



Missouri Ethics Commission  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

M.E.C. ID NO. C081283

1. DATE OF REPORT  7/15/08	OFFICE USE ONLY   
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Committee to Stop Lembke	
3. COMMITTEE MAILING ADDRESS 2510 Sutton Blvd CITY / STATE / ZIP St. Louis, MO 63143	4. COMMITTEE TELEPHONE NUMBER  (314) 647-9232
5. TREASURER'S NAME Paul Passanante	
6. TREASURER'S MAILING ADDRESS 410 S. McKnight Rd. CITY / STATE / ZIP St. Louis, MO 63124	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 569-2862 WORK: (314) 241-2929
8. DEPUTY TREASURER'S NAME <input checked="" 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 11/04/08	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 5/27/08 THROUGH 6/30/08	
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 type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input 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____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">             MISSOURI ETHICS COMMISSION              JUL 15 2008         </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.  _____ 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  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Committee to Stop Lembke	DATE OF REPORT 7/15/08	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		\$ 0.00	<b>MONEY ON HAND</b>	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 5750.00			
3. ALL LOANS RECEIVED THIS PERIOD	+ \$0.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$0.20			
5. <b>SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)</b>	\$ 5750.20			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$3869.98		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0.00
7. <b>TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)</b>	\$ 9620.18		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$5750.20
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )	- \$2.97
9. <b>TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)</b>		\$ 9620.18	a) Disbursements By Check \$ b) Disbursements By Cash \$ 2.97	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 5747.23
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	<b>INDEBTEDNESS</b>	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 2.97			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 0.00			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$0.00			
14. <b>TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)</b>	\$ 2.97			
15. <b>TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)</b>		\$ 2.97	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.00
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+ \$0.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	31. NEW DEBTS INCURRED THIS PERIOD	+ \$0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00		32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$0.00
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ 0.00		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$0.00
19. <b>TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)</b>	\$ 0.00		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$0.00
20. <b>TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)</b>		\$ 0.00	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$0.00			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$0.00			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$0.00			
24. <b>TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)</b>	\$ 0.00			



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Committee to Stop Lembke		2. REPORT DATE 7/15/08	
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: ADDRESS: CITY / STATE: EMPLOYER: [See attached supplemental forms] <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)			\$ 0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$9619.98
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 9619.98
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 5750.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 3869.98
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A			\$ 0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$ 0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ 0.20
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$ 0.00
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: CITY / STATE:			\$ 0.00
NAME: ADDRESS: CITY / STATE:			\$ 0.00
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$ 0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$ 0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ 0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ 3869.98
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 5750.20
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 5750.20



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Committee to Stop Lembke		2. REPORT DATE 7/15/08	
<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			0.00
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0.00
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ 0.00
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 0.00
<b>B. ITEMIZED EXPENDITURES ALL OVER \$100</b> AND ALL PAYMENTS TO CAMPAIGN WORKERS		9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)
8. NAME AND ADDRESS OF RECIPIENT			11. AMOUNT THIS PERIOD
NAME: Auburn Quad, Inc. ADDRESS: P.O. Box 390728 CITY / STATE: Cambridge, MA 02139		6/22/08	fundraising exp. \$ .99 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Auburn Quad, Inc. ADDRESS: P.O. Box 390728 CITY / STATE: Cambridge, MA 02139		6/29/08	fundraising exp. \$ 1.98 <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)			\$ 2.97
13. SUBTOTAL: ANY ATTACHED PAGES			+ 0.00
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			\$ 2.97
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 2.97
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 2.97
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0.00
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 0.00
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0.00
<b>C. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
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
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 0.00
24. SUBTOTAL: ANY ATTACHED PAGES			\$ 0.00
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ 0.00
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0.00
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 0.00
28. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$ 0.00



**MISSOURI ETHICS COMMISSION  
DIRECT EXPENDITURE REPORT**

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Committee to Stop Lembke	2. REPORT DATE 7/15/08
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**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 SUPP.    OPP.	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: ADDRESS: CITY STATE ZIP:		-		
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 SUPP.    OPP.	11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
BALLOT MEASURE:  POLITICAL SUBDIVISION:		-		
BALLOT MEASURE:  POLITICAL SUBDIVISION:		-		
BALLOT MEASURE:  POLITICAL SUBDIVISION:		-		



