



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. 0061716

1. DATE OF REPORT <u>1/20/07</u>	OFFICE USE ONLY <i>Page</i> LT
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>Citizens for Gondolfi</u>	
3. COMMITTEE MAILING ADDRESS <u>P.O. Box 19082</u> CITY / STATE / ZIP <u>St. Louis, MO 63118</u>	4. COMMITTEE TELEPHONE NUMBER <u>(314) 772-3628</u> OR <u>(314) 258-4149</u>
5. TREASURER'S NAME <u>AMBER DOWER</u>	
6. TREASURER'S MAILING ADDRESS <u>3212 Utah</u> CITY / STATE / ZIP <u>St. Louis, MO 63118</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>314-374-7562</u> WORK: <u>314-289-4488</u>
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION <u>MARCH 6th 2007</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>1/13/06</u> THROUGH <u>1/20/07</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>Galen Gondolfi</u> <u>3151 Cherokee</u> <u>St. Louis, MO 63118</u> <u>(314) 772-3628</u> <u>ALDERMAN FOR 20th WARD</u> <input checked="" type="checkbox"/> NOT INCUMBENT <input checked="" type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" 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"/> 8 DAYS BEFORE <input 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 checked="" type="checkbox"/> OTHER <u>40 DAY BEFORE ELECTION REPORT</u> <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">MISSOURI ETHICS COMMISSION JAN 25 2007</div>
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>AMBER DOWER</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>[Signature]</u> CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Citizens for Gondolfi</i>	DATE OF REPORT <i>11/20/07</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			\$ \emptyset	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ <i>3,819.98</i>				
3. ALL LOANS RECEIVED THIS PERIOD	+ \emptyset				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \emptyset				
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ <i>3,819.98</i>				
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ <i>25.00</i>			25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ \emptyset
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ <i>3,844.98</i>			26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ <i>3,819.98</i>
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \emptyset			27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	<i>3,844.98</i>	\$		a) Disbursements By Check \$ <i>2,832.26</i>	- <i>2,832.26</i>
				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)	\$ <i>987.72</i>
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ \emptyset	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ <i>2,832.26</i>				
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \emptyset				
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \emptyset				
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ <i>2,832.26</i>				
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	<i>2,832.26</i>	\$		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ \emptyset
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+ \emptyset
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED	\emptyset		\$ \emptyset	31. NEW DEBTS INCURRED THIS PERIOD	+ \emptyset
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$			32. PAYMENTS MADE ON LOANS THIS PERIOD	- \emptyset
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+			33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \emptyset
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$			34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \emptyset
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)			\$ \emptyset	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ \emptyset
OTHER DISBURSEMENTS		A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \emptyset		\emptyset		
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)	\$		\emptyset		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE Citizens for Gondolfi		2. REPORT DATE 1/20/07	
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: LENO GONDOLFI, JR. ADDRESS: 917 UNION ST. CITY/STATE: MARSEILLES, IL 61341 EMPLOYER: <input type="checkbox"/> COMMITTEE:		12/7/06	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: HOME CARE SERVICES OF Metro St. Louis - Katie LANE ADDRESS: 201 S. Central, Suite 108 CITY/STATE: CLAYTON, MO 63105 EMPLOYER: <input type="checkbox"/> COMMITTEE:		1/19/07	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: TOM O'QUINN ADDRESS: 805 HESSEL BLVD. CITY/STATE: CHAMPAIGN, IL 61820 EMPLOYER: <input type="checkbox"/> COMMITTEE:		12/15/06	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: LANNING International Auto Body, Inc. ADDRESS: 3850 S. BROADWAY CITY/STATE: St. Louis, MO 63118 EMPLOYER: <input type="checkbox"/> COMMITTEE:		12/16/06	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ 950.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ 650.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 1,600.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		1,600.00	\$ 548.98
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 0
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			548.98
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			514.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			1,157.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			25.00
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)			\$ 0
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$ 0
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ 0
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ 25.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 3,819.98
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 2,757.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Gondolfi DATE 11/20/07

