

MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C081407

BO

2. FULL NAME OF COMMITTEE
Missouri Psychiatric Physicians PAC

3. COMMITTEE MAILING ADDRESS
1321 Montevale Ct.

4. COMMITTEE TELEPHONE NUMBER
636 - 343-8555

CITY/STATE/ZIP
Fenton MO 63026

5. TREASURER'S NAME
Paul Simon

6. TREASURER'S MAILING ADDRESS
41 Schaper Oaks Ct.

7. TREASURER'S TELEPHONE NUMBER
 HOME: 573 647 1983 WORK:

CITY/STATE/ZIP
Foristell MO 63348

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

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 3/09 THROUGH 6/09

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

CHECK IF INCUMBENT

REPUBLICAN DEMOCRAT

15. TYPE OF REPORT:

15 DAY AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT
 JAN 15 APRIL 15 JULY 15 OCT 15

8 DAYS BEFORE ELECTION

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

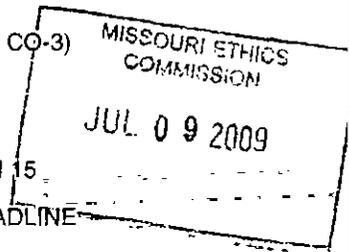
SEMIANNUAL DEBT REPORT
 JAN 15 JULY 15

ANNUAL SUPPLEMENTAL, JAN 15

-15 DAYS AFTER PETITION DEADLINE

OTHER _____

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.

TREASURER'S SIGNATURE
P. Simon 7/31/09

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

NAME OF COMMITTEE

DATE OF REPORT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED	\$ 222.00		MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 520.00			
3. ALL LOANS RECEIVED THIS PERIOD	+ 0			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ 0			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 520.00			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 0		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 520.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 520.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0		a) Disbursements By Check \$ _____	- 0
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	520.00	\$	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)	\$ 1,282.00
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED	0	\$	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 0			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 0			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ 0			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 0			
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	0	\$	30. LOANS RECEIVED THIS PERIOD	+ 0
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	+ 0		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)	\$ 0
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	0	\$		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 0			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ 0			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Missouri Psychiatric Physicians PAC</i>		2. REPORT DATE <i>7/1/09</i>	
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: <i>Elly Bhuayan MD</i> ADDRESS: <i>443 N. Ballas Rd Suite 249 St Louis, 63141</i> CITY/STATE: EMPLOYER: <i>Self</i> <input type="checkbox"/> COMMITTEE:		<i>4/9/09</i>	\$ <i>250.00</i> <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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>250.00</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ <i>0</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>250.00</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ <i>250.00</i>
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ <i>0</i>
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			\$ <i>0</i>
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$ <i>0</i>
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ <i>250.00</i>
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$ <i>0</i>
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: <i>NA</i> ADDRESS: CITY/STATE:			\$
NAME: ADDRESS: CITY/STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$ <i>0</i>
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$ <i>0</i>
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ <i>0</i>
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ <i>0</i>
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ <i>520.00</i>
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ <i>520.00</i>



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <i>Missouri Psychiatric Physicians PAC</i>	2. REPORT DATE <i>7/1/09</i>
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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	4. AMOUNT PAID OR INCURRED THIS PERIOD
	↓
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			
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)			\$

CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
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 (SUM 23 + 24)		\$
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		\$



MISSOURI ETHICS COMMISSION
DIRECT EXPENDITURE REPORT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>MO Psychiatric Physicians PAC</i>	2. REPORT DATE <i>7/1/09</i>
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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. CANDIDATES NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE (SUPP. OR OPP.)	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: ADDRESS: CITY/STATE/ZIP:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		<i>0</i>
NAME: ADDRESS: CITY/STATE/ZIP:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
NAME: ADDRESS: CITY/STATE/ZIP:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
NAME: ADDRESS: CITY/STATE/ZIP:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		

B. BALLOT MEASURES

8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9. ELECTION DATE	10. CHECK ONE (SUPP. OR OPP.)	11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
BALLOT MEASURE: POLITICAL SUBDIVISION:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		<i>0</i>
BALLOT MEASURE: POLITICAL SUBDIVISION:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
BALLOT MEASURE: POLITICAL SUBDIVISION:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		