



Missouri Ethics Commission  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

M.E.C. ID NO. C121156

1. DATE OF REPORT  7/9/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
 FRIENDS OF VAN HITT FOR REPRESENTATIVE

3. COMMITTEE MAILING ADDRESS 3003 STATE HWY B	4. COMMITTEE TELEPHONE NUMBER  (573) 243-5493
CITY / STATE / ZIP OAK RIDGE MO 63769-5306	

5. TREASURER'S NAME  
 GEORGE MILLER

6. TREASURER'S MAILING ADDRESS 3003 STATE HWY B	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 986-3397 WORK: (573) 225-0093
CITY / STATE / ZIP OAK RIDGE MO 63769-5306	

8. DEPUTY TREASURER'S NAME  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 8/7/2012	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
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13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM 4/1/2012 THROUGH 6/30/2012

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

VAN C HITT  
 995 CTY RD 457  
 OAK RIDGE MO 63769  
 (573) 270-1580 (573) 243-5493  
 STATE REPRESENTATIVE

CHECK IF INCUMBENT

REPUBLICAN     DEMOCRAT     \_\_\_\_\_

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT  
 Jan 15     Apr 15     Jul 15     Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

SEMIANNUAL DEBT REPORT  
 Jan 15     Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

AMENDING PREVIOUS REPORT DATED \_\_\_\_\_, 20\_\_\_\_

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

\_\_\_\_\_  
 ELECTRONICALLY FILED Jul 9 2012 11:14AM  
 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 Jul 9 2012 11:14AM  
 CANDIDATE'S SIGNATURE



Missouri Ethics Commission

**REPORT SUMMARY**

Instructions on Reverse Side

Name of Committee <b>FRIENDS OF VAN HITT FOR REPRESENTATIVE</b>	Date of Report <b>7/9/2012</b>	Office Use Only
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<b>Receipts</b>	A. This Period	B. This Calendar Yr or Election Cycle	<b>Statement of Beginning and Ending Financial Condition</b>	
1. Total Receipts For This Election Previously Reported		\$ 2,670.00	<b>Money On Hand</b>	
2. All Monetary Contributions Received This Period	\$ 3,205.03			
3. All Loans Received This Period	+ 5,000.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 8,205.03			
6. In-kind Contributions Received This Period	+ 75.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 8,205.03
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 8,280.03		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 4,938.74
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 10,950.03	a) Disbursements By Check \$ 4,938.74 b) Disbursements By Cash \$ 0.00	
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 4,544.94
9. Total Expenditures for this election previously reported		\$ 1,241.35	<b>Indebtedness</b>	
10. Expenditures made by cash or check this period	\$ 4,893.74			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 4,893.74			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 6,135.09	29. Loans Received This Period	+ 5,000.00
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card	31. Payments Made on Loans This Period	- 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 6,000.00
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 45.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 45.00			



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

OFFICE USE ONLY

1. NAME OF COMMITTEE FRIENDS OF VAN HITT FOR REPRESENTATIVE		2. REPORT DATE 7/9/2012	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> 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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+	\$ 2,910.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	2,910.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	2,910.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$	0.00
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$	247.03
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	48.00
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		\$	75.00
<b>C. LOANS RECEIVED</b>		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		\$	5,000.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	5,000.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	75.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	3,205.03
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	7,910.00



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE FRIENDS OF VAN HITT FOR REPRESENTATIVE	DATE 7/9/2012
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>		
NAME: ADDRESS: John Hall CITY / STATE: #3 Doctors Park Cape Girardeau MO 63701 EMPLOYER: Physician <input type="checkbox"/> COMMITTEE:	4/9/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Hartlein CITY / STATE: 1405 Kimbeland Dr. Jackson MO 63755 EMPLOYER: Appraiser <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill Heaton CITY / STATE: 310 Elm Street Jackson MO 63755 EMPLOYER: Sales Representative <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rhonda Heaton CITY / STATE: 110 S. Madison Jackson MO 63755 EMPLOYER: Educator <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Blattner CITY / STATE: 1833 W. Cape Rock Dr. Cape Girardeau MO 63701 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Patrick CITY / STATE: 110 S. Madison Jackson MO 63755 EMPLOYER: Educator <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nathan Norman CITY / STATE: 1658 County Rd.318 Jackson MO 63755 EMPLOYER: Educator <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bryan Austin CITY / STATE: 176 Glen Drive Jackson MO 63755 EMPLOYER: Educator <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>	-----	\$ --
(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 FRIENDS OF VAN HITT FOR REPRESENTATIVE	DATE 7/9/2012
---	------------------

