



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C101275

1. DATE OF REPORT 11-26-2010	OFFICE USE ONLY BT
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Long For Senate	
3. COMMITTEE MAILING ADDRESS 4652 Tower Grove Pl CITY / STATE / ZIP St. Louis Mo. 63110	4. COMMITTEE TELEPHONE NUMBER 314-773-8680
5. TREASURER'S NAME David Lowell	
6. TREASURER'S MAILING ADDRESS #34 Willmore Rd. CITY / STATE / ZIP St. Louis Mo. 63109	7. TREASURER'S TELEPHONE NUMBER HOME: WORK:
8. DEPUTY TREASURER'S NAME <input 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 8-3-2010	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 10-15-2010 THROUGH 11-26-2010	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY James H. Long 4652 Tower Grove Pl St. Louis mo. 63110 4th State Senate Seat <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" 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 type="checkbox"/> 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. <u>David Lowell</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>James H Long</u> CANDIDATE'S SIGNATURE

Missouri Ethics Commission
DEC 01 2010



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

M.E.C. ID NO. C101275

INSTRUCTIONS ON REVERSE SIDE

1. FULL NAME OF COMMITTEE Long for Senate		2. DATE OF REPORT 11-26-2010	3. DATE OF DISSOLUTION 10-04-2010
4. TREASURER'S NAME AND ADDRESS NAME: David Lowell ADDRESS: #34 Willmore Rd. CITY / STATE / ZIP: St. Louis Mo. 63109		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: James Long ADDRESS: 4652 Tower Grove Pl. CITY / STATE / ZIP: St. Louis Mo. 63110 TELEPHONE NO: 314-773-8680	
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. <u>David Lowell</u> 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. <u>James Long</u> CANDIDATE'S SIGNATURE	



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Long For Senate	DATE OF REPORT 11-26-2010	OFFICE USE ONLY BJ
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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		\$ 40160.91	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)	\$ 0.0
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 0.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 0.0
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-\$ 0.0
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	\$ 40160.91		a) Disbursements By Check \$	
			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)	\$ 0.0
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 40160.91	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$			
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)	\$			
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 40160.91		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.0
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+\$ 0.0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED	\$		31. NEW DEBTS INCURRED THIS PERIOD	+\$ 0.0
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$ 0.0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$ 0.0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0.0
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 28 + 30 + 31 - 32 - 33 - 34)	\$ 0.0
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)	\$			

FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		AGGREGATE TO DATE	(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
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)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
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 INLINE 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	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-18)
15. NAME AND ADDRESS OF LENDER			
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)			\$
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 Long For Senate		2. REPORT DATE 11-26-2010	
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			\$ 0.00
			\$ 0.00
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0.00
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 0.00
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 0.00
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)
8. NAME AND ADDRESS OF RECIPIENT			11. AMOUNT THIS PERIOD
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:		\$	<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:		\$	<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:		\$	<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:		\$	<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)			\$
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME:			\$
ADDRESS:			
CITY / STATE:			\$
NAME:			\$
ADDRESS:			
CITY / STATE:			\$
NAME:			\$
ADDRESS:			
CITY / STATE:			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 0.00
24. SUBTOTAL: ANY ATTACHED PAGES			+ \$ 0.00
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ 0.00
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0.00
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 0.00
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$ 0.00



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C101275

8/31/2010

INSTRUCTIONS ON REVERSE SIDE

COPY

2. FULL NAME OF COMMITTEE LONG FOR SENATE		4. COMMITTEE TELEPHONE NUMBER (314) 773-8680	
3. COMMITTEE MAILING ADDRESS 4652 TOWNER GROVE PLACE CITY / STATE / ZIP ST LOUIS MO 63110		7. TREASURER'S TELEPHONE NUMBER HOME: (314) 352-5844 WORK:	
5. TREASURER'S NAME DAVID J LOWELL			
6. TREASURER'S MAILING ADDRESS 43 WILLMORE RD CITY / STATE / ZIP ST LOUIS MO 63109		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 8/2/2010	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL		
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/25/2010 THROUGH 8/31/2010			
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY JAMES H LONG 4652 TOWER GROVE PLACE ST LOUIS MO 63110 (314) 773-8680 STATE SENATOR-DISTRICT 4 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" 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 checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM 005) <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 type="checkbox"/> 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. ELECTRONICALLY FILED Oct 19 2010 8:51PM _____ 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. ELECTRONICALLY FILED Oct 19 2010 8:51PM _____ CANDIDATE'S SIGNATURE	

