



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C101233

1. DATE OF REPORT	OFFICE USE ONLY
	CA

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <del>Robert</del> Rob Hveldskamp for Judge	
3. COMMITTEE MAILING ADDRESS P.O. Box 506	4. COMMITTEE TELEPHONE NUMBER 573 883 5793
CITY / STATE / ZIP Ste. Genevieve, MO 63670	
5. TREASURER'S NAME David (DJ) Steagall	
6. TREASURER'S MAILING ADDRESS 8754 Bovene	7. TREASURER'S TELEPHONE NUMBER HOME: 573 883 5612 WORK: 573 579 5332
CITY / STATE / ZIP Ste. Genevieve, MO 63670	
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION November 2, 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 4/1/10 THROUGH 6/30/10	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Rob Hveldskamp P.O. Box 506 Ste. Genevieve, MO 63670 573 883 5793 Associate Circuit Judge Ste. Genevieve County  <input type="checkbox"/> CHECK IF INCUMBENT <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" 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 JUL 27 2010 <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ <b>HAND DELIVERED</b>
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  <u>David Steagall</u> 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.  <u>Robert Hveldskamp</u> CANDIDATE'S SIGNATURE



Missouri Ethics Commission  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Rob Hveldskamp for Judge</i>	DATE OF REPORT	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	<b>MONEY ON HAND</b>	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 670	670		
3. ALL LOANS RECEIVED THIS PERIOD	+ —	—		
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ —	—		
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 670	670		
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ —	—	26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 670
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 670	670	27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- 414
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- —	—	a) Disbursements By Check \$	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	670	\$ 670	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)	\$ 256
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED	0	\$ 0	<b>INDEBTEDNESS</b>	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 414	414		
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ —	—		
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ —	—		
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 414	414		
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	414	\$ 414	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	0	33. CREDITS RECEIVED ON LOANS THIS PERIOD	- 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ 0	0	34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- 0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0	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	\$ 0		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 0	0		
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ 0	0		
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ 0	0		
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0	0		



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Rob Hvelskamp for Judge</i>		2. REPORT DATE	
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: <i>Kerry/Lynn Messer</i> ADDRESS: CITY / STATE: <i>Blountdale, MO 6</i> EMPLOYER: <i>Missouri Family Network/homemaker</i> <input type="checkbox"/> COMMITTEE:		<i>4/9/2010</i>	\$ <i>200.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Kenny/Donna Williams</i> ADDRESS: CITY / STATE: <i>S. Mary, MO</i> EMPLOYER: <i>Williams Excavating/homemaker</i> <input type="checkbox"/> COMMITTEE:		<i>6/19/10</i>	\$ <i>200.00</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>400.00</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ <i>—</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>400.00</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ <i>400.00</i>
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ <i>—</i>
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		\$ <i>—</i>	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ <i>—</i>	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ <i>270.00</i>	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ <i>—</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: CITY / STATE:		\$ <i>—</i>	
NAME: ADDRESS: CITY / STATE:		\$ <i>—</i>	
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ <i>—</i>	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ <i>—</i>	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ <i>—</i>	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ <i>—</i>	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ <i>670.00</i>	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ <i>670.00</i>	



MISSOURI ETHICS COMMISSION  
EXPENDITURES AND CONTRIBUTIONS MADE  
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Rob Huelskamp for Judge</i>		2. REPORT DATE	
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 <i>Postage</i>			<i>35.20</i>
<i>Photos</i>			<i>65.00</i>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ <i>100.20</i>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ <i>100.20</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: <i>Wehmer Printing</i> ADDRESS: <i>020 R02124</i> CITY / STATE: <i>St. Genevieve MO</i>	<i>5/13/10</i>	<i>Stationary</i>	\$ <i>209.30</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>St. Genevieve County Clerk</i> ADDRESS: <i>3rd &amp; Market</i> CITY / STATE: <i>St. Genevieve, MO</i>	<i>6/7/10</i>	<i>Voting lists</i>	\$ <i>108.50</i> <input checked="" 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>317.80</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>317.80</i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>414.00</i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <i>414.00</i>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ <i>—</i>
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ <i>—</i>
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ <i>—</i>
C. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: <i>Ma</i> 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>—</i>
24. SUBTOTAL: ANY ATTACHED PAGES			\$ <i>—</i>
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ <i>—</i>
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ <i>—</i>
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ <i>—</i>
28. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$ <i>—</i>