



**MISSOURI ETHICS COMMISSION**  
**COMMITTEE STATEMENT OF LIMITED ACTIVITY**  
 INSTRUCTIONS ON REVERSE SIDE

1. DATE OF REPORT	OFFICE/USE ONLY
10/30	<i>[Signature]</i>

M.E.C. ID NO. C061642

2. FULL NAME OF COMMITTEE  
CITIZENS FOR PUBLIC ACCOUNTABILITY

3. COMMITTEE MAILING ADDRESS  
 ADDRESS: PO BOX 5343  
 CITY / STATE / ZIP: KCMO 64131

4. COMMITTEE TELEPHONE NUMBER  
 Home: 816 268 4716  
 Work:

5. TREASURER'S NAME  
PATRICK TUOHY

6. TREASURER'S MAILING ADDRESS  
 ADDRESS: (AS ABOVE)  
 CITY / STATE / ZIP: (AS ABOVE)

7. TREASURER'S TELEPHONE NUMBER  
 Home: (AS ABOVE)  
 Work:

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

9. DEPUTY TREASURER'S MAILING ADDRESS  
 ADDRESS:  
 CITY / STATE / ZIP:

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 Home:  
 Work:

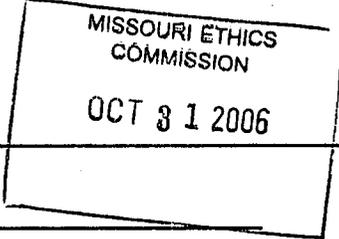
11. DATE OF ELECTION  
NOV 7

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

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM OCT 16 THROUGH OCT 30

14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, AND POLITICAL SUBDIVISION

REPUBLICAN  DEMOCRAT  \_\_\_\_\_



15. TYPE OF REPORT:

OTHER \_\_\_\_\_

8 DAYS BEFORE ELECTION  COMMITTEE QUARTERLY REPORT

30 DAYS AFTER ELECTION  JAN 15  APRIL 15  JUL 15  OCT 15

15 DAYS AFTER CAUCUS NOMINATION  15 DAYS AFTER PETITION DEADLINE

16. TREASURER'S STATEMENT

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.

*[Signature]*  
 TREASURER'S SIGNATURE

17. CANDIDATE'S STATEMENT  
 (CANDIDATE COMMITTEE ONLY)

I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.

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 CANDIDATE'S SIGNATURE