



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C000824

|                                     |                 |
|-------------------------------------|-----------------|
| 1. DATE OF REPORT<br><br>10/14/2024 | OFFICE USE ONLY |
|-------------------------------------|-----------------|

INSTRUCTIONS ON REVERSE SIDE

|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. FULL NAME OF COMMITTEE<br>21st Century St. Louis PAC                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. COMMITTEE MAILING ADDRESS<br>211 N. Broadway Suite 1300                                                                                                                                                                                                                                                              | 4. COMMITTEE TELEPHONE NUMBER<br><br>(314) 272-2558                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CITY / STATE / ZIP<br>St Louis MO 63102                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5. TREASURER'S NAME<br>Samuel Murphey                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6. TREASURER'S MAILING ADDRESS<br>211 N Broadway Ste 1300                                                                                                                                                                                                                                                               | 7. TREASURER'S TELEPHONE NUMBER<br>HOME: (314) 444-1197<br><br>WORK:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CITY / STATE / ZIP<br>St Louis MO 63102                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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<br>HOME:<br><br>WORK:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CITY / STATE / ZIP                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11. DATE OF ELECTION                                                                                                                                                                                                                                                                                                    | 12. TYPE OF ELECTION ( CHECK ONE )<br><input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 13. TIME PERIOD COVERED BY THIS STATEMENT<br>FROM 7/1/2024 THROUGH 9/30/2024                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY<br><br><br><br><br><br><br><br><br><br><input type="checkbox"/> CHECK IF INCUMBENT<br><br><input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> | 15. TYPE OF REPORT<br><input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION<br><input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT<br><input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 15<br><input type="checkbox"/> 8 DAYS BEFORE<br><input type="checkbox"/> 30 DAYS AFTER ELECTION<br><input type="checkbox"/> TERMINATION (ATTACH FORM CO-3)<br><input type="checkbox"/> SEMIANNUAL DEBT REPORT<br><input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15<br><input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15<br><input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ |
|                                                                                                                                                                                                                                                                                                                         | 16. COMMITTEE TREASURER'S SIGNATURE<br><br>I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.<br><br>ELECTRONICALLY FILED Oct 14 2024 9:00AM<br>_____<br>TREASURER'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## Missouri Ethics Commission

