



Missouri Ethics Commission
 COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. CO10192

1. DATE OF REPORT <u>10/30/06</u>	OFFICE USE ONLY <i>Jan</i> LT
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
PEARCE FOR STATE REPRESENTATIVE

3. COMMITTEE MAILING ADDRESS
123 SE 180 RD

4. COMMITTEE TELEPHONE NUMBER
660-747-6312

CITY / STATE / ZIP
WARRENSBURG, Mo 64093

5. TREASURER'S NAME
MIKE RICH

6. TREASURER'S MAILING ADDRESS
1239 PEMBROOK

7. TREASURER'S TELEPHONE NUMBER
 HOME: 660 747-3876

CITY / STATE / ZIP
WARRENSBURG, Mo 64093

WORK: 909 2227

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

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 HOME:

CITY / STATE / ZIP

WORK:

11. DATE OF ELECTION
Nov. 2006

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM OCT. 1, 2006 THROUGH OCT. 26, 2006

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

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__

MISSOURI ETHICS COMMISSION
 OCT 30 2006
 HAND DELIVERED

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

Mike Rich - Treas.
 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.

David Pearce
 CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>PEARCE FOR STATE REPRESENTAT.</i>	DATE OF REPORT <i>10/30/06</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		\$ 7,400	MONEY ON HAND			
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 14,070.25					
3. ALL LOANS RECEIVED THIS PERIOD	+ \$					
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 80					
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 14,150.25				25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 10,603.43
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$				26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 14,150.25
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 14,150.25				27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ 8,870.98
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$				a) Disbursements By Check \$	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 21,550.25			b) Disbursements By Cash \$	
EXPENDITURES			28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 15,882.70		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 1,644.91	INDEBTEDNESS			
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 8,870.98					
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$					
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$				29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$				30. LOANS RECEIVED THIS PERIOD	+ \$
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 10,515.89			31. NEW DEBTS INCURRED THIS PERIOD	+ \$
CONTRIBUTIONS MADE			32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 1,500	33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 5,600		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$		
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$		
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$					
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 7,100				
OTHER DISBURSEMENTS						
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 <i>DEARIE FOR STATE REPRESENTATIVE</i>		2. REPORT DATE <i>10/30/06</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>MISSOURI MOTOR CARRIERS ASSN</i> ADDRESS: <i>102 E. HIGH ST.</i> CITY / STATE: <i>JEFFERSON CITY, MO 65102</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>10-6-06</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>RURAL TELE COMMUNICATIONS Comm. PAC</i> ADDRESS: <i>P.O. Box 1865</i> CITY / STATE: <i>JEFFERSON CITY, MO 65102</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>10-6-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>UNION PACIFIC RAILROAD</i> ADDRESS: <i>1400 DOUGLAS ST</i> CITY / STATE: <i>OMAHA, NE 68199</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>10-6-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MISSOURI DENTAL ASSN PAC</i> ADDRESS: <i>3340 AMERICAN AVE</i> CITY / STATE: <i>JEFFERSON CITY, MO 65109</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>10-6-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>BNSF RAILWAY Co.</i> ADDRESS: <i>2500 LOU MENK DRIVE</i> CITY / STATE: <i>FT. WORTH TX 76131</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>10-6-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ <i>1600</i>	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ <i>8975</i>	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ <i>10,575</i>	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ <i>10,575</i>	
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 IN LINE 8 ON FORM CD1A		\$ <i>8890.25</i>	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ <i>3575.25</i>	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	
C. LOANS RECEIVED		16. DATE RECEIVED	
15. NAME AND ADDRESS OF LENDER		17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
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 RECEIVED - SUPPLEMENTAL



NAME OF COMMITTEE: *PEARCE FOR STATE REPRESENTATIVE* DATE: *10/30/06*

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.

