



Missouri Ethics Commission  
 COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C091173

1. DATE OF REPORT <b>7/20/10</b>	OFFICE USE ONLY <i>[Signature]</i>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
**Committee For Progressive Clay County Govt.**

3. COMMITTEE MAILING ADDRESS  
**2010 NE 78 St**

4. COMMITTEE TELEPHONE NUMBER  
**816-878-2250**

CITY / STATE / ZIP  
**K.C., MO 64118-2022**

5. TREASURER'S NAME  
**Terry Stone**

6. TREASURER'S MAILING ADDRESS  
**2010 NE 78 St**

7. TREASURER'S TELEPHONE NUMBER  
 HOME: **816-878-2250**

CITY / STATE / ZIP  
**K.C., MO 64118-2022**

WORK: " " "

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

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME:

CITY / STATE / ZIP

WORK:

11. DATE OF ELECTION

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

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM **10/16/09** THROUGH **1/15/10**

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 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT  
 Jan 15  Apr 15  Jul 15  Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

SEMIANNUAL DEBT REPORT *Missouri Ethics Commission*  
 Jan 15  Jul 15

ANNUAL SUPPLEMENTAL, JAN 15 **JUL 22 2010**

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.

*Terry Stone*  
 \_\_\_\_\_  
 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 <i>Committee For Progressive Clay Co. Govt.</i>	DATE OF REPORT <i>7/30/10</i>	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			\$		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$	—		MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+				
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$	—		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 5191.80
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+			26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 8A)	\$	—		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-	—		a) Disbursements By Check \$ 521	- 521.
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)			\$	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)	\$ 4,670.80
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$	21.-			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+				
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+			29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$	21.-		30. LOANS RECEIVED THIS PERIOD	+
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)			\$	31. NEW DEBTS INCURRED THIS PERIOD	+
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION	32. PAYMENTS MADE ON LOANS THIS PERIOD	-
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$	33. CREDITS RECEIVED ON LOANS THIS PERIOD	-
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$	500.-		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+			35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$	500.-			
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		500.-	\$		
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 AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

*Govt*

1. NAME OF COMMITTEE <i>Committee For Progressive Clay, Co.</i>		2. REPORT DATE <i>7/20/10</i>
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
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		5. AMOUNT RECEIVED (CHECK IF MONETARY OR 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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ <i>---</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ <i>---</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$
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		\$
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$
C. LOANS RECEIVED		16. DATE RECEIVED
15. NAME AND ADDRESS OF LENDER		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)		\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ <i>---</i>
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ <i>---</i>



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

OFFICE USE ONLY

Govt

1. NAME OF COMMITTEE <b>Committee For Progressive Clay Co. A</b>		2. REPORT DATE <b>7/20/10</b>	
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 <b>Service Charges</b>			
<b>7/7/7</b>			<b>21.-</b>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ <b>21.-</b>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ <b>21.-</b>
<b>B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
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)			\$
<b>C. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: <b>Jim Stouter for State Representative</b>	<b>1/05/10</b>	\$ <b>500.-</b>	
ADDRESS:		<input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	
CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	
NAME:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	
ADDRESS:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	
CITY / STATE:		\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ <b>500.-</b>
24. SUBTOTAL: ANY ATTACHED PAGES			\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ <b>500.-</b>
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  
DIRECT EXPENDITURE REPORT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE: Committee For Progressive Clay Co. Govt. 2. REPORT DATE: 7/20/10

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		6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
		SUPP.	OPP.		
NAME: <u>Jim Stouler</u> ADDRESS: <u>315 E. Longfellow St.</u> CITY STATE ZIP: <u>Claycomo, MO.</u>	<u>State Rep</u>	<u>X</u>		<u>01/05/10</u>	<u>500.-</u>
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		11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
		SUPP.	OPP.		
BALLOT MEASURE:  POLITICAL SUBDIVISION:					
BALLOT MEASURE:  POLITICAL SUBDIVISION:					
BALLOT MEASURE:  POLITICAL SUBDIVISION:					