## REPORT SUMMARY

### Instructions on Reverse Side

Name of Committee

21st Century St. Louis  
PAC

|                |
|----------------|
| Date of Report |
|----------------|

10/14/2024

Office Use Only

| Receipts                                                                                                                        |   | A. This Period | B. This Calendar Yr<br>or Election Cycle | Statement of<br>Beginning and Ending<br>Financial Condition                                                                                            |              |
|---------------------------------------------------------------------------------------------------------------------------------|---|----------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. Total Receipts For This Election<br>Previously Reported                                                                      |   |                | \$ 0.00                                  |                                                                                                                                                        |              |
| 2. All Monetary Contributions Received<br>This Period                                                                           |   | \$ 59,000.00   |                                          | Money On Hand                                                                                                                                          |              |
| 3. All Loans Received This Period                                                                                               |   | + 0.00         |                                          |                                                                                                                                                        |              |
| 4. Miscellaneous Receipts This Period                                                                                           |   | + 0.00         |                                          |                                                                                                                                                        |              |
| 5. Subtotal Monetary Receipts This Period<br>(Sum 2A + 3A + 4A)                                                                 |   | \$ 59,000.00   |                                          | 24. Money On Hand at the beginning of<br>this reporting period (Including funds<br>in depository, cash, savings accounts<br>and all other investments) | \$ 5,327.13  |
| 6. In-kind Contributions Received This<br>Period                                                                                |   | + 0.00         |                                          | 25. Monetary Receipts this Period<br>(From Item 5 - this page)                                                                                         | + 59,000.00  |
| 7. Total All Receipts This Period (Sum 5A<br>+ 6A)                                                                              |   | \$ 59,000.00   |                                          | 26. Monetary Disbursements Made This<br>Period (Sum 10 + 16A + 23 )<br>a) Disbursements By Check \$ 0.00<br>b) Disbursements By Cash \$ 0.00           | - 0.00       |
| 8. Total All Receipts This Election (Sum<br>1B + 7A)                                                                            |   |                | \$ 59,000.00                             |                                                                                                                                                        |              |
| Expenditures                                                                                                                    |   | A. This Period | B. This Calendar Yr<br>or Election Cycle |                                                                                                                                                        |              |
| 9. Total Expenditures for this election<br>previously reported                                                                  |   |                | \$ 868.00                                | 27. Money On Hand at the close of this<br>reporting period<br>(SUM 24 + 25 - 26)                                                                       | \$ 64,327.13 |
| 10. Expenditures made by cash or check<br>this period                                                                           |   | \$ 0.00        |                                          | Indebtedness                                                                                                                                           |              |
| 11. In-Kind Expenditures made this period                                                                                       |   | + 0.00         |                                          |                                                                                                                                                        |              |
| 12. Expenditures incurred this period (not<br>including loans) including payments<br>made by credit card (line 17 CD3)          |   | + 0.00         |                                          |                                                                                                                                                        |              |
| 13. Total All expenditures made this period<br>(Sum 10A + 11A + 12A) Including<br>payments made by Credit Card (line 17<br>CD3) |   | \$ 0.00        |                                          | 28. Outstanding Indebtedness at the<br>beginning of this period                                                                                        | \$ 0.00      |
| 14. Total Expenditures This Election<br>(Sum 9B + 13A)                                                                          |   |                | \$ 868.00                                | 29. Loans Received This Period                                                                                                                         | + 0.00       |
| Contributions Made                                                                                                              |   | A. This Period | B. This Calendar Yr<br>or Election Cycle |                                                                                                                                                        |              |
| 15. Total Contributions Made For This<br>Election Previously Reported                                                           |   |                | \$ 0.00                                  | 30. A. New Expenditures Incurred This<br>Period (include payments by Credit<br>Card (Line 17 CD3)                                                      | + 0.00       |
| 16. All Contributions Made This Period<br>(25A or 25B of CD3)                                                                   | A | 0.00           | ⇐ Cash/Check                             | B. New Contributions Made by Credit<br>Card (Line 25B CD3)                                                                                             | + 0.00       |
|                                                                                                                                 | B | 0.00           | ⇐ Credit Card                            |                                                                                                                                                        |              |
| 17. All In-Kind Contributions Made This<br>Period                                                                               |   | + 0.00         |                                          | 31. Payments Made on Loans This Period                                                                                                                 | - 0.00       |
| 18. Total Contributions Made This Period<br>(Sum 16A + 17A)                                                                     |   | \$ 0.00        |                                          |                                                                                                                                                        |              |
| 19. Total All Contributions Made This<br>Election (Sum 15B + 18A)                                                               |   |                | \$ 0.00                                  | 32. Debt Forgiven on Loans This Period                                                                                                                 | - 0.00       |
| Other Disbursements                                                                                                             |   | A. This Period | B. This Calendar Yr<br>or Election Cycle |                                                                                                                                                        |              |
| 20. Funds Used For Paying Loans This<br>Period Including Credit Card Payments                                                   |   | + 0.00         |                                          | 33. Payments Made This Period on<br>Expenditures Incurred in Previous<br>Period (Paid by Cash/Check Only)<br>(Line 21 this page)                       | - 0.00       |
| 21. Payments This Period on Prev Reported<br>Expend Incurred (Paid by Cash/Check Only)                                          |   | + 0.00         |                                          |                                                                                                                                                        |              |
| 22. Any Miscellaneous Disbursement Not<br>Reported Elsewhere                                                                    |   | + 0.00         |                                          | 34. Total Indebtedness at the Close of<br>This Reporting Period (Sum 28 + 29 +<br>30A + 30B - 31 - 32 - 33)                                            | \$ 0.00      |
| 23. Total Other Disbursements This Period<br>(Sum 20A + 21A + 22A)                                                              |   | \$ 0.00        |                                          |                                                                                                                                                        |              |