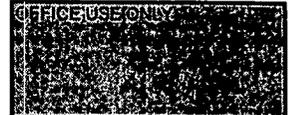
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>PFIZER</i> ADDRESS: <i>2405 NE WILLOW CREEK CT.</i> CITY / STATE: <i>LEE'S SUMMIT, MO 64086</i> EMPLOYER: <i>LEE'S SUMMIT, MO 64086</i> <input checked="" type="checkbox"/> COMMITTEE:	<i>10-7</i> <hr/> \$ <i>100</i>	\$ <i>100</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>129TH. REPUBLICAN LEGIS. DIST. COM.</i> ADDRESS: <i>P.O. BOX 1222</i> CITY / STATE: <i>JUPLIN, MO 64802</i> EMPLOYER: <i>JUPLIN, MO 64802</i> <input type="checkbox"/> COMMITTEE:	<i>10-7</i> <hr/> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>SHELLEY RIDDLE</i> ADDRESS: <i>208 BLUE BIRD</i> CITY / STATE: <i>WARRENSBURG, MO 64093</i> EMPLOYER: <i>WARRENSBURG, MO 64093</i> <input type="checkbox"/> COMMITTEE:	<i>10-10</i> <hr/> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MISSOURI MANUFACTURED HOUSING</i> ADDRESS: <i>4748 COUNTRY CLUB DRIVE ASAN</i> CITY / STATE: <i>JEFFERSON CITY, MO 65102</i> EMPLOYER: <i>JEFFERSON CITY, MO 65102</i> <input checked="" type="checkbox"/> COMMITTEE:	<i>10-10</i> <hr/> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>HALLMARK CARDS</i> ADDRESS: <i>P.O. BOX 49580</i> CITY / STATE: <i>KANSAS CITY, MO 64141</i> EMPLOYER: <i>KANSAS CITY, MO 64141</i> <input checked="" type="checkbox"/> COMMITTEE:	<i>10-16</i> <hr/> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>TOWANDA GELBACH</i> ADDRESS: <i>WARRENSBURG, MO 64093</i> CITY / STATE: <i>WARRENSBURG, MO 64093</i> EMPLOYER: <i>WARRENSBURG, MO 64093</i> <input type="checkbox"/> COMMITTEE:	<i>10-16</i> <hr/> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MARILYN MICKEY-CLAY</i> ADDRESS: <i>HOLDEN, MO 64040</i> CITY / STATE: <i>HOLDEN, MO 64040</i> EMPLOYER: <i>HOLDEN, MO 64040</i> <input type="checkbox"/> COMMITTEE:	<i>10-16</i> <hr/> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MARK PEARCE</i> ADDRESS: <i>174 SE 500 RD</i> CITY / STATE: <i>WARRENSBURG, MO 64093</i> EMPLOYER: <i>WARRENSBURG, MO 64093</i> <input type="checkbox"/> COMMITTEE:	<i>10-16</i> <hr/> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS \$ *1925*