Missouri Ethics Commission
DEC 01 2010



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE LONG FOR SENATE	DATE OF REPORT 8/31/2010	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		\$ 56,104.88	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 11,463.92			
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)	\$ 11,463.92			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 15,328.94		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 29,208.41
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 26,792.86		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 11,463.92
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-\$ 40,160.91
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 82,897.74	a) Disbursements By Check \$ 40,160.91 b) Disbursements By Cash \$ 0.00	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 511.42
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 27,235.15	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 40,160.91			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 15,328.94			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0.00			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 55,489.85			
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 82,725.00	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 238.68
- CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+\$ 0.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	31. NEW DEBTS INCURRED THIS PERIOD	+\$ 0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00		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)	\$ 0.00		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0.00
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 0.00	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 238.68
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
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)	\$ 0.00			



**MISSOURI ETHICS COMMISSION
DIRECT EXPENDITURE REPORT**

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE
LONG FOR SENATE

2. REPORT DATE
8/31/2010

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 SUPP. OPP.	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: ADDRESS: CITY STATE ZIP:		-		\$
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 SUPP. OPP.	11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
BALLOT MEASURE: POLITICAL SUBDIVISION:		-	\$	\$
BALLOT MEASURE: POLITICAL SUBDIVISION:		-	\$	\$
BALLOT MEASURE: POLITICAL SUBDIVISION:		-	\$	\$



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE LONG FOR SENATE	DATE 8/31/2010
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

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: Jeffrey Fort CITY/STATE: 5 Dromara EMPLOYER: St. Louis MO 63124 <input type="checkbox"/> COMMITTEE:	8/2/2010 \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John King CITY/STATE: 3719 Bel Canto EMPLOYER: St. Louis MO 63125 <input type="checkbox"/> COMMITTEE:	7/29/2010 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Worsham CITY/STATE: 515 Rue Lamande EMPLOYER: St. Louis MO 63628 <input type="checkbox"/> COMMITTEE:	7/28/2010 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Mueller CITY/STATE: 4419 Donovan EMPLOYER: St. Louis MO 63109 <input type="checkbox"/> COMMITTEE:	7/31/2010 \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter Downs CITY/STATE: 1917 12th Street EMPLOYER: St. Louis MO 63104 <input type="checkbox"/> COMMITTEE:	8/2/2010 \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Keith Walleman CITY/STATE: 4323 Beethoven EMPLOYER: St. Louis MO 63116 <input type="checkbox"/> COMMITTEE:	7/29/2010 \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Pendergast CITY/STATE: 6571 Lindenwood EMPLOYER: St. Louis MO 63109 <input type="checkbox"/> COMMITTEE:	7/28/2010 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Stewart CITY/STATE: 6203 Walsh EMPLOYER: St. Louis MO 63109 <input type="checkbox"/> COMMITTEE:	7/28/2010 \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE LONG FOR SENATE	DATE 8/31/2010
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

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: Intl Assoc Fire Fighters Local #73 CITY / STATE: 4271 Delor EMPLOYER: St. Louis mo 63116 <input type="checkbox"/> COMMITTEE:	8/1/2010 \$ 10,328.94	\$ 5,328.94 <input type="checkbox"/> MONETARY <input checked="" 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
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

