

AMENDED



MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT
9-02-06
OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C001204

2. FULL NAME OF COMMITTEE
THE PEOPLE FOR JOHN GRIESHEIMER

3. COMMITTEE MAILING ADDRESS
33 OXFORD DR

4. COMMITTEE TELEPHONE NUMBER
636-239-2523

CITY/STATE/ZIP
WASHINGTON, MO 63090

5. TREASURER'S NAME
BOB ELBERT

6. TREASURER'S MAILING ADDRESS
7145 HYWAY YY

7. TREASURER'S TELEPHONE NUMBER
HOME: 636-239-6965 WORK: 636-583-5000

CITY/STATE/ZIP
WASHINGTON, MO 63090

8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER
RITA A. GRIESHEIMER

9. DEPUTY TREASURER'S MAILING ADDRESS
33 OXFORD DR, WASHINGTON, MO 63090

10. DEPUTY TREASURER'S TELEPHONE NUMBER
HOME: 636-239-2523 WORK: 636-239-4785

11. DATE OF ELECTION
8-8-06

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

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

THROUGH 9/02/06

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

JOHN E. GRIESHEIMER
33 OXFORD DR
WASHINGTON, MO 63090
636-239-2523
STATE SENATOR
DISTRICT 26

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

AMENDMENT

MISSOURI ETHICS COMMISSION
OCT 30 2006
HAND DELIVERED

CHECK IF INCUMBENT
 REPUBLICAN DEMOCRAT

AMENDING PREVIOUS REPORT DATED
09-02-06 - 20 06

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
Rita Griesheimer, deputy treasurer

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
John E. Griesheimer



MISSOURI ETHICS COMMISSION
REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>The People For John Griesheimer</i>	DATE OF REPORT <i>9/02/06</i>	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		\$11408.00	MONEY ON HAND			
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$17285.00					
3. ALL LOANS RECEIVED THIS PERIOD	+					
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+					
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$17285.00				25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$74073.11
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+				26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+17285.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$17285.00				27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-				a) Disbursements By Check \$ <u>5688.32</u>	- 5688.32
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$128693.00			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)	\$85669.79		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$27072.10	INDEBTEDNESS			
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$5438.32					
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)	\$5438.32				29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$32510.40	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		\$12025.00	32. PAYMENTS MADE ON LOANS THIS PERIOD	-		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 250.00		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)	\$	250.00	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)		\$12275.00				
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

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>The People For John Griesheimer</i>		2. REPORT DATE <i>9/2/06</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>MBA River Heritage Region PAC</i> ADDRESS: <i>207 E. Capitol Ave</i> CITY/STATE: <i>Jefferson City MO 65102</i> EMPLOYER: <i>(P)</i> <input checked="" type="checkbox"/> COMMITTEE:		<i>8/01/06</i> <i>650.00</i>	\$ <i>650.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>StL No Dent PAC</i> ADDRESS: <i>3340 American Ave</i> CITY/STATE: <i>Jefferson City MO 65109</i> EMPLOYER: <i>(P)</i> <input checked="" type="checkbox"/> COMMITTEE:		<i>8/02/06</i> <i>600.00</i>	\$ <i>600.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Alliance For Business Technology PAC</i> ADDRESS: <i>101 E. High St.</i> CITY/STATE: <i>Jefferson City MO 65101</i> EMPLOYER: <i>(P)</i> <input checked="" type="checkbox"/> COMMITTEE:		<i>8/04/06</i> <i>650.00</i>	\$ <i>650.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MO Concrete Association PAC</i> ADDRESS: <i>P.O. Box 392</i> CITY/STATE: <i>Jefferson City, MO 65102</i> EMPLOYER: <i>(P)</i> <input checked="" type="checkbox"/> COMMITTEE:		<i>8/07/06</i> <i>600.00</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>2200.00</i>	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ <i>14100.00</i>	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ <i>16300.00</i>	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ <i>16300.00</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>20.00</i>	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		<i>965.00</i>	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	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 REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: THE PEOPLE FOR JOHN GRIESHEIMER DATE: 9/02/06