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL



NAME OF COMMITTEE <i>PEOPLE FOR STATE REPRESENTATIVE</i>	DATE <i>10/30/06</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>EYE CARE SPECIALTIES</i> ADDRESS: <i>601 E. RUSSELL, JTE. A</i> CITY / STATE: <i>WARRENSBURG, MO 64093</i> EMPLOYER: <i>WARRENSBURG, MO 64093</i> <input type="checkbox"/> COMMITTEE:	<i>10-17</i> <hr/> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MISSOURI CHAMBER PAC</i> ADDRESS: <i>428 E. CAPITAL AVE.</i> CITY / STATE: <i>JEFFERSON CITY, MO 65102</i> EMPLOYER: <i>JEFFERSON CITY, MO 65102</i> <input checked="" type="checkbox"/> COMMITTEE:	<i>10-17</i> <hr/> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>PENNY LUND</i> ADDRESS: <i>76 SW 101 RD</i> CITY / STATE: <i>WARRENSBURG, MO 64093</i> EMPLOYER: <i>WARRENSBURG, MO 64093</i> <input type="checkbox"/> COMMITTEE:	<i>10-18</i> <hr/> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>NEW VISION LASER CENTER</i> ADDRESS: <i>602 N. MAGUIRE</i> CITY / STATE: <i>WARRENSBURG, MO 64093</i> EMPLOYER: <i>WARRENSBURG, MO 64093</i> <input checked="" type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>INSIGHT EYECARE</i> ADDRESS: <i>602 N. MAGUIRE</i> CITY / STATE: <i>WARRENSBURG, MO. 64093</i> EMPLOYER: <i>WARRENSBURG, MO. 64093</i> <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>RESLER-KERBER OPTOMETRY</i> ADDRESS: <i>875 SAINT FRANCOIS ST.</i> CITY / STATE: <i>FLOISSANT, MO 63031</i> EMPLOYER: <i>FLOISSANT, MO 63031</i> <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>JERRY SWISHER</i> ADDRESS: <i>P.O. BOX 1166</i> CITY / STATE: <i>WARRENSBURG, MO</i> EMPLOYER: <i>WARRENSBURG, MO</i> <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MIKE RICH</i> ADDRESS: <i>1239 PEMBROOK</i> CITY / STATE: <i>WARRENSBURG, MO 64093</i> EMPLOYER: <i>WARRENSBURG, MO 64093</i> <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>2250</i>
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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

NAME OF COMMITTEE <i>PEARLE FOR STATE REPRESENTAT.</i>	DATE <i>10/30/06</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.

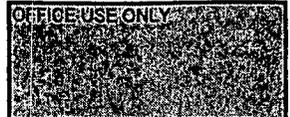
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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 <hr/> AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>BOB LARSON</i> ADDRESS: <i>32 NW 225 RD.</i> CITY / STATE: <i>WARRENSBURG, Mo 64093</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>DAVID GLOVER</i> ADDRESS: <i>205 W. GAY ST.</i> CITY / STATE: <i>WARRENSBURG, Mo 64093</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>DOUG ANDERSON</i> ADDRESS: <i>1631 ESSEX DR.</i> CITY / STATE: <i>WARRENSBURG, Mo 64093</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>LISA DYER</i> ADDRESS: <i>1226 PEN BROOK</i> CITY / STATE: <i>WARRENSBURG, Mo 64093</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>JERRY FRANKLIN</i> ADDRESS: <i>1409 CHARLESTON CT.</i> CITY / STATE: <i>WARRENSBURG, Mo 64093</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>SHARON FRANKLIN</i> ADDRESS: <i>1409 CHARLESTON CT.</i> CITY / STATE: <i>WARRENSBURG, Mo 64093</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>BOB MICKEY</i> ADDRESS: <i>48 SW 1851 RD</i> CITY / STATE: <i>HOLDEN, Mo 64040</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>HOME BUILDING INDUSTRY PK</i> ADDRESS: <i>10104 OLD OLIVE ST.</i> CITY / STATE: <i>ST. LOUIS, MO</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>10-20</i> <hr/> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>2175</i>
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL



NAME OF COMMITTEE: PEARCE FOR STATE REPRESENTAT. DATE: 10/30/06

INSTRUCTIONS

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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.