TOTAL: ITEMIZED CONTRIBUTIONS -----

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT**

INSTRUCTIONS ON REVERSE SIDE

C101275

REPORT DATE
8/31/2010

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

LONG FOR SENATE

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

4. DATE OF ACTIVITY OR EVENT

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

5. NUMBER OF PARTICIPANTS

0

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 0.00

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 0.00

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 0.00

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

\$

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE LONG FOR SENATE	DATE 8/31/2010
--------------------------------------	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED <hr/> AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: ADDRESS: Ward Griggs CITY/STATE: 4947 Milemar EMPLOYER: St. Louis MO 63128 <input type="checkbox"/> COMMITTEE:	8/2/2010 <hr/> \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank Swatske CITY/STATE: 901 Garden Ridge EMPLOYER: Lewisville TX 75077 <input type="checkbox"/> COMMITTEE:	7/29/2010 <hr/> \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Gavin CITY/STATE: 9701 Hilltop EMPLOYER: St. Louis MO 63128 <input type="checkbox"/> COMMITTEE:	7/28/2010 <hr/> \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Ryan CITY/STATE: 6272 Vista View EMPLOYER: St. Louis MO 63051 <input type="checkbox"/> COMMITTEE:	7/31/2010 <hr/> \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Hornak CITY/STATE: 5335 West EMPLOYER: St. Louis MO 63116 <input type="checkbox"/> COMMITTEE:	8/2/2010 <hr/> \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank Stubits CITY/STATE: 6330 Hurstgreen EMPLOYER: St. Louis MO 63123 <input type="checkbox"/> COMMITTEE:	7/31/2010 <hr/> \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: SLPOA CITY/STATE: 3710 Hampton EMPLOYER: St. Louis MO 63109 <input type="checkbox"/> COMMITTEE:	8/1/2010 <hr/> \$ 25,000.00	\$ 10,000.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Plumbers Pipefitters Local 562 CITY/STATE: 12385 Larimore EMPLOYER: St. Louis MO 63138 <input type="checkbox"/> COMMITTEE:	8/1/2010 <hr/> \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS	---
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE LONG FOR SENATE		2. REPORT DATE 8/31/2010	
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: View Supplemental Form(s) 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
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		+ \$	19,493.94
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	19,493.94
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	4,165.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$	15,328.94
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		\$	7,298.92
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	0.00
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
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)		\$	15,328.94
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	11,463.92
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	11,463.92



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE LONG FOR SENATE		2. REPORT DATE 8/31/2010	
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 View Supplemental Form(s)			
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0.00
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ 866.98
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 866.98
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)
8. NAME AND ADDRESS OF RECIPIENT			11. AMOUNT THIS PERIOD
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS: View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 0.00
13. SUBTOTAL: ANY ATTACHED PAGES			+ 39,293.93
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			\$ 39,293.93
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 40,160.91
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 40,160.91
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			\$ 15,328.94
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:			<input type="checkbox"/> MONETARY
ADDRESS:			<input type="checkbox"/> IN-KIND
CITY / STATE:			\$
NAME:			<input type="checkbox"/> MONETARY
ADDRESS:			<input type="checkbox"/> IN-KIND
CITY / STATE:			\$
NAME:			<input type="checkbox"/> MONETARY
ADDRESS:			<input type="checkbox"/> IN-KIND
CITY / STATE:			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 0.00
24. SUBTOTAL: ANY ATTACHED PAGES			\$ 0.00
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ 0.00
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0.00
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 0.00
28. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$ 0.00



