"/> PAID
CITY / STATE:				<input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)				\$
13. SUBTOTAL: ANY ATTACHED PAGES				+ \$
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)				\$
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)				\$ 125.90
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				\$ 234.65
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
FUND-RAISING STATEMENT**

INSTRUCTIONS ON REVERSE SIDE

REPORT DATE

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED
*Citizens for McDowell
 Ryan McDowell
 P.O. Box 7481
 St. Joseph, MO 64507*

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS
*MR & MRS Jim Hausman
 23 Summerhill Ct.
 St. Joseph, MO 64507*

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:
RECEPTION FOR CANDIDATE

4. DATE OF ACTIVITY OR EVENT <i>8-17-04</i>	6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT <i>MR & MRS JIM HAUSMAN 23 Summerhill Ct. St. Joseph, MO 64507</i> <i>Alvin Smith 1802 N. Woodbine St. Joseph, MO 64505</i> <i>Chris Kinslow 208 WALNUT WESTON, MO 64098</i>
5. NUMBER OF PARTICIPANTS <i>20</i>	

RECEIPTS FROM ACTIVITY OR EVENT	7. AMOUNT
8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED	\$
9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS	\$ <i>2250</i>
10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)	\$ <i>2250</i>

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT	13. AMOUNT
<i>Food</i>	\$ <i>130.56</i>
	\$
	\$
	\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT
 \$ *130.56*



**MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT**

INSTRUCTIONS ON REVERSE SIDE

REPORT DATE

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

CITIZENS FOR MCDOWELL
RYAN MCDOWELL
P.O. BOX 7481
ST. JOSEPH, MO 64507

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

MR + MRS. FRANK STANLEY
12340 VICTORY DR.
ST. JOSEPH, MO 64505

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

CANDIDATE FUNDRAISING RECEPTION

4. DATE OF ACTIVITY OR EVENT

8/31/06

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

SHANE + REBA
4207 ST. JOSEPH AVE.
ST. JOSEPH, MO. 64505

MARTY + PAM CLARY
5423 CYPRESS
ST. JOSEPH, MO 64503

5. NUMBER OF PARTICIPANTS

20

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ -

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 1055.00

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

FOOD

\$ 104.09

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 104.09