

MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT 9/24/09
OFFICE USE ONLY <i>pmk</i> <i>JD</i>

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. 0091213

2. FULL NAME OF COMMITTEE
Physicians for Common Sense

3. COMMITTEE MAILING ADDRESS*
1855 Ironstone Rd.

4. COMMITTEE TELEPHONE NUMBER
314-822-6518

CITY/STATE/ZIP
St. Louis, Mo 63131

5. TREASURER'S NAME
Christopher Felling

6. TREASURER'S MAILING ADDRESS
1855 Ironstone Rd

7. TREASURER'S TELEPHONE NUMBER
 HOME: 314-822-6518 WORK: 314-920-6518

CITY/STATE/ZIP
St. Louis, Mo 63131

8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER
None

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER:
 HOME: WORK:

CITY/STATE/ZIP

11. DATE OF ELECTION
August 2010

12. TYPE OF ELECTION (CHECK ONE)
 PRIMARY GENERAL SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM Sept 1 2009 THROUGH 9/30/09

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

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 _____

CHECK IF INCUMBENT

REPUBLICAN DEMOCRAT _____



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
Chris Felling

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

**COMMITTEE DISCLOSURE REPORT
COVER PAGE
INSTRUCTIONS**

PURPOSE: Form CD includes the Cover Page, Summary Page and numbered CD Forms. Form CD is used for reporting the receipts and disbursements of a committee as required by the Campaign Finance Disclosure Law. **NOTE:** Supplemental CD Forms are printed separately from this packet and may be obtained from the Missouri Ethics Commission or your appropriate officer.

CONTENT OF FORM:

- Item 1:** Enter the date the report is submitted.
- Item 2:** Enter the full name of the committee as reported on the Statement of Organization (Form CO-1).
- Item 3:** Enter the committee's mailing address (if any).
- Item 4:** Enter the committee's telephone number (if any).
- Item 5:** Enter the full name of the committee treasurer.
- Item 6:** Enter the committee treasurer's full mailing address.
- Item 7:** Enter the treasurer's home and business telephone numbers.
- Item 8:** Enter the full name of the deputy treasurer (if any).
- Item 9:** Enter the deputy treasurer's full mailing address.
- Item 10:** Enter the deputy treasurer's home and business telephone numbers.
- Item 11:** Enter the date of the election for which the report is being filed.
- Item 12:** Check the correct box for the type of election for which the report is being filed.
- Item 13:** Enter the opening and closing dates of the period covered by this report.
- Item 14:** Candidate committees only: List the name of the candidate, address, phone, the office they are seeking, the political subdivision, and political party affiliation.
- Item 15:** Check the appropriate box indicating the type of report your committee is filing.
- Item 16:** The treasurer **must** sign this report.
- Item 17:** Candidate committees only: The candidate **must** sign the report.

MISSOURI ETHICS COMMISSION

Campaign Finance
Post Office Box 1254
Jefferson City, Missouri 65102
(573) 751-2020
(800) 392-8660
www.mec.mo.gov
helpdesk@mec.mo.gov

CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION



MISSOURI ETHICS COMMISSION
REPORT SUMMARY

NAME OF COMMITTEE
Physicians for Common Sense

DATE OF REPORT
9/24/09

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			\$ 0	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$	100			
3. ALL LOANS RECEIVED THIS PERIOD	+	0			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+	0			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$	100			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+	2928.51		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 100.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$	3028.51		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- 0
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-	0		a) Disbursements By Check \$ _____	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)			\$ 3028.51	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)	\$ 100.00
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		0	\$ 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	\$	0		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)	\$	0		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			

REPORT SUMMARY INSTRUCTIONS

PURPOSE: The report summary is used to consolidate the total receipts received and total disbursements made by your committee for this reporting period, and to report the cumulative amounts for the election period to date. In addition, the financial status of your committee is determined through disclosure of money on hand and outstanding indebtedness. Most of the information asked for is included on other forms in the Committee Disclosure Report packet.