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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>MISSOURI RESTAURANT ASSN.</u> ADDRESS: <u>1810 CRAIG ROAD</u> CITY/STATE: <u>ST. LOUIS, MO 63146</u> EMPLOYER: <u>ST. LOUIS, MO 63146</u> <input checked="" type="checkbox"/> COMMITTEE:	<u>10-20</u> \$ <u>150</u>	\$ <u>150</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MISSOURI INDEPENDENT BANKERS ASSN</u> ADDRESS: <u>5 VICTORY LANE, STE. 201</u> CITY/STATE: <u>LIBERTY, MO</u> EMPLOYER: <u>LIBERTY, MO</u> <input checked="" type="checkbox"/> COMMITTEE:	<u>10-20</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>COMPETITIVE ENTERPRISE GROWTH</u> ADDRESS: <u>101 E. HIGH ST.</u> CITY/STATE: <u>JEFFERSON CITY, MO 65101</u> EMPLOYER: <u>JEFFERSON CITY, MO 65101</u> <input type="checkbox"/> COMMITTEE:	<u>10-23</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>CW DAVIS CA LLC</u> ADDRESS: <u>61 NW 00 HIGHWAY</u> CITY/STATE: <u>WARRENBURG MO 64093</u> EMPLOYER: <u>WARRENBURG MO 64093</u> <input type="checkbox"/> COMMITTEE:	<u>10-24</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>GREG BYNUM</u> ADDRESS: <u>2533 SW WINTERVIEW DRIVE</u> CITY/STATE: <u>LEE'S SUMMIT, MO 64081</u> EMPLOYER: <u>LEE'S SUMMIT, MO 64081</u> <input type="checkbox"/> COMMITTEE:	<u>10-24</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>KRISTI BYNUM</u> ADDRESS: <u>2533 SW WINTERVIEW DRIVE</u> CITY/STATE: <u>LEE'S SUMMIT, MO 64081</u> EMPLOYER: <u>LEE'S SUMMIT, MO 64081</u> <input type="checkbox"/> COMMITTEE:	<u>10-24</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MERCK</u> ADDRESS: <u>770 SUMNEYTOWN PIKE</u> CITY/STATE: <u>WEST POINT, PA 19486</u> EMPLOYER: <u>WEST POINT, PA 19486</u> <input checked="" type="checkbox"/> COMMITTEE:	<u>10-24</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MISSOURI OPTOMETRIC ASSN</u> ADDRESS: <u>100 E. HIGH ST., STE. 301</u> CITY/STATE: <u>JEFFERSON CITY, MO 65101</u> EMPLOYER: <u>JEFFERSON CITY, MO 65101</u> <input checked="" type="checkbox"/> COMMITTEE:	<u>10-26</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS	\$ 2125	\$ 2125

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



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

NAME OF COMMITTEE *PEARLE FOR STATE REPRESENTATIVE* DATE *10/30/06*

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: <i>MISSOURI AGE PAC</i> ADDRESS: <i>P.O. Box 1865</i> CITY / STATE: <i>JEFFERSON CITY, MO 65102</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>10-26</i> <hr/> <i>\$ 300</i>	<i>\$ 300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>THOMAS GREENE</i> ADDRESS: <i>2425 BOWE LANE</i> CITY / STATE: <i>JEFFERSON CITY, MO 65109</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>10-26</i> <hr/> <i>\$ 200</i>	<i>\$ 200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 <hr/> \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 <hr/> \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 <hr/> \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 <hr/> \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 <hr/> \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 <hr/> \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>500</i>

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



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 <i>PEARCE FOR STATE REPRESENTATIVE 120 SE 180 RD WARRENSBURG, MO 64093</i>	
2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS <i>1409 CHARLESTON CT. WARRENSBURG, MO 64093</i>	
3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED: <i>SOCIAL, SOLICITATION</i>	
4. DATE OF ACTIVITY OR EVENT <i>OCT. 19, 2006</i>	6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT <i>JERRY AND STERRY FRANKLIN 1409 CHARLESTON CT. WARRENSBURG, MO 64093</i>
5. NUMBER OF PARTICIPANTS <i>80 approx.</i>	
RECEIPTS FROM ACTIVITY OR EVENT	
8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED	7. AMOUNT \$
9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS	\$ <i>8,890.25</i>
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	
<i>INVITATIONS, POSTAGE</i>	\$ <i>515.56</i>
<i>FOOD</i>	\$ <i>1,249.89</i>
<i>PARKING</i>	\$ <i>80.00</i>
	\$
14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT	\$ <i>1,845.45</i>