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. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: <u>MO CONSUMER LENDING PAC</u> ADDRESS: <u>P.O. Box 1072</u> CITY/STATE: <u>JEFFERSON CITY, MO 65102</u> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	(P) <u>8/07/06</u> <u>\$ 300.00</u>	\$ <u>300.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MO CRIMINAL DEFENSE LAWYERS PAC</u> ADDRESS: <u>P.O. Box 1543</u> CITY/STATE: <u>JEFFERSON CITY, MO 65102</u> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	(P) <u>8/07/06</u> <u>\$ 650.00</u>	\$ <u>650.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MO ORGANIZATION OF DEFENSE LAWYERS PAC</u> ADDRESS: <u>P.O. Box 1669</u> CITY/STATE: <u>JEFFERSON CITY, MO 65102</u> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	(P) <u>8/07/06</u> <u>\$ 600.00</u>	\$ <u>600.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>DEALERS INTERESTED IN GOVERNMENT</u> ADDRESS: <u>P.O. Box 245</u> CITY/STATE: <u>JEFFERSON CITY, MO 65102</u> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	(P) <u>8/09/06</u> <u>\$ 650.00</u>	\$ <u>50.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>WILFORD KALLMEYER</u> ADDRESS: <u>P.O. Box 223</u> CITY/STATE: <u>HERMANN, MO 65041</u> EMPLOYER: <u>Retired</u> <input type="checkbox"/> COMMITTEE:	(P) <u>8/01/06</u> <u>\$ 200.00</u>	\$ <u>100.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MORES PAC</u> ADDRESS: <u>P.O. Box 1865</u> CITY/STATE: <u>JEFFERSON CITY, MO 65102</u> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	(P) <u>8/12/06</u> <u>\$ 600.00</u>	\$ <u>600.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>K12- SOUTH POINT II</u> ADDRESS: <u>2300 CORPORATE PARK DR</u> CITY/STATE: <u>HERWOOD, VA 20171</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	(P) <u>8/21/06</u> <u>\$ 650.00</u>	\$ <u>650.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>WESTERN ANESTHESIOLOGY ASSOC, INC</u> ADDRESS: <u>339 CONSOBT DR</u> CITY/STATE: <u>BALLWIN, MO 63011</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	(P) <u>8/31/06</u> <u>\$ 600.00</u>	\$ <u>600.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <u>3550.00</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: THE PEOPLE FOR JOHN GRIESHEIMER DATE: 9/02/06

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>AMERICAN CENTURY SERVICES CORP</u> ADDRESS: <u>4500 MAIN ST</u> CITY/STATE: <u>KANSAS CITY, MO 64111</u> (G) EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>8/16/06</u> \$ <u>650.00</u>	\$ <u>650.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MO CORRECTIONS OFFICERS ASSOC</u> ADDRESS: <u>1103 R SOUTHWEST BLVD</u> CITY/STATE: <u>JEFFERSON CITY, MO 65709</u> (G) EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>8/24/06</u> \$ <u>500.00</u>	\$ <u>500.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>SHIELDS FOR PROTEM</u> ADDRESS: <u>47 SE ERIN ST</u> CITY/STATE: <u>ST. JOSEPH, MO 64507</u> (G) EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>8/16/06</u> \$ <u>650.00</u>	\$ <u>650.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>WORLDWALD + ASSOCIATES AUCTION SERVICE</u> ADDRESS: <u>26 HWYWAY A</u> CITY/STATE: <u>HAWK POINT, MO 63349</u> (G) EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>8/29/06</u> \$ <u>500.00</u>	\$ <u>500.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>HERBERT HOMMEYER</u> ADDRESS: <u>P.O. BOX 247</u> CITY/STATE: <u>MARTHASVILLE, MO 63357</u> (G) EMPLOYER: <u>HOMMEYER TOOL + DIR</u> <input type="checkbox"/> COMMITTEE:	<u>8/29/06</u> \$ <u>250.00</u>	\$ <u>250.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>THOMAS HILBERT</u> ADDRESS: <u>2 MAHE DR</u> CITY/STATE: <u>WARRENTON, MO 63383</u> (G) EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>8/29/06</u> \$ <u>500.00</u>	\$ <u>500.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MEDA CONTINUING COMMITTEE</u> ADDRESS: <u>326 E CAPITOL AVE</u> CITY/STATE: <u>JEFFERSON CITY, MO 65101</u> (F) EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>8/18/06</u> \$ <u>650.00</u>	\$ <u>650.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>MEDA CONTINUING COMMITTEE</u> ADDRESS: <u>326 E. CAPITOL AVE</u> CITY/STATE: <u>JEFFERSON CITY, MO 65101</u> (G) EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>8/18/06</u> \$ <u>650.00</u>	\$ <u>650.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS	\$ <u>4350.00</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