NOTE: This form should be filled out after all other CD-Forms required of your committee have been completed. If this is an initial report, items 1, 10, and 16 will reflect a balance of zero (0).

CONTENT OF FORM:

RECEIPTS

- Item 1:** From item 9 of your last Report Summary enter the total receipts for this election that your committee has previously reported.
- Item 2:** From Item 22 of Form CD1 for this reporting period, enter the total of all monetary contributions received.
- Item 3:** From Item 20 of Form CD1 for this reporting period, enter the total of all loans received.
- Item 4:** Enter the total amount of any receipts to your committee from sources other than contributions received. Such sources can include interest from interest bearing accounts (from committee records) and interest or dividends from investments (from Item 12 Form CD2), intra-campaign transfers from one candidate committee to another candidate committee controlled by the same candidate must be included in this amount. If such transfers are included, attach a listing, by name and address of the committee, date and amount of the transfer, to this report. This amount should not include any credits on loans received by your committee.
- Item 5:** Add the amounts entered for Items 2A, 3A, and 4A and enter the total. This reflects total monetary receipts for this reporting period.
- Item 6:** From Item 21 of Form CD1 for this reporting period, enter the total of in-kind contributions received this reporting period.
- Item 7:** Add the amounts entered for Items 5A and 6A and enter the total. This reflects total receipts for this reporting period.
- Item 8:** From Item 19 of Form CD3 for this reporting period, enter the total amount used for repaying loans this period.
- Item 9:** Add the amounts entered for Items 1B and 7A, then subtract the amount entered for Item 8A and enter the total. This reflects total receipts for this election to date.

EXPENDITURES

- Item 10:** From Item 15 of your last Report Summary, enter the total expenditures your committee has previously reported for this election.
- Item 11:** From Item 16 of Form CD3 for this reporting period, enter the total expenditures made by check or in cash this period.
- Item 12:** From Item 18 of Form CD3 for this reporting period, enter the total of in-kind expenditures for this reporting period.
- Item 13:** From Item 17 of Form CD3 for this reporting period, enter the total of expenditures incurred but not paid during the period.
- Item 14:** Add the amounts entered for Items 11A, 12A, and 13A and enter the total. This reflects total expenditures made this period.
- Item 15:** Add the amount entered for Items 10B and 14A and enter the total. This reflects total expenditures for this election.

CONTRIBUTIONS MADE

- Item 16:** From Item 20 of your last Report Summary, enter the total contributions made and previously reported for this election.
- Item 17:** From Item 25 of Form CD3 for this reporting period, enter the amount of monetary contributions made for this period.
- Item 18:** From Item 28 of Form CD3 for this reporting period, enter the amount of in-kind contributions made during this period.
- Item 19:** Add the amounts entered for Items 17A and 18A, and enter the total. This reflects total contributions made for this reporting period.
- Item 20:** Add the amounts entered for items 16B and 19A and enter the total. This reflects total contributions made during the election period.

OTHER DISBURSEMENTS

- Item 21:** From Item 19 of Form CD3 for this reporting period, enter the amount used for repaying loans (this is the same amount entered for Item 8 of this form).
- Item 22:** From your committee records, enter the amount which was used during this reporting period to repay debts which were incurred and reported previous to this reporting period.
- Item 23:** From committee records enter the amount of any disbursement not listed as an expenditure or contribution made. This amount must include any intra-campaign transfers from one candidate committee to another candidate committee controlled by the same candidate. If such transfers are included, attach a listing, by name and address of the committee, date and amount of the transfer, to this report.
- Item 24:** Add the amounts entered for Items 21A, 22A and 23A and enter the total. This reflects total "other" disbursements for this period.