**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.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Reagan McDowell CITY / STATE: 164 South Lane EMPLOYER: Jackson MO 63755 Educator <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bob Sink CITY / STATE: 252 Topaz Lane EMPLOYER: Jackson MO 63755 Educator <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jack Martin CITY / STATE: 1008 Morgan St. EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pete Ressler CITY / STATE: 521 Bainbridge Rd. EMPLOYER: Jackson MO 63755 Sales Representative <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Myers CITY / STATE: 2300 County Rd. 454 EMPLOYER: Oak Ridge MO 63769 Business Owner <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elmer Smith CITY / STATE: 1120 Pawnee St. EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carl Gross CITY / STATE: 1038 Cathy Drive EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shelby Engert CITY / STATE: P.O. Box 11 EMPLOYER: Oak Ridge MO 63769 Truck Driver <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 25.00	\$ 25.00 <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 FRIENDS OF VAN HITT FOR REPRESENTATIVE	DATE 7/9/2012
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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Kent Gibbs CITY/STATE: 351 Touchdown Drive Jackson MO 63755 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Gohn CITY/STATE: 3663 Boston Farms Dr. Bridgeton MO 63044 EMPLOYER: Administrator <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Norman Thompson CITY/STATE: 2164 Litz Road Jackson MO 63755 EMPLOYER: Administrative Assistant <input type="checkbox"/> COMMITTEE:	5/3/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Larry Cunningham CITY/STATE: 2652 Prairie View Trail Jackson MO 63755 EMPLOYER: Realtor <input type="checkbox"/> COMMITTEE:	5/6/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: E E Schneider CITY/STATE: P.O Box 220 Jackson MO 63755 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/6/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Doyle Oehl CITY/STATE: 8076 State Hwy D Jackson MO 63755 EMPLOYER: Farmer/Stockman <input type="checkbox"/> COMMITTEE:	5/6/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John C Norman CITY/STATE: 4120 Old Cape Road Circle Jackson MO 63755 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/6/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John B Norman CITY/STATE: 4651 Old Cape Road East Jackson MO 63755 EMPLOYER: Stockman/Farmer <input type="checkbox"/> COMMITTEE:	5/6/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE FRIENDS OF VAN HITT FOR REPRESENTATIVE	DATE 7/9/2012
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**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Everett Cassidy CITY / STATE: 388 Cty Rd 345 EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	5/9/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gene Galnore CITY / STATE: 2257 Ripken Way EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	5/9/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Matt Lang CITY / STATE: 3944 State Hwy D EMPLOYER: Jackson MO 63755 Student <input type="checkbox"/> COMMITTEE:	5/7/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Byrd CITY / STATE: 298 Cty Rd 638 EMPLOYER: Cape Girardeau MO 63701 Retired <input type="checkbox"/> COMMITTEE:	5/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Corey Ruesler CITY / STATE: 2059 Derwin Circle EMPLOYER: Jackson MO 63755 Pilot <input type="checkbox"/> COMMITTEE:	5/7/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Nunn CITY / STATE: 693 W. Independence EMPLOYER: Jackson MO 63755 Resource Mgr. <input type="checkbox"/> COMMITTEE:	5/7/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Webb CITY / STATE: 179 Rachelle Dr. EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Schroeder CITY / STATE: 433 N Farmington Rd. EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	5/14/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">--</div>
<b>(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)</b>		





**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE FRIENDS OF VAN HITT FOR REPRESENTATIVE	DATE 7/9/2012
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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. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Ron Hitt CITY / STATE: 737 Connie Drive EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	6/12/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elmer Smith CITY / STATE: 1120 Pawnee St. EMPLOYER: Jackson MO 63755 Retired <input type="checkbox"/> COMMITTEE:	6/12/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gerald Jones CITY / STATE: P.O. Box 373 EMPLOYER: Jackson MO 63755 Publisher <input type="checkbox"/> COMMITTEE:	6/12/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chad Craft CITY / STATE: 106 Harmony Lane EMPLOYER: Jackson MO 63755 U.S.A.F <input type="checkbox"/> COMMITTEE:	6/12/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Going Green Promotions CITY / STATE: 904 Greensferry Rd. EMPLOYER: Jackson MO 63755 <input type="checkbox"/> COMMITTEE:	6/12/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roland Sanders CITY / STATE: 5026 State Hwy 25 EMPLOYER: Gordonville MO 63701 Retired <input type="checkbox"/> COMMITTEE:	6/19/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Blattner CITY / STATE: 1833 W Cape Rock Drive EMPLOYER: Cape Girardeau MO 63701 Retired <input type="checkbox"/> COMMITTEE:	6/21/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jay Moore CITY / STATE: 4101 Old Cape Rd Circle EMPLOYER: Jackson MO 63755 Salesman <input type="checkbox"/> COMMITTEE:	6/18/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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