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>Steve Smith</u> ADDRESS: <u>3132 S. Kingshighway</u> CITY / STATE: <u>St. Louis, MO 63139</u> EMPLOYER: <u>The Royale Food & Spirits</u> <input type="checkbox"/> COMMITTEE:	<u>11/19/07</u>	\$ <u>325.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>JAMES ROOS</u> ADDRESS: <u>2752 LAFAYETTE AVE.</u> CITY / STATE: <u>St. Louis, MO 63104</u> EMPLOYER: <u>Neighborhood Enterprises</u> <input type="checkbox"/> COMMITTEE:	<u>12/16/06</u>	\$ <u>325.00</u> <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
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ <input 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
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ <input 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
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ <u>650.00</u>



MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

REPORT DATE

1/20/07

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

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

GIALEN GONDOLFI - Citizens for Gondolfi
3151 CHEROKEE
St. Louis, MO 63118

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

RADIO CHEROKEE
3227 CHEROKEE
St. Louis, MO 63118

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

FUNDRAISING SOCIAL
Meet & Greet Candidate

4. DATE OF ACTIVITY OR EVENT

12/16/06

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

AMBER DAEK
3212 UFAH
St. Louis, MO 63118

5. NUMBER OF PARTICIPANTS

80

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

245.00

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

1,214.04

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

1,459.04

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

THERE WAS AN OPEN BAR WITH BEVERAGES &
APPETIZERS WITH A DONATION JAR.

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

GLOBE DRUG - SUPPLIES

156.71

INK SPOT - INVITES

64.57

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

221.28



MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

REPORT DATE

1/20/07

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

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

Galen Gandolfi - Citizens for Gandolfi
3151 Cherokee
St. Louis, MO 63118

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

Typo Cafe
3159 Cherokee
St. Louis, MO 63118

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

Local 20th Ward Bands played for fundraiser
at coffee house.

4. DATE OF ACTIVITY OR EVENT

1/12/07

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

AMBER DOWER
3212 Utah
St. Louis, MO 63118

5. NUMBER OF PARTICIPANTS

60

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

303.98

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

344.00

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

647.98

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

WE HAD BEVERAGES SERVED AT COFFEE COUNTER
WITH A DONATION JAR.

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

GLOBE DRUG - SUPPLIES

222.98

Schnucks - Supplies

14.92

Creative Litho Posters

48.43

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

286.33



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE Citizens for Gondolfi	2. REPORT DATE 11/20/07
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A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)	
3. CATEGORY OF EXPENDITURE OFFICE SUPPLIES	4. AMOUNT PAID OR INCURRED THIS PERIOD 142.89
Postage	39.00
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	\$ 181.89
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	\$ 181.89

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: GLOBE DRUG ADDRESS: 2626 Cherokee CITY/STATE: St. Louis, MO 63118	12/16/06	FUNDRAISER SUPPLIES	\$ 102.96 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: GLOBE DRUG ADDRESS: 2626 Cherokee CITY/STATE: St. Louis, MO 63118	1/10/07	FUNDRAISER SUPPLIES	\$ 111.49 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: GLOBE DRUG ADDRESS: 2626 Cherokee CITY/STATE: St. Louis, MO 63118	1/12/07	FUNDRAISER SUPPLIES	\$ 111.49 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Creative Litho ADDRESS: 3021 Cherokee CITY/STATE: St. Louis, MO 63118	12/11/06	PRINT MATERIAL	\$ 250.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: United States Postal Service ADDRESS: CITY/STATE: St. Louis, MO	1/10/07	STAMPS FOR MAILINGS	\$ 576.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 1,151.94
13. SUBTOTAL: ANY ATTACHED PAGES			+ 1,498.43
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 2,650.37
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 2,832.26
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 2,832.26
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 0
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0

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)		\$ 0
24. SUBTOTAL: ANY ATTACHED PAGES		\$ 0
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 0
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ 0
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 0
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$ 0



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: Citizens for Gondolf DATE: 1/20/07

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
NAME AND ADDRESS OF RECIPIENT			
Creative Litho 3021 Cherokee St. Louis, MO 63118	12/21/06	Print Material	\$ 1,307.94 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Creative Litho 3021 Cherokee St. Louis, MO 63118	1/17/07	Print Material	\$ 48.43 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
INKSPOT 5755 Chippewa St. Louis, MO 63109	12/11/06	Print Material	\$ 64.57 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Creative Litho 3021 Cherokee St. Louis, MO 63118	1/17/07	Print Material	\$ 77.49 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES (CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ 1,498.43