MONEY ON HAND

- Item 25:** From Item 28 of your last Report Summary, enter the amount of money on hand at the beginning of this reporting period.
- Item 26:** From Item 5 of this Report Summary, enter the total monetary receipts for this reporting period.
- Item 27:** Add Items 11A, 17A, and 24A and enter the total. This reflects total monetary disbursements made this reporting period.
- Item 27A -** From committee records, enter the amount of monetary disbursements made this period by check.
- Item 27B -** From committee records, enter the amount of monetary disbursements made this period by cash.
- NOTE:** Items 27A and 27B, when added together, should equal Item 27.
- Item 28:** Add the amounts entered for Items 25 and 26, then subtract the amount entered for Item 27 and enter the total. This reflects the amount of money on hand at the end of this reporting period.

INDEBTEDNESS

- Item 29:** From Item 35 of your last Report summary, enter the amount of indebtedness at the beginning of this reporting period.
- Item 30:** From Item 20 of Form CD1 for this reporting period, enter the amount of loans received during the period (same as Item 13 of this form).
- Item 31:** From Item 17 of Form CD3 for this reporting period, enter the amount of new debts incurred this period (same as Item 13 of this form).
- Item 32:** From Item 19 of Form CD3 for this reporting period, enter the amount used for repaying loans this period (same as Items 21 and 8 of this form).
- Item 33:** From committee records, enter the amount of any credits received on loans during the period (i.e. loans forgiven or paid by someone else, in whole or in part).
- Item 34:** From committee records, enter the amount used during this reporting period to repay debts which were incurred and reported previously (same as Item 22 of this form).
- Item 35:** Add the amounts entered for Items 29, 30, and 31, then subtract the amounts entered for Items 32, 33, and 34 and enter the total. This reflects total amount of indebtedness at the end of the reporting period.



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Physicians for Common Sense</i>		2. REPORT DATE <i>9/24/09</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>PAGE FOR Missouri</i>		<i>Sept 1 2009</i>	\$ <i>2,928.51</i> <input checked="" type="checkbox"/> MONETARY <i>enw</i> <input checked="" type="checkbox"/> IN-KIND
ADDRESS: <i>PO BOX 411932</i>			
CITY/STATE: <i>Creve Coeur, Missouri 63144</i>			
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME:			\$
ADDRESS:			<input type="checkbox"/> MONETARY
CITY/STATE:			<input type="checkbox"/> IN-KIND
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:			
NAME:			\$
ADDRESS:			<input type="checkbox"/> MONETARY
CITY/STATE:			<input type="checkbox"/> IN-KIND
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:			
NAME:			\$
ADDRESS:			<input type="checkbox"/> MONETARY
CITY/STATE:			<input type="checkbox"/> IN-KIND
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:			
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>2,928.51</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ <i>0</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>2,928.51</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ <i>0</i>
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ <i>2,928.51</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>100.00</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:			\$
ADDRESS:			<i>0</i>
CITY/STATE:			
NAME:			\$
ADDRESS:			<i>0</i>
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>2,928.51</i>
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ <i>100.00</i>
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ <i>100</i>

CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS

PURPOSE: CD1 is a comprehensive form used for reporting all types of contributions received from all sources during the reporting period covered.

CONTENT OF FORM:

- Item 1:** Enter the full name of the committee.
- Item 2:** Enter the date the report is being submitted.

SECTION A: **ITEMIZED CONTRIBUTIONS RECEIVED**

- Column 3:** Enter the full name and address of any person or committee from whom a contribution in excess of \$100 was received. List the occupation/business of contributor. If a contract is indicated complete form CD7 to describe the contract. If a contributor has a contractual relationship in the amount of \$500 or more with the political entity in which you seek office, complete form CD7 to describe the contract.
- Column 4:** Enter the date on which the contribution (listed in Column 3) was received.
- Column 5:** Enter the amount of the contribution received. In-kind contributions should be reported at the fair-market value of the goods or service received.
- Below the amount, indicate whether the contribution was in the form of money (monetary), or in a form other than money (in-kind).
- Item 6:** Add the amounts entered in Column 5 on this page and enter the total.
- Item 7:** Enter the total of itemized contributions received from any attached pages.
- Item 8:** Add the amounts entered on Items 6 and 7 and enter the total amount of itemized contributions received.
- Item 9:** Add the amounts in Column 5 which you have indicated were monetary contributions (including attached pages), and enter the total.
- Item 10:** Add the amounts in Column 5 which you have indicated were in-kind contributions (including attached pages), and enter the total.

