



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. CD81371

1. DATE OF REPORT July 30, 2008	OFFICE USE ONLY <i>OK pm H</i>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Townsend for Jackson County	
3. COMMITTEE MAILING ADDRESS 214 W 67th Street CITY / STATE / ZIP Kansas City, MO 64113	4. COMMITTEE TELEPHONE NUMBER 816 729 7673
5. TREASURER'S NAME Michael L. Brown	
6. TREASURER'S MAILING ADDRESS 214 W. 67th Street CITY / STATE / ZIP Kansas City, MO 64113	7. TREASURER'S TELEPHONE NUMBER HOME: 816 729 7673 WORK: 816 668 5193
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 August 5, 2008	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM April 23, 2008 THROUGH July 15, 2008	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Rachel Townsend 214 W 67th Street Kansas City, MO 64113 816 729 7673 Jackson County Prosecutor Jackson County <input 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 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-left: auto;">MISSOURI ETHICS COMMISSION AUG 01 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 Townsend for Jackson County	DATE OF REPORT July 30, 200	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	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6465.00			
3. ALL LOANS RECEIVED THIS PERIOD	+ 0			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ 0			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 6465.00			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 6465.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 6465.00
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- 6359.58
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$	a) Disbursements By Check \$ 5747.58	
			b) Disbursements By Cash \$ 612.20	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 106.58
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 5747.38			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 612.20			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ 0			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 6359.58		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 6359.58	30. LOANS RECEIVED THIS PERIOD	+ 612.20
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0	32. PAYMENTS MADE ON LOANS THIS PERIOD	- 0
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- 0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 612.20
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$		
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	+			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$			



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Townsend for Jackson County	DATE July 30, 2008
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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: Linda Van Stone ADDRESS: 3811 Hallbrook Court CITY / STATE: Columbia, MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: Retired	6/14/08 -----	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Edwin W. Orr LLC ADDRESS: P.O. Box 7186 CITY / STATE: Columbia, MO 65205 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE: Attorney	6/11/08 -----	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: J.L. Watson ADDRESS: 807 W. Stewart Road CITY / STATE: Columbia, MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: Retired	6/8/08 -----	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Karin Snyder ADDRESS: 2400 Ridgemont CITY / STATE: Columbia, MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: Retired	6/14/08 -----	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Helmut Haibach ADDRESS: 2420 Beachview Drive CITY / STATE: Columbia, MO 65203 EMPLOYER: Pathologist - Retired <input type="checkbox"/> COMMITTEE: Pathologist - Retired	6/13/08 -----	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: W. Krause ADDRESS: 702 New Market Place CITY / STATE: Columbia, MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: Retired	6/14/08 -----	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Nancy Wahrenbrock ADDRESS: 2400 Hillshire Drive CITY / STATE: Columbia, MO 65203 EMPLOYER: Missouri Dept. of Labor <input type="checkbox"/> COMMITTEE: Missouri Dept. of Labor	6/14/08 -----	\$ 50.00 <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
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 300.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE	DATE
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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: Kenneth Pallante ADDRESS: 9 Apache Drive CITY / STATE: Lake Winnebago, MO EMPLOYER: Twin Lakes Insurance <input type="checkbox"/> COMMITTEE:	7/7/08 -----	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Stuart Shaw ADDRESS: 8203 West 99th Street CITY / STATE: Overland Park, KS 66212 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	7/1/08 -----	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Joe Lauber ADDRESS: 1300 SW Hook Road CITY / STATE: Lee's Summit, MO 64082 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	7/11/08 -----	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Matthew Hamilton ADDRESS: 216 N. Hwy 7 CITY / STATE: Pleasant Hill, MO 64080 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	7/15/08 -----	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Kendall Garten ADDRESS: 1600 NE Coronado CITY / STATE: Blue Springs, MO 64014 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/25/08 -----	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Stuart Andrews Hess ADDRESS: 1564 Timber Ridge Drive CITY / STATE: Brentwood, TN 37027 EMPLOYER: Global Resources Professionals <input type="checkbox"/> COMMITTEE:	7/8/08 -----	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: P. David Wylie ADDRESS: 222 W. Maple CITY / STATE: Independence, MO 64050 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	7/7/08 -----	\$ 100.00 <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
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		\$ 850.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Townsend for Jackson County	DATE July 28, 2008
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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: Ron Netemeyer ADDRESS: 4803 Cody Ct. CITY / STATE: Columbia, MO 65203 EMPLOYER: Attorney - Harper & Associates <input type="checkbox"/> COMMITTEE:	6/14/08	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Milt Harper ADDRESS: 1004 Lagrange Ct. CITY / STATE: Columbia, MO 65203 EMPLOYER: Attorney - Harper & Associates <input type="checkbox"/> COMMITTEE:	6/14/08	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Bert Townsend ADDRESS: CITY / STATE: EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/15/08	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Michael Marcotte ADDRESS: 3613 N. Holmes Street CITY / STATE: Kansas City, MO 64116 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Reginald Davis ADDRESS: 750 Ann Ave. CITY / STATE: Kansas City, KS 66101 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Theodore Barnes ADDRESS: 14701 E. 42nd Street CITY / STATE: Independence, MO 64055 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Roger Potter ADDRESS: 2909 NW 59th Street CITY / STATE: Kansas City, MO 64151 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Patrick Fryer ADDRESS: 118 E. Short Ave. CITY / STATE: Independence, MO 64050 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 100.00 <input checked="" 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)		\$ 1900.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE: **Townsend for Jackson County** DATE: **July 28, 2008**