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Committee to Stop Lembke	DATE 7/15/08
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**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: Paul Passanante ADDRESS: 410 McKnight Rd CITY / STATE: St. Louis, MO 63143 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/20/08 ----- \$6829.98	\$ 2133.60  <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Paul Passanante ADDRESS: 410 McKnight Rd CITY / STATE: St. Louis, MO 63143 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/19/08 ----- \$6829.98	\$ 1696.38  <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Legal Media Matters LLC ADDRESS: 9849 Manchester, Suite 4 CITY / STATE: St. Louis, MO 63119 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/25/08 ----- \$40.00	\$ 40.00  <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Paul Passanante ADDRESS: 410 McKnight Rd CITY / STATE: St. Louis, MO 63143 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/03/08 ----- \$6829.98	\$ 3000.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gerald Cohen ADDRESS: 745 Craig Road, Suite 105 CITY / STATE: Creve Cour, MO 63141 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/27/08 ----- \$100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Mark Kodner ADDRESS: 7800 Forsyth Blvd., Suite 700 CITY / STATE: Clayton, MO 63105 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/26/08 ----- \$150.00	\$ 150.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Peter Herzog ADDRESS: One City Centre 515 N. 6th Street CITY / STATE: St. Louis, MO 63101 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/26/08 ----- \$30.00	\$ 30.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Lester Goldman ADDRESS: 275 N. Lindbergh, Suite G CITY / STATE: St. Louis, MO 63141 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/27/08 ----- \$25.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>  (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		<b>\$ 7174.98</b>



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Committee to Stop Lembke	DATE 7/15/08
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**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: Robert Ramshur ADDRESS: 100 N. Main St. CITY / STATE: Piedmont, MO 63957 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/27/2008 ----- \$100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: William James ADDRESS: 5 Selma Ct. CITY / STATE: Webster Groves, MO 63119 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/30/2008 ----- \$100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: John Campbell ADDRESS: 332 Central Ave. CITY / STATE: Collinsville, IL 62234 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/27/2008 ----- \$100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Arthur Hyatt ADDRESS: 9322 Manchester Rd. CITY / STATE: St. Louis, MO 63119 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/29/2008 ----- \$50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: James Holloran ADDRESS: 1010 Market St., Suite 1650 CITY / STATE: St. Louis, MO 63101 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/26/2008 ----- \$1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Ronald Fox ADDRESS: 527 High Hampton CITY / STATE: St. Louis, MO 63124 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/30/2008 ----- \$200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Laura Lumaghi ADDRESS: 506 Old Bonhomme Rd. CITY / STATE: St. Louis, MO 63130 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/30/2008 ----- \$50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Alan Steinberg ADDRESS: 655 Craig Road CITY / STATE: Creve Coeur, MO 63141 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/29/08 ----- \$50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>  (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 1650.00



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

<b>NAME OF COMMITTEE</b> Committee to Stop Lembke	<b>DATE</b> 7/15/08
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**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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: Tom Keefe ADDRESS: 10 South Broadway, Suite 500 CITY / STATE: St. Louis, MO 63102 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/26/2008 ----- \$250.00	\$ 250.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Hartstein Law Firm ADDRESS: 130 S. Bemiston Ave., Suite 608 CITY / STATE: Clayton, MO 63105 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/27/2008 ----- \$50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Charles M. Lock ADDRESS: 230 S. Bemiston, #730 CITY / STATE: St. Louis, MO 63105 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/30/2008 ----- \$100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Parsons and Wilson ADDRESS: P.O. Box 428 CITY / STATE: Dexter, MO 63841 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/26/2008 ----- \$250.00	\$ 250.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: James Willaims ADDRESS: 1911 R Street NW Apt. 703 CITY / STATE: Washington, DC 20009 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/22/108 ----- \$25.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Joel Monson ADDRESS: 515 Olive Street, #704 CITY / STATE: St. Louis, MO 63101 EMPLOYER: Anderson & Gilbert <input type="checkbox"/> COMMITTEE:	6/26/2008 ----- \$50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Shelly Madden ADDRESS: 4191-C Crescent Dr. CITY / STATE: St. Louis, MO 63129 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/26/2008 ----- \$25.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Annette Cepluch ADDRESS: 3539 Bonsai Ct. CITY / STATE: St. Louis, MO 63129 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/26/2008 ----- \$25.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>  (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 775.00



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Committee to Stop Lembke	DATE 7/15/08
---	-----------------

**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.

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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: Walter Timm ADDRESS: 222 South Central Ave., #901 CITY / STATE: Clayton, MO 63105 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6/24/08 ----- \$20.00	\$ 20.00 <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
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>  (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)	\$ 20.00	