SECTION B: **NON-ITEMIZED CONTRIBUTIONS**

- Item 11:** If your committee conducted a fund-raising activity or event during the reporting period where contributions (limited to \$100 or less per person) were received from persons whose names and addresses could not be obtained, enter the total of these contributions. A statement of fundraising activities (Form CD1A) explaining these events must be attached to this report. If the name and address of all sources of contributions to a fund-raising activity are known, those contributions should not be included in the amount entered on Item 11, and a *Statement of Fundraising Activity* need not be filed.
- Item 12:** Enter the total of anonymous contributions (limited to \$25 or less per person) received during the reporting period.
- Item 13:** Enter the total of monetary contributions from persons for whom you have a record of names, addresses, and occupation/business, but who have contributed an aggregate of \$100 or less. Do not repeat information reported on items 11 and 12.
- Item 14:** Enter the total fair market value of all in-kind contributions received from persons contributing an aggregate of \$100 or less.

SECTION C: **LOANS RECEIVED**

- Column 15:** Enter the full name and address of any lender from whom a loan was received during the reporting period, regardless of the amount.
- Column 16:** Enter the date the individual loan was received.
- Column 17:** Enter the amount of the individual loan. *For each loan of more than \$100, additional information is required (see Form CD1B).*
- Item 18:** Add the amounts entered in Column 17 on this page, and enter the total.
- Item 19:** Enter the total amount of loans received from any attached pages.
- Item 20:** Add items 18 and 19 and enter the total amount of in-kind contributions received this period.

SUMMARY SECTION:

- Item 21:** Add Items 10 and 14 and enter the total amount of in-kind contributions received this period.
- Item 22:** Add Items 9, 11, 12, and 13, and enter the total amount of monetary contributions received this period.
- Item 23:** Add Items 9, 13, and 20, and enter the total amount of contributions and loans received that require a record of name and address this period.

helpdesk@mec.mo.gov
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MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <i>Physicians for Common Sense</i>	2. REPORT DATE <i>7/24/09</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 <i>Physicians for Common Sense</i>	4. AMOUNT PAID OR INCURRED THIS PERIOD
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	\$ <i>0</i>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	+ <i>0</i>
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	\$ <i>0</i>

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)			\$ <i>0</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+ <i>0</i>
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>0</i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>0</i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <i>0</i>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ <i>0</i>
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ <i>0</i>
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ <i>0</i>

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)		\$ <i>0</i>
24. SUBTOTAL: ANY ATTACHED PAGES		\$ <i>0</i>
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ <i>0</i>
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ <i>0</i>
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ <i>0</i>
28. TOTAL: IN-KIND CONTRIBUTIONS		\$ <i>0</i>

EXPENDITURES AND CONTRIBUTIONS MADE

INSTRUCTIONS

PURPOSE: CD3 is used to report all expenditures (paid and incurred) and all contributions made by your committee during the reporting period.

CONTENT OF FORM:

- Item 1:** Enter the full committee name.
Item 2: Enter the date this report is being submitted.

SECTION A: NON-ITEMIZED EXPENDITURES

- Column 3:** Individual expenditures of \$100 or less may be grouped into categories (i.e. office supplies, postage, etc.). Enter each group in Column 3. Do not include payments made to campaign workers in this section.
Column 4: Enter the dollar amount of each category listed in Column 3. Include expenditures which were paid as well as those which were incurred but not paid during the reporting period.
Item 5: Enter the total of the amounts entered in Column 4 on this page only.
Item 6: Enter the total of the amounts of each category from any attached pages.