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE LONG FOR SENATE		REPORT DATE 8/31/2010		
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS NAME AND ADDRESS OF RECIPIENT		DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Pargo, Byron ADDRESS: 4236 Ravenwood CITY/STATE: Saint Louis, MO63121		8/6/2010	Campaign Worker \$ 8,970.00	\$ 3,120.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Tutt, LaToscha ADDRESS: 35 Robert Avenue CITY/STATE: Saint Louis, MO63135		8/6/2010	Campaign Worker \$ 3,540.00	\$ 1,236.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Vierling, Richard J ADDRESS: 5605 Nottingham CITY/STATE: St Louis, MO63109		8/6/2010	Campaign Worker \$ 1,128.00	\$ 1,128.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Internal Revenue Service ADDRESS: Internal Revenue Service CITY/STATE:		8/6/2010	FICA Tax \$ 2,392.77	\$ 1,006.10 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Internal Revenue Service ADDRESS: Internal Revenue Service CITY/STATE:		8/6/2010	FUTA \$ 234.47	\$ 89.47 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: MO Dept Revenue ADDRESS: MO Dept Revenue CITY/STATE:		8/6/2010	SUTA \$ 1,097.91	\$ 461.63 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Gregory FX Daly, Collector ADDRESS: of Revenue CITY/STATE:		8/6/2010	City Earnings T \$ 115.11	\$ 31.68 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Postmaster ADDRESS: United states postal service CITY/STATE:		8/6/2010	Postage \$ 5,858.19	\$ 5,858.19 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Mulligan Printing ADDRESS: 1808 Washington Ave. CITY/STATE: St. Louis, MO 63103		8/6/2010	Printing/Averti \$ 11,895.55	\$ 9,895.55 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: DDI Media ADDRESS: 8315 Drury Industrial Pkwy CITY/STATE: St. Louis, MO 63114		8/6/2010	Billboard \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Jim King Auto ADDRESS: 1855 Gravois Ave CITY/STATE: St Louis, MO 63104-2797		8/6/2010	Auto Rental \$ 1,650.00	\$ 1,200.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Pargo, Byron ADDRESS: 4236 Ravenwood CITY/STATE: Saint Louis, MO63121		8/6/2010	Auto Gas Reimbu \$ 546.83	\$ 546.83 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Commerce Bank NA ADDRESS: Commerce Bank NA CITY/STATE:		8/6/2010	Bank Service Ch \$ 140.23	\$ 140.23 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: The Ink Spot Printing ADDRESS: The Ink Spot Printing CITY/STATE:		8/6/2010	Printing \$ 858.05	\$ 858.05 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Bullock, Jared T ADDRESS: 5927 Park Lane CITY/STATE: Saint Louis, MO63147		8/6/2010	Campaign Worker \$ 2,664.00	\$ 1,224.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)				\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE LONG FOR SENATE		REPORT DATE 8/31/2010		
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME AND ADDRESS OF RECIPIENT				
NAME: Cantrell, Brandon ADDRESS: 3647 Steins CITY/STATE: St Louis, MO63116		8/6/2010	Campaign Worker \$ 1,128.00	\$ <input checked="" type="checkbox"/> PAID 1,128.00 <input type="checkbox"/> INCURRED
NAME: Chamley, Jessica ADDRESS: 3645 Roswell CITY/STATE: St Louis, MO63116		8/6/2010	Campaign Worker \$ 1,080.00	\$ <input checked="" type="checkbox"/> PAID 1,080.00 <input type="checkbox"/> INCURRED
NAME: Chamley, Kristina ADDRESS: 3645 Roswell CITY/STATE: St Louis, MO63116		8/6/2010	Campaign Worker \$ 1,128.00	\$ <input checked="" type="checkbox"/> PAID 1,128.00 <input type="checkbox"/> INCURRED
NAME: Daugherty, Pamela ADDRESS: 1951 Vinita CITY/STATE: Saint Louis, MO63136		8/6/2010	Campaign Worker \$ 3,540.00	\$ <input checked="" type="checkbox"/> PAID 1,236.00 <input type="checkbox"/> INCURRED
NAME: Notch, Adam ADDRESS: 1037 Fairmount CITY/STATE: St Louis, MO63139		8/6/2010	Campaign Worker \$ 1,128.00	\$ <input checked="" type="checkbox"/> PAID 1,128.00 <input type="checkbox"/> INCURRED
NAME: Pargo JR, Byron ADDRESS: 5921 North Pointe CITY/STATE: Saint Louis, MO63147		8/6/2010	Campaign Worker \$ 3,528.00	\$ <input checked="" type="checkbox"/> PAID 1,224.00 <input type="checkbox"/> INCURRED
NAME: ATT Mobility ADDRESS: CITY/STATE:		8/6/2010	Cell Phone Expe \$ 348.86	\$ <input checked="" type="checkbox"/> PAID 160.35 <input type="checkbox"/> INCURRED
NAME: ADP Payroll Processing ADDRESS: CITY/STATE:		8/6/2010	Payroll Process \$ 544.93	\$ <input checked="" type="checkbox"/> PAID 302.98 <input type="checkbox"/> INCURRED
NAME: Beth Talbot ADDRESS: CITY/STATE:		7/31/2010	Consulting \$ 1,000.00	\$ <input checked="" type="checkbox"/> PAID 1,000.00 <input type="checkbox"/> INCURRED
NAME: Various Poll Workers - All under ADDRESS: \$100 per worker, but category over CITY/STATE: \$100 in total		8/2/2010	Poll Workers \$ 2,700.00	\$ <input checked="" type="checkbox"/> PAID 2,700.00 <input type="checkbox"/> INCURRED
NAME: BP Gas Station ADDRESS: CITY/STATE:		8/6/2010	Gasoline \$ 187.69	\$ <input checked="" type="checkbox"/> PAID 187.69 <input type="checkbox"/> INCURRED
NAME: Seamus McDaniels ADDRESS: 1208 Tamm Avenue CITY/STATE: St. Louis, MO 63139		7/30/2010	Meeting Meals \$ 70.11	\$ <input checked="" type="checkbox"/> PAID 70.11 <input type="checkbox"/> INCURRED
NAME: Office Max ADDRESS: CITY/STATE:		8/6/2010	Office expenses \$ 653.07	\$ <input checked="" type="checkbox"/> PAID 653.07 <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
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)				\$ --