



MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT

MEC ID #: C091067

OFFICE USE ONLY
BB *JW*

This form is to be used when amending a previously filed Campaign Finance Disclosure Report.

1. NAME OF COMMITTEE	2. DATE OF REPORT
Missouri Accountability Project	9/2/09

3. REASON FOR AMENDMENT

Original Termination Statement did not include filing.

AMENDMENT

MISSOURI ETHICS COMMISSION
SEP 03 2009
HAND DELIVERED

4. TYPE AND DATE OF PREVIOUSLY FILED REPORT	5. MARK WHICH FORMS ARE BEING AMENDED
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15 DAYS AFTER CAUCUS NOMINATION
 COMMITTEE QUARTERLY REPORT
 Jan 15 Apr 15 Jul 15 Oct 15
 8 DAYS BEFORE ELECTION
 30 DAYS AFTER ELECTION
 TERMINATION (ATTACH FORM CO-3)
 SEMIANNUAL DEBT REPORT
 Jan 15 Jul 15
 ANNUAL SUPPLEMENTAL, JAN 15
 15 DAYS AFTER PETITION DEADLINE
 OTHER

AMENDING PREVIOUS REPORT DATED

August 18 20 09

COMMITTEE DISCLOSURE REPORT COVER PAGE (CD COVER)
 REPORT SUMMARY (CD SUMMARY)
 CONTRIBUTIONS AND LOANS RECEIVED (CD1)
 CONTRIBUTIONS RECEIVED-SUPPLEMENTAL (CD1 SUP)
 FUND RAISING STATEMENT (CD1A)
 SUPPLEMENTAL LOAN INFORMATION (CD1B)
 EXPENDITURES AND CONTRIBUTIONS MADE (CD3)
 EXPENDITURE MADE-SUPPLEMENTAL (CD3 SUP)
 CONTRACTUAL RELATIONSHIP REPORT (CD7)
 INDEPENDENT CONTRACTOR EXPENDITURE (CD8)
 DIRECT EXPENDITURE REPORT (POCD4)
 STATEMENT OF INVESTMENTS
 OTHER THAN SAVINGS ACCOUNTS (CD2)
 COMMITTEE TERMINATION STATEMENT (CO3)

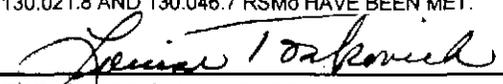


Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C091067

1. FULL NAME OF COMMITTEE Missouri Accountability Project		2. DATE OF REPORT 9/2/09	3. DATE OF DISSOLUTION 8/18/09
4. TREASURER'S NAME AND ADDRESS NAME: Louise Tonkovich ADDRESS: 48 Willmore CITY / STATE / ZIP: Saint Louis, MO 63109		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Louise Tonkovich ADDRESS: 48 Willmore CITY / STATE / ZIP: Saint Louis, MO 63109 TELEPHONE NO: 314-353-2562	
6. DISTRIBUTION OF SURPLUS FUNDS <input checked="" type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION			
A. NAME AND ADDRESS OF RECIPIENT		B. DATE OF TRANSFER	C. AMOUNT
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
7. DISPOSAL OF OUTSTANDING DEBTS <input checked="" type="checkbox"/> CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION			
A. NAME OF CREDITOR		B. DESCRIBE DISPOSAL OF DEBT	C. AMOUNT
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
NAME: ADDRESS: CITY / STATE / ZIP:			
8. TREASURER VERIFICATION OF DISSOLUTION: I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.  TREASURER'S SIGNATURE		9. CANDIDATE VERIFICATION OF DISSOLUTION: (CANDIDATE COMMITTEE ONLY) I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET. _____ CANDIDATE'S SIGNATURE	



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C091067

1. DATE OF REPORT	OFFICE USE ONLY
9/2/2009	BB

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Missouri Accountability Project	
3. COMMITTEE MAILING ADDRESS PO Box 16708 CITY / STATE / ZIP Clayton, MO 63105	4. COMMITTEE TELEPHONE NUMBER (314) 353-2562
5. TREASURER'S NAME Louise Tonkovich	
6. TREASURER'S MAILING ADDRESS PO Box 16708 CITY / STATE / ZIP Clayton, MO 63105	7. TREASURER'S TELEPHONE NUMBER HOME: 314-353-2562 WORK:
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 11/02/2010	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 07/01/2009 THROUGH 08/18/2009	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <p style="text-align: center;">MISSOURI ETHICS COMMISSION SEP 03 2009 HAND DELIVERED</p> <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 type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input checked="" 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 checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED August _____ 18, 20 09
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 Missouri Accountability Project	DATE OF REPORT 9/2/2009	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		\$ 7500.00	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 0.00			
3. ALL LOANS RECEIVED THIS PERIOD	+ 0.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ 0.00			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 0.00			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 7500.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 0.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 0.00
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- 7500.00
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 7500.00	a) Disbursements By Check \$ 7500.00 b) Disbursements By Cash \$	
EXPENDITURES			28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 0.00
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 7500.00			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 0.00			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ 0.00			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 7500.00			
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 7500.00	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.00
CONTRIBUTIONS MADE			30. LOANS RECEIVED THIS PERIOD	+ 0.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$	31. NEW DEBTS INCURRED THIS PERIOD	+ 0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		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. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- 0.00
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00
OTHER DISBURSEMENTS				
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. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Missouri Accountability Project		2. REPORT DATE 9/2/2009	
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: <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			+ 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 0.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 0.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 0.00
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			\$ 0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$ 0.00
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)			\$ 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)			\$ 0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 0.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 0.00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE
 Missouri Accountability Project

2. REPORT DATE
 9/2/2009

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: Stinson, Morrison, Hecker ADDRESS: 1201 Walnut Street, Suite 2500 CITY / STATE: Kansas City, MO 64106		7/17/2009	Legal Consultation	\$ 1405.50 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Seenary Internet Strategy and Development ADDRESS: PO Box 33133 CITY / STATE: Washington, DC 20033		8/18/2009	Web Development	\$ 950.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Hilltop Public Solutions, LLC ADDRESS: 1000 Potomac Street NW, Suite 500 CITY / STATE: Washington, DC 20033		8/18/09	Office Expense Reimbursement	\$ 147.44 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Gilmore and Bell ADDRESS: 2405 Grand Boulevard, Suite 1100 CITY / STATE: Kansas City, MO 64108		8/18/09	Contribution Refund	\$ 4997.06 <input checked="" 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)				\$ 7500.00
13. SUBTOTAL: ANY ATTACHED PAGES				+ 0.00
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)				\$ 7500.00
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)				\$ 7500.00
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD				\$ 7500.00
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

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			\$