SECTION B: ITEMIZED EXPENDITURES

- Column 8:** Enter the name and address of any person, organization, or business to whom an expenditure of more than \$100 was made during the reporting period.
Enter the name and address of any campaign worker to whom an expenditure was made during the reporting period, regardless of the amount.
Column 9: Enter the date the individual expenditure listed in Column 8 was made.
Column 10: Enter the purpose of the expenditure listed in Column 8.
If the expenditure was to a campaign worker, below the purpose of the expenditure (in this case, "salary"), enter the aggregate amount paid to this worker for this election to date.
Column 11: Enter the dollar amount, indicating paid or incurred for the individual expenditure for this reporting period.
Item 12: Enter the total of the amounts listed in Column 11 for this page only.
Item 13: Enter the total of all itemized expenditures from any attached pages.
Item 14: Add Items 12 and 13 and enter the total of itemized expenditures.
Item 15: Add Items 7 and 14 and enter the total of all expenditures made this period.
Item 16: Enter the amount of total expenditures made this period which were actually paid during the period.
Item 17: Enter the amount of total expenditures for this period which were incurred but not actually paid during this period.
Item 18: Enter the amount of any in-kind expenditures made during this reporting period.
Item 19: Enter the total amount used to repay any loans during this reporting period.

SECTION C: MONETARY CONTRIBUTIONS MADE

- Column 20:** Enter the name and address of any candidate or committee to whom your committee made a monetary or in-kind contribution during the reporting period, regardless of the amount. Indicate whether the contribution was in the form of money (monetary) or in a form other than money (in-kind). Do not include transfers of funds to candidate committees controlled by the same candidate.
Column 21: Enter the date the contribution was made.
Column 22: Enter the amount of the contribution.
Item 23: Add the amounts entered in Column 22 on this page only, and enter the total.
Item 24: Add the total amount of any contributions made from any attached pages, and enter the total.
Item 25: Add Items 23 and 24; enter the total of monetary contributions made.
Item 26: Enter the total amount of loans made during this reporting period (if any). Name and address of the recipient should be listed on an attached sheet.
Item 27: Add items 25 and 26; enter the total of all monetary contributions or loans made.
Item 28: Enter the total of in-kind contributions made by the committee during the reporting period.

helpdesk@mec.mo.gov
www.mec.mo.gov



MISSOURI ETHICS COMMISSION
DIRECT EXPENDITURE REPORT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Physicians For Common Sense</i>	2. REPORT DATE <i>9/24/08</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.		
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.		
BALLOT MEASURE: POLITICAL SUBDIVISION:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
BALLOT MEASURE: POLITICAL SUBDIVISION:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		

DIRECT EXPENDITURE REPORT

INSTRUCTIONS

PURPOSE: Use this form to provide more detail on information already reported on Form CD1 and CD3. Use additional forms as necessary.

CONTENT OF FORM:

- Item 1:** Enter the full name of the committee.
Item 2: Enter the date this report is being submitted.

I. DIRECT EXPENDITURE REPORT

Complete this form when expenditures listed on form CD3 were made directly on behalf of a candidate or ballot measure.

SECTION A. CANDIDATES

- Column 3:** Enter the full name and address of any candidate for which your committee has made expenditures to support or oppose their candidacy during the reporting period.
Column 4: Enter the title of the office the candidate is seeking, and the political subdivision or district (State Representative-District 165, etc.) in which the office sought is located.
Column 5: Indicate whether your committee expenditures were in support of or in opposition to the candidate.
Column 6: Enter the date the expenditure was made in support of or in opposition to the candidate.
Column 7: Enter the amount of the expenditure made in support of or in opposition to the candidate.

SECTION B: BALLOT MEASURES

- Column 8:** Enter the full name of any ballot measure for which your committee has made expenditures to support or oppose during the reporting period. If the measure is local, enter the political subdivision in which it is an issue.
Column 9: Enter the date of the election.
Column 10: Indicate whether your committee expenditures were in support of or in opposition to the ballot measure.
Column 11: Enter the amount of expenditures made in support of or in opposition to the ballot measure during this reporting period.
Column 12: Enter the total amount of expenditures made in support of or in opposition to the ballot measure to date for this election.

CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION

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