THE PEOPLE FOR JOHN GRIESHEIMER

DATE

9/02/06

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: FEA PAC OF MISSOURI ADDRESS: 10850 LOWELL AVE CITY/STATE: OVERLAND PARK, KS 66210 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	(P) 8/31/06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MO DUMP TRUCKERS ASSOC PAC ADDRESS: P.O. Box 757 CITY/STATE: JEFFERSON CITY, MO 65702 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	(G) 9/02/06 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: WFIB- MO SAFE TRUST ADDRESS: 1201 F STREET NW SUITE 200 CITY/STATE: WASHINGTON, DC 20004 EMPLOYER: <input type="checkbox"/> COMMITTEE:	(G) 9/01/06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: WESTERN ANESTHESIOLOGY ASSOC. INC ADDRESS: 339 COWSORT DR CITY/STATE: BALLWIN, MO 63011 EMPLOYER: <input type="checkbox"/> COMMITTEE:	(G) 8/31/06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: L. B. ECKELKAMP, JR ADDRESS: 1400 DOGWOOD TERRACE CITY/STATE: WASHINGTON, MO 63090 EMPLOYER: BANK OF WASHINGTON <input type="checkbox"/> COMMITTEE:	(G) 8/14/06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: BONNIE ECKELKAMP ADDRESS: 1400 DOGWOOD TERRACE CITY/STATE: WASHINGTON, MO 63090 EMPLOYER: HAW <input type="checkbox"/> COMMITTEE:	(G) 8/14/06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MO CHAMBER PAC ADDRESS: P.O. Box 149 CITY/STATE: JEFFERSON CITY, MO 65702 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	(P) 8/14/06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: THE CHESTERFIELD DEVELOPMENT, LLC ADDRESS: 2127 INNERBELT BUS DR CITY/STATE: ST. LOUIS, MO 63114 EMPLOYER: <input type="checkbox"/> COMMITTEE:	(G) 8/15/06 \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS	\$ 4800.00	

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE THE PEOPLE FOR JOHN GRIESSTEIMER		2. REPORT DATE 9/2/06	
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>Cash America</i> ADDRESS: <i>1600 W. 7th St.</i> CITY/STATE: <i>Fort Worth, TX 76102</i> EMPLOYER: <i>Fort Worth, TX 76102</i> <input type="checkbox"/> COMMITTEE:		(P) <i>7/3/06</i> <i>300.00</i>	\$ <i>300.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Taxpayers Unlimited</i> ADDRESS: <i>6320 Manchester Ave suite 428</i> CITY/STATE: <i>Kansas City, MO 64133</i> EMPLOYER: <i>Kansas City, MO 64133</i> <input type="checkbox"/> COMMITTEE:		(P) <i>8/01/06</i> <i>500.00</i>	\$ <i>500.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Eric Rau</i> ADDRESS: <i>3583 Massey Ford Rd</i> CITY/STATE: <i>Union, MO 63084</i> EMPLOYER: <i>Edd's Drilling & Blasting</i> <input type="checkbox"/> COMMITTEE:		(P) <i>8/07/06</i> <i>600.00</i>	\$ <i>600.00</i> <input checked="" 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)			\$ <i>1400.00</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)			
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			
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	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 REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