**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE FRIENDS OF VAN HITT FOR REPRESENTATIVE	DATE 7/9/2012
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b>		
NAME: ADDRESS: Terry Strack CITY / STATE: 1217 Cty Rd 335 EMPLOYER: Jackson MO 63755 Salesman <input type="checkbox"/> COMMITTEE:	6/17/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Julie Adams CITY / STATE: 4301 Gravois Rd EMPLOYER: House Springs MO 63051 Teacher <input type="checkbox"/> COMMITTEE:	6/23/2012 ----- \$ 50.00	\$ 50.00 <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
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

C121156

REPORT DATE

7/9/2012

**STATEMENT OF FUND-RAISING ACTIVITY OR EVENT**

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

FRIENDS OF VAN HITT FOR REPRESENTATIVE  
3003 STATE HWY B  
OAK RIDGE MO 63769-5306

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

Knights of Columbus Pavillion  
3305 North High Street  
Jackson MO 63755

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

Fund-Raising Event. Meet/Greet from 2:00 > 5:30 p.m. "Fishbowl" provided for contributions.

4. DATE OF ACTIVITY OR EVENT

5/6/2012

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Van Hitt  
995 Cty Rd 457  
Oak Ridge MO 63769

5. NUMBER OF PARTICIPANTS

65

**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

\$ 247.03

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

\$ 375.00

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

\$ 622.03

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

"Fishbowl" (donation bucket) provided per guidelines.

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

Rental of facility

\$ 50.00

Meat for BBQ

\$ 107.42

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 157.42



**MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM	OFFICE USE ONLY
<input checked="" type="checkbox"/> LOAN RECEIVED	
<input type="checkbox"/> LOAN REPAYMENT	

NAME OF COMMITTEE FRIENDS OF VAN HITT FOR REPRESENTATIVE	REPORT DATE 7/9/2012
---	-------------------------

**I. LOAN RECEIVED (LOAN OF MORE THAN \$100)**

1. NAME AND ADDRESS OF LENDER  
Van C Hitt  
995 Cty Rd 457  
Oak Ridge MO 63769

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN  
Van Hitt  
995 Cty Rd 457  
Oak Ridge MO 63769

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN  
6/20/2012

5. AMOUNT OF LOAN  
\$ 5,000.00

6. ANNUAL RATE OF INTEREST  
0 %

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)  
Indefinite

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)  
None

**II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)**

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3) \$

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE \$

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED \$



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

Office Use Only

1. Name of Committee FRIENDS OF VAN HITT FOR REPRESENTATIVE		2. Report Date 7/9/2012	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure <b>Campaign Brochures; Cards; envelopes</b>			20.86
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 20.86
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 20.86
<b>B. Itemized Expenditures All Over \$100</b> 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
12. Subtotal: This Page ( Sum Column 11)			\$ 4,872.88
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 4,872.88
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 4,893.74
16. Amount of Line 15 Above which was Paid Out This Period			\$ 4,893.74
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			\$
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		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$ 5,000.00
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 5,000.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00





Missouri Ethics Commission  
ADDENDUM STATEMENT

M.E.C. ID NO. C121156

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Receipt:

None received this period.

Amount: 0.00

Loans Made:

Personal loan by candidate (06/20/12).

Amount: 5000.00

Miscellaneous Disbursement:

Payment to Mo. State Treasurer of excess "anonymous" \$70.00 surface mail contribution received by candidate pursuant to Mo.Revised Statute 130.031.4.

Amount: 45.00



Missouri Ethics Commission  
**ADDENDUM STATEMENT**

M.E.C. ID NO. C121156

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

**General Addendum:**

All contributions received during this reporting period have been itemized as to recipient(s).