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS AND LOANS RECEIVED  
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

|                                                                                                                                        |  |                                                   |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|---------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE<br>21st Century St. Louis PAC                                                                                     |  | 2. REPORT DATE<br>10/14/2024                      |                                                                                 |
| A. ITEMIZED CONTRIBUTIONS RECEIVED<br>FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. |  | 4. DATE RECEIVED<br>-----<br>AGGREGATE TO<br>DATE | 5. AMOUNT RECEIVED<br>(CHECK IF<br>MONETARY<br>OR IN-KIND)                      |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)                                                                                |  |                                                   |                                                                                 |
| NAME:<br>ADDRESS:<br>CITY / STATE: View Supplemental Form(s)<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                       |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| 6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)                                                                           |  | \$ 0.00                                           |                                                                                 |
| 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES                                                                                 |  | + \$ 59,000.00                                    |                                                                                 |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)                                                                               |  | \$ 59,000.00                                      |                                                                                 |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS                                                                 |  | \$ 59,000.00                                      |                                                                                 |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS                                                                 |  | \$ 0.00                                           |                                                                                 |
| B. NON-ITEMIZED CONTRIBUTIONS RECEIVED<br>(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)                                          |  | AMOUNT<br>RECEIVED                                |                                                                                 |
| 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A                                                     |  | \$ 0.00                                           |                                                                                 |
| 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS                                                             |  | \$ 0.00                                           |                                                                                 |
| 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS                                                            |  | \$ 0.00                                           |                                                                                 |
| 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS                                            |  | \$ 0.00                                           |                                                                                 |
| C. LOANS RECEIVED                                                                                                                      |  |                                                   |                                                                                 |
| 15. NAME AND ADDRESS OF LENDER                                                                                                         |  | 16. DATE<br>RECEIVED                              | 17. AMOUNT OF LOAN<br>(IF MORE THAN \$100<br>ATTACH CD-1B)                      |
| NAME:<br>ADDRESS:<br>CITY / STATE:                                                                                                     |  |                                                   | \$                                                                              |
| NAME:<br>ADDRESS:<br>CITY / STATE:                                                                                                     |  |                                                   | \$                                                                              |
| 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)                                                                                          |  | \$ 0.00                                           |                                                                                 |
| 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES                                                                                            |  | \$ 0.00                                           |                                                                                 |
| 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)                                                                                             |  | \$ 0.00                                           |                                                                                 |
| 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)                                                                                     |  | \$ 0.00                                           |                                                                                 |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)                                                                             |  | \$ 59,000.00                                      |                                                                                 |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)                                      |  | \$ 59,000.00                                      |                                                                                 |



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

|                                                 |                    |
|-------------------------------------------------|--------------------|
| NAME OF COMMITTEE<br>21st Century St. Louis PAC | DATE<br>10/14/2024 |
|-------------------------------------------------|--------------------|

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<br>FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING<br>MORE THAN \$100 TO A COMMITTEE.                                                                         | 4. DATE RECEIVED<br>-----<br>AGGREGATE TO<br>DATE | 5. AMOUNT RECEIVED<br>(CHECK IF MONETARY<br>OR IN-KIND)                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b><br>NAME:<br>ADDRESS: Thompson Coburn LLP<br>CITY/STATE: One US Bank Plaza<br>EMPLOYER: Saint Louis MO 63101<br><input type="checkbox"/> COMMITTEE: | 8/13/2024<br>-----<br>\$ 10,000.00                | \$ 10,000.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: John Tracy<br>CITY/STATE: 12326 Wedgeton Lane<br>EMPLOYER: Saint Louis MO 63131<br>Dot Family Holdings -- Executive Chairman<br><input type="checkbox"/> COMMITTEE:                             | 8/14/2024<br>-----<br>\$ 10,000.00                | \$ 10,000.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: Jerald Kent<br>CITY/STATE: 13351 Buckland Hall Road<br>EMPLOYER: Saint Louis MO 63131<br>Tierpoint and Cequel 3 -- Chairman and CEO<br><input type="checkbox"/> COMMITTEE:                      | 8/12/2024<br>-----<br>\$ 20,000.00                | \$ 20,000.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: Jerome Schlichter<br>CITY/STATE: 32 Portland Place<br>EMPLOYER: Saint Louis MO 63108<br>Schlichter Bogard LLP -- Attorney<br><input type="checkbox"/> COMMITTEE:                                | 8/23/2024<br>-----<br>\$ 4,500.00                 | \$ 4,500.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS: Susan Schlichter<br>CITY/STATE: 32 Portland Place<br>EMPLOYER: Saint Louis MO 63108<br>Retired<br><input type="checkbox"/> COMMITTEE:                                                           | 8/23/2024<br>-----<br>\$ 4,500.00                 | \$ 4,500.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS: Michael Konzen<br>CITY/STATE: 4909 Laclede Avenue<br>EMPLOYER: Saint Louis MO 63108<br>PGAV -- Chairman and Principal<br><input type="checkbox"/> COMMITTEE:                                    | 8/20/2024<br>-----<br>\$ 5,000.00                 | \$ 5,000.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS: Schnuck Markets Inc<br>CITY/STATE: 11420 Lackland Road<br>EMPLOYER: Saint Louis MO 63146<br><input type="checkbox"/> COMMITTEE:                                                                 | 8/16/2024<br>-----<br>\$ 5,000.00                 | \$ 5,000.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS:<br>CITY/STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                              | <br>-----<br>\$                                   | \$<br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                      |