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

THE PEOPLE FOR JOHN GRIESHEIMER
33 OXFORD DR
WASHINGTON, MO 63090

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

THOMAS + ANGIE HILBERT
10 COUNTRY LANE
MARTHASVILLE, MO 63357

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

SOCIAL RECEPTION -
INVITATIONS SENT TO VARIOUS RESIDENTS + FRIENDS OF SPONSOR

4. DATE OF ACTIVITY OR EVENT

8/29/06

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

THOMAS + ANGIE HILBERT
10 COUNTRY LANE
MARTHASVILLE, MO 63357

5. NUMBER OF PARTICIPANTS

50

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

\$ 20.00

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

\$ 1740.00

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

\$ 1760.00

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

CASH PLACED IN BOWL ANONYMOUSLY

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

\$ 0

\$

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <i>The People For John Griesheimer</i>		2. REPORT DATE <i>9/02/06</i>	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			
3. CATEGORY OF EXPENDITURE <i>Dues</i>			4. AMOUNT PAID OR INCURRED THIS PERIOD <i>41.00</i>
<i>Donated Prizes</i>			<i>141.89</i>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ <i>182.89</i>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ <i>182.89</i>
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
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>Athletic World Advertising</i> ADDRESS: <i>PO Box 8730</i> CITY/STATE: <i>Fayetteville AR 72703</i>	<i>8/1/06</i>	<i>Poster Ads</i>	\$ <i>209.99</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>KTUI Radio</i> ADDRESS: <i>P.O. Box 99</i> CITY/STATE: <i>Sullivan MO 63080</i>	<i>8/21/06</i>	<i>Radio Ads</i>	\$ <i>120.00</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Capitol Consulting LLC</i> ADDRESS: <i>P.O. Box 931</i> CITY/STATE: <i>Jefferson City MO 65102</i>	<i>8/6/06</i>	<i>Retainer and expenses</i>	\$ <i>2878.70</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Michaels</i> ADDRESS: <i>2096 Washington Crossing</i> CITY/STATE: <i>Washington MO 63080</i>	<i>8/22/06</i>	<i>Framing</i>	\$ <i>353.61</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Missourian Publishing Co</i> ADDRESS: <i>P.O. Box 336</i> CITY/STATE: <i>Washington MO 63090</i>	<i>7/28/06</i>	<i>Brochures</i>	\$ <i>765.76</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ <i>4328.06</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>927.37</i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>5255.43</i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <i>5438.32</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)			\$
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: <i>9th Congressional District</i> ADDRESS: <i>P.O. Box 87</i> CITY/STATE: <i>Mexico, MO 65265</i>	<i>7/29/06</i>	<i>250.00</i>	
NAME: ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ <i>250.00</i>
24. SUBTOTAL: ANY ATTACHED PAGES			\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ <i>250.00</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

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <i>The People For John Griesheimer</i>	2. REPORT DATE <i>9/02/06</i>
--	----------------------------------

A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)	
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)	\$

B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
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>FCCIA</i> ADDRESS: <i>P.O. Box 123</i> CITY/STATE: <i>Pacific, MO 63069</i>	<i>8/5/06</i>	<i>Ads & Donation</i>	\$ <i>300.00</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Washington Town & Country Fair</i> ADDRESS: <i>323 Main St.</i> CITY/STATE: <i>Washington, MO 63091</i>	<i>8/23/06</i>	<i>1/2 Fair Hog</i>	\$ <i>627.37</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>927.37</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)		
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
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		\$