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: Diana G. Townsend ADDRESS: 900 Haverhill Court CITY / STATE: Columbia, MO 65203-6036 EMPLOYER: <input type="checkbox"/> COMMITTEE: Retired	6/25/08	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Joseph Stokely ADDRESS: 716 E. 91st Street CITY / STATE: Kansas City, MO 64131 EMPLOYER: <input type="checkbox"/> COMMITTEE: Attorney	6/21/08	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: James R. Anderson ADDRESS: 5800 Bannister, Ste. 200 CITY / STATE: Kansas City, MO 64134 EMPLOYER: <input type="checkbox"/> COMMITTEE: Attorney	6/21/08	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Brian A. Tillema ADDRESS: 800 NE Vanderbilt CITY / STATE: Lee's Summit, MO 64064 EMPLOYER: <input type="checkbox"/> COMMITTEE: Attorney	6/25/08	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Sam Levota, DBA Levota Appraisal Group ADDRESS: 2300 Blue Ridge Terrace CITY / STATE: Independence, MO 64050 EMPLOYER: <input type="checkbox"/> COMMITTEE: Appraiser - Real Estate	6/18/08	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Kori L. Rupp ADDRESS: 7100 Sterling Ave. CITY / STATE: Raytown, MO 64133 EMPLOYER: <input type="checkbox"/> COMMITTEE: American Quality Title Company	6/18/08	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Donald Campbell ADDRESS: 3823 Fuller Ave. CITY / STATE: Kansas City, MO EMPLOYER: <input type="checkbox"/> COMMITTEE: Retired	6/18/08	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: William Bentz ADDRESS: P.O. Box 1718 CITY / STATE: Independence, MO 64055 EMPLOYER: <input type="checkbox"/> COMMITTEE: Attorney	6/18/08	\$ 200.00 <input checked="" 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)		\$ 1125.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Townsend for Jackson County	DATE July 28, 2008
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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: Don Gray ADDRESS: 7933 Randell CITY / STATE: Lenexa, KS 66215 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Paul Burmaster ADDRESS: 8000 Foster St. CITY / STATE: Overland Park, KS 66204 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: David B. Mandelbaum ADDRESS: 4601 College Blvd. Suite 170 CITY / STATE: Leawood, KS 66211 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Citizens for John Burnett ADDRESS: 4016 S. Lynn Court CITY / STATE: Independence, MO 64055 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	6/18/08	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Michael Englert ADDRESS: 209 W. Lexington CITY / STATE: Independence, MO 64050 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: I.L. Thomas ADDRESS: 3925 Berry Lane CITY / STATE: Independence, MO 64055 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/18/08	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: James M. Thompson ADDRESS: 1102 Grand CITY / STATE: Kansas City, MO 64108 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	6/14/08	\$ 300.00 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Douglas S. Rieth ADDRESS: 430 Monticello Street CITY / STATE: San Francisco, CA 94127 EMPLOYER: San Francisco Symphony <input type="checkbox"/> COMMITTEE:	6/11/08	\$ 70.00 <input checked="" 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)		\$ 1340.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE - SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE: Townsend for Jackson County DATE: July 30, 2008

CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)

NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
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NAME: <u>Van Chevrolet</u> ADDRESS: <u>100 NW Vivion Road</u> CITY / STATE: <u>Kansas City, MO 64118</u>	<u>6/18/08</u>	\$ <u>1000.00</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: ADDRESS: CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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TOTAL: ITEMIZED CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ <u>1000.00</u>
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MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE
Townsend for Jackson County

2. REPORT DATE
July 30, 2008

A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (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. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
8. NAME AND ADDRESS OF RECIPIENT				
NAME: T-Mobile ADDRESS: 8509 NE State Line Road CITY / STATE: Kansas City, MO 64114		4-24-7-15	Cell Phone Usage	\$ 160.78 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Vista Print ADDRESS: 95 Hayden Ave. CITY / STATE: Lexington, MA 02421		6-16-08	Flyers	\$ 334.03 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Sam's Club ADDRESS: 101 Conley Road CITY / STATE: Columbia, MO 65201		6/14/08	Food, etc. for Fundraiser	\$ 379.75 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: US Post Office ADDRESS: 108 W 63rd Street CITY / STATE: Kansas City, MO 64113		6/4/08	Stamps	\$ 126.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: US Post Office ADDRESS: 108 W 63rd Street CITY / STATE: Kansas City, MO 64113		6/10/08	Stamps	\$ 142.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)				\$ 1142.56
13. SUBTOTAL: ANY ATTACHED PAGES				+ 5217.02
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)				\$ 6359.58
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)				\$ 6359.58
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD				\$ 5747.38
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD				\$ 612.20
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. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		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)			\$
24. SUBTOTAL: ANY ATTACHED PAGES			\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$
28. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$



**MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE Townsend for Jackson County	DATE 7-30-08
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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 NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
UMB Bank 4900 Main Street Kansas City, MO 64112	05/02/08	Bank Charges	\$ 21.85 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Fed Ex/Kinkos Ward Parkway Kansas City, MO 64114	6/30/08	Copying	\$ 44.47 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
US Post Office 108 W 63rd Street Kansas City, MO 64113	6/30/08	Copying	\$ 52.76 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
US Post Office 108 W 63rd Street Kansas City, MO 64113	6/17/08	Stamps	\$ 300.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Service Printing and Graphics 1146 Harrison Street Kansas City, MO 64106	6/30/08	Yard Signs	\$ 4118.87 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Walmart/Gerbes Columbia, MO 65201	6/14/08	Food for Columbia fundraisr	\$ 60.87 <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
TOTAL: ITEMIZED EXPENDITURES (CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$