TOTAL: ITEMIZED CONTRIBUTIONS

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



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
Instructions on Reverse Side

Office Use Only

|                                                                                                               |  |                                                                                   |                                                                             |
|---------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. Name of Committee<br>21st Century St. Louis PAC                                                            |  | 2. Report Date<br>10/14/2024                                                      |                                                                             |
| <b>A. Expenditures of \$100 or Less by Category</b><br>(List Payments to Campaign Workers in Section B Below) |  | 4. Amount Paid or Incurred<br>This Period                                         |                                                                             |
| 3. Category of Expenditure                                                                                    |  |                                                                                   |                                                                             |
|                                                                                                               |  |                                                                                   |                                                                             |
| 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>B. Itemized Expenditures All Over \$100</b><br><b>And All Payments To Campaign Workers</b>                 |  | 10. Purpose - (If<br>Payment was to a<br>Campaign Worker, Show<br>Aggregate Paid) |                                                                             |
| 8. Name and Address of Recipient                                                                              |  | 9. Date                                                                           | 11. Amount This Period                                                      |
| Name:<br>Address:<br>City / State:                                                                            |  |                                                                                   | \$<br><input type="checkbox"/> Paid<br><input type="checkbox"/> Incurred    |
| Name:<br>Address:<br>City / State:                                                                            |  |                                                                                   | \$<br><input type="checkbox"/> Paid<br><input type="checkbox"/> Incurred    |
| Name:<br>Address:<br>City / State:                                                                            |  |                                                                                   | \$<br><input type="checkbox"/> Paid<br><input type="checkbox"/> Incurred    |
| 12. Subtotal: This Page ( Sum Column 11)                                                                      |  | \$ 0.00                                                                           |                                                                             |
| 13. Subtotal: Any Attached Pages                                                                              |  | + 0.00                                                                            |                                                                             |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13)                                                    |  | \$ 0.00                                                                           |                                                                             |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14)                                                     |  | \$ 0.00                                                                           |                                                                             |
| 16. Amount of Line 15 Above which was Paid Out This Period                                                    |  | \$ 0.00                                                                           |                                                                             |
| 17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards    |  | \$ 0.00                                                                           |                                                                             |
| 18. If Committee Made Any In-Kind Expenditures This Period, List Amount                                       |  | \$ 0.00                                                                           |                                                                             |
| 19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) |  | \$ 0.00                                                                           |                                                                             |
| <b>C. Contributions Made (Regardless of Amount)</b>                                                           |  | 21. Date                                                                          | 22. Amount                                                                  |
| 20. Name and Address of Candidate or Committee                                                                |  |                                                                                   | \$<br><input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind |
| Name:<br>Address:<br>City / State:                                                                            |  |                                                                                   | \$<br><input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind |
| Name:<br>Address:<br>City / State:                                                                            |  |                                                                                   | \$<br><input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind |
| Name:<br>Address:<br>City / State:                                                                            |  |                                                                                   | \$<br><input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind |
| 23. Subtotal: This Page (Sum Column 22)                                                                       |  | \$ 0.00                                                                           |                                                                             |
| 24. Subtotal: Any Attached Pages                                                                              |  | \$ 0.00                                                                           |                                                                             |
| 25. Total: Monetary Contributions Made This Period                                                            |  | A. By Cash / Check                                                                | \$ 0.00                                                                     |
|                                                                                                               |  | B. By Credit Card                                                                 | \$ 0.00                                                                     |
| 26. If Committee Made Any Loans This Period, List Amount                                                      |  | \$                                                                                |                                                                             |
| 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                                                                           |                                                                             |