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>PEARCE FOR STATE REPRESENT.</i>		2. REPORT DATE <i>10/30/06</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 <i>KOKO ADVERTISING</i>			\$ <i>20.00</i>
<i>Mc DONALD'S - PARADE VOLUNTEERS</i>			\$ <i>45.00</i>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ <i>65.00</i>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ <i>232.22</i>
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ <i>297.22</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: <i>POSTAGE</i> ADDRESS: <i>GAY ST.</i> CITY / STATE: <i>WARRENSBURG</i>		<i>10/3</i>	\$ <i>280.02</i> <input checked="" type="checkbox"/> PAID <i>280.02</i> <input type="checkbox"/> INCURRED
NAME: <i>CALLIO AND ASSOCIATES</i> ADDRESS: <i>2650 S. LIMIT CT.</i> CITY / STATE: <i>SEDALIA, Mo 65301</i>		<i>10/3</i>	\$ <i>730.53</i> <input checked="" type="checkbox"/> PAID <i>730.53</i> <input type="checkbox"/> INCURRED
NAME: <i>EDIT EXPRESS</i> ADDRESS: <i>N. HOLDEN ST.</i> CITY / STATE: <i>WARRENSBURG, Mo</i>		<i>10/6</i>	\$ <i>173.21</i> <input checked="" type="checkbox"/> PAID <i>173.21</i> <input type="checkbox"/> INCURRED
NAME: <i>BRITT / KENNEDY SIGNS</i> ADDRESS: CITY / STATE: <i>LOUISIANA</i>		<i>10/10</i>	\$ <i>550</i> <input checked="" type="checkbox"/> PAID <i>550</i> <input type="checkbox"/> INCURRED
NAME: <i>HEROES</i> ADDRESS: <i>P. NE ST</i> CITY / STATE: <i>WARRENSBURG</i>		<i>10/24</i>	\$ <i>1160</i> <input checked="" type="checkbox"/> PAID <i>1160</i> <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ <i>2893.76</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+ \$
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$
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: <i>JEFF GRISAMORE FOR REP.</i> ADDRESS: <i>LEE'S SUMMIT</i> CITY / STATE:		<i>10/3</i>	\$ <i>300</i>
NAME: <i>ED GROOM FOR STATE REP</i> ADDRESS: CITY / STATE: <i>JEFFERSON COUNTY</i>		<i>10/3</i>	\$ <i>100</i>
NAME: <i>MILTON SCHRAPER FOR STATE REP</i> ADDRESS: CITY / STATE:		<i>10/3</i>	\$ <i>300</i>
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ <i>700</i>
24. SUBTOTAL: ANY ATTACHED PAGES			+ \$ <i>4900</i>
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ <i>5600</i>
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 AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE		2. REPORT DATE	
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			
OFFICER DEPOT ENVELOPES			\$ 62.33
PARKERS - FOOD			\$ 89.89
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 152.22
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		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
8. NAME AND ADDRESS OF RECIPIENT		9. DATE	
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)			\$
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: FRIENDS OF DON WELLS			
ADDRESS: CARBON, MO		10/3	\$ 300
CITY / STATE:			
NAME: REX RECTOR FOR STATE REP			
ADDRESS: HARRISONVILLE, MO		10/3	\$ 300
CITY / STATE:			
NAME: FRIENDS OF STEVE HOBBS			
ADDRESS: MEXICO, MO		10/16	\$ 300
CITY / STATE:			
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 900
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 AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICER USE ONLY

1. NAME OF COMMITTEE		2. REPORT DATE	
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>PARKING ATTENDANTS</i>			\$ <i>80.00</i>
			\$
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ <i>80.00</i>
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:			\$
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)			\$
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: <i>HRCC</i>			
ADDRESS: <i>P.O. Box 1313</i>			
CITY / STATE: <i>JEFFERSON CITY, MO 65102</i>		<i>10/16</i>	\$ <i>4,000</i>
NAME:			\$
ADDRESS:			
CITY / STATE:			\$
NAME:			\$
ADDRESS:			
CITY / STATE:			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ <i>4,000</i>
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			\$