



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO C000609

1. DATE OF REPORT <u>10/1/07</u>	OFFICE USE ONLY <i>pr</i> <i>gr</i> <i>ky</i>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>NATIONAL VETERANIZED SERVICES COMMITTEE FOR GOOD GOVERNMENT</u>	
3. COMMITTEE MAILING ADDRESS <u>10 SO. BRENTWOOD BLVD.</u>	4. COMMITTEE TELEPHONE NUMBER <u>314 726-6706</u>
CITY / STATE / ZIP <u>ST LOUIS, MISSOURI 63105</u>	
5. TREASURER'S NAME <u>NEOL PROVINCE</u>	
6. TREASURER'S MAILING ADDRESS <u>SAME</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>636 391-8920</u> WORK: <u>314 726-6706</u>
CITY / STATE / ZIP	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
8. DEPUTY TREASURER'S MAILING ADDRESS	
CITY / STATE / ZIP	
10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:	
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>JULY 1, 2007</u> THROUGH <u>SEPTEMBER 30, 2007</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 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 type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20__
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>[Signature]</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.  _____ CANDIDATE'S SIGNATURE

MISSOURI ETHICS  
COMMISSION  
  
OCT 15 2007



Missouri Ethics Commission  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>NATIONAL HEARD SERV. COMMITTEE FOR GOOD GOVERNMENT</i>	DATE OF REPORT <i>10/4/07</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			\$	<b>MONEY ON HAND</b>	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$				
3. ALL LOANS RECEIVED THIS PERIOD	+				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+				
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$				
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+			26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ <i>0</i>
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$			27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-			a) Disbursements By Check \$ <i>250.00</i>	- <i>273.79</i>
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	\$			b) Disbursements By Cash \$ <i>23.79</i>	
EXPENDITURES		A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ <i>2639.96</i>
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$	<b>INDEBTEDNESS</b>	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ <i>250.00</i>				
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)	\$			30. LOANS RECEIVED THIS PERIOD	+
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	<i>250.00</i>	\$		31. NEW DEBTS INCURRED THIS PERIOD	+
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION	32. PAYMENTS MADE ON LOANS THIS PERIOD	-
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$	33. CREDITS RECEIVED ON LOANS THIS PERIOD	-
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ <i>250.00</i>			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)	<i>250.00</i>	\$			
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	+ <i>23.79</i>		<i>See. llyg</i>		
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ <i>23.79</i>		<i>See. llyg</i>		



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>COMMITTEE FOR GOV. GOVERNMENT</i> <i>NATIONAL RETIREMENT SERVICES</i>		2. REPORT DATE <i>10/1/07</i>
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
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		5. AMOUNT RECEIVED (CHECK IF MONETARY OR 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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$
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)		AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$
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 REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>NATIONAL HEALTH CARE FOUNDATION</i> <i>COMMITTEE FOR GOOD GOVERNMENT</i>		2. REPORT DATE <i>10/11/07</i>	
<b>A. EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4. AMOUNT PAID OR INCURRED THIS PERIOD
3. CATEGORY OF EXPENDITURE			
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>B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
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: 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
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)			\$
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)			\$
<b>C. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME: <i>DONNELLY FOR ATTORNEY GENERAL</i> ADDRESS: <i>P.O. Box 16050</i> CITY / STATE: <i>ST. LOUIS, MISSOURI 63105</i>		<i>9/11/07</i>	\$ <i>250.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ <i>250.00</i>
24. SUBTOTAL: ANY ATTACHED PAGES			\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ <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)			\$ <i>250.00</i>
28. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$



**MISSOURI ETHICS COMMISSION  
DIRECT EXPENDITURE REPORT**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE NATIONAL REARPAKED SERU COMMITTEE FOR GOOD GOVERNMENT 2. REPORT DATE 10/11/07

**DIRECT EXPENDITURE REPORT**

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

**A. CANDIDATES**

3. CANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE		6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
		SUPP.	OPP.		
NAME: ADDRESS: CITY STATE ZIP: <u>N/A</u>					
NAME: ADDRESS: CITY STATE ZIP:					
NAME: ADDRESS: CITY STATE ZIP:					
NAME: ADDRESS: CITY STATE ZIP:					

**B. BALLOT MEASURES**

8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9. ELECTION DATE	10. CHECK ONE		11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
		SUPP.	OPP.		
BALLOT MEASURE: POLITICAL SUBDIVISION:					
BALLOT MEASURE: POLITICAL SUBDIVISION:					
BALLOT MEASURE: POLITICAL SUBDIVISION:					