



MISSOURI ETHICS COMMISSION
COMMITTEE STATEMENT OF LIMITED ACTIVITY

CO21031

| | |
|-----------------------------|---------------------------------------|
| 1. DATE OF REPORT 7-3-07 | OFFICE USE ONLY <i>[Signature]</i> |
|-----------------------------|---------------------------------------|

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. **6001037**

2. FULL NAME OF COMMITTEE
Jasper County Democratic Central Committee

3. COMMITTEE MAILING ADDRESS
% Sue Cowen, 3040 S. Woodland Drive

4. COMMITTEE TELEPHONE NUMBER
 HOME: **(417) 624-0531** WORK:

CITY/STATE/ZIP
Joplin, MO 64804-8070

5. TREASURER'S NAME
Mrs. N. Sue Cowen

6. TREASURER'S MAILING ADDRESS
99 above

7. TREASURER'S TELEPHONE NUMBER
 HOME: **(417) 624-5460** WORK: **(417) 623-2796**

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

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 HOME: WORK:

CITY/STATE/ZIP

11. DATE OF ELECTION

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM **5-1-07** THROUGH **6-30-07**

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



REPUBLICAN DEMOCRAT

15. TYPE OF REPORT
 OTHER

8 DAYS BEFORE ELECTION COMMITTEE QUARTERLY REPORT
 JAN 15 APRIL 15 JULY 15 OCT 15

30 DAYS AFTER ELECTION 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.

TREASURER'S SIGNATURE
Mrs. N. Sue Cowen, Treasurer

17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEES 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.

CANDIDATE'S SIGNATURE



MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

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|------------------------------------|
| 1. DATE OF REPORT 7-3-07 |
| OFFICE USE ONLY |

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. **CO21037**

| | |
|--|---|
| 2. FULL NAME OF COMMITTEE Jasper County Democratic Central Committee | |
| 3. COMMITTEE MAILING ADDRESS % Sue Cowen, 3040 S. Woodland Drive | 4. COMMITTEE TELEPHONE NUMBER (417) 624-0531 at HQ |
| CITY/STATE/ZIP Joplin, MO 64804-8010 | |
| 5. TREASURER'S NAME Mrs. N. Sue Cowen | |
| 6. TREASURER'S MAILING ADDRESS as above | 7. TREASURER'S TELEPHONE NUMBER HOME (417) 624-5466 WORK: (417) 623-2796 |
| CITY/STATE/ZIP | |
| 8. DEPUTY TREASURER'S NAME | <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER |
| 9. DEPUTY TREASURER'S MAILING ADDRESS | 10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK: |
| 11. DATE OF ELECTION | 12. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL |
| 13. TIME PERIOD COVERED BY THIS STATEMENT FROM THROUGH | |
| 14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY | 15. TYPE OF REPORT: <input type="checkbox"/> 15 DAY AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> JAN 15 <input type="checkbox"/> APRIL 15 <input checked="" type="checkbox"/> JULY 15 <input type="checkbox"/> OCT 15 <input type="checkbox"/> 8 DAYS BEFORE ELECTION <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"/> JULY 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 _____ |
| <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____ | |

MISSOURI ETHICS COMMISSION
 JUL 10 2007

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
Mrs. N. Sue Cowen, 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