



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C071111

1. DATE OF REPORT 5/31/2011	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE WRIGHT-JONES FOR SENATE	
3. COMMITTEE MAILING ADDRESS PO BOX 78815 CITY / STATE / ZIP ST LOUIS MO 63178	4. COMMITTEE TELEPHONE NUMBER (314) 776-0408
5. TREASURER'S NAME ROCHELLE TILGHMAN	
6. TREASURER'S MAILING ADDRESS 3127 EADS CITY / STATE / ZIP ST LOUIS MO 63104	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 773-3689 WORK: (314) 348-0958
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 11/4/2008	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2010 THROUGH 3/31/2011	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY ROBIN WRIGHT-JONES PO BOX 78815 ST LOUIS MO 63178 (314) 776-0408 STATE SENATOR <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 checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" 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 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. ELECTRONICALLY FILED May 31 2011 11:07AM _____ 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 May 31 2011 11:07AM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
WRIGHT-JONES FOR SENATE	5/31/2011	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 188,646.64		
2. All Monetary Contributions Received This Period	\$ 14,070.20			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 1.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 14,071.20			
6. In-kind Contributions Received This Period	+ 0.00			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 14,071.20			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 202,717.84		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 188,434.90		
10. Expenditures made by cash or check this period	\$ 14,238.50			
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. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 14,238.50			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 202,673.40		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00		
Other Disbursements	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	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 211.74
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 14,071.20
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 14,238.50 b) Disbursements By Cash \$ 0.00	- 14,238.50
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 44.44
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE WRIGHT-JONES FOR SENATE		2. REPORT DATE 5/31/2011	
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		+ \$ 13,850.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 13,850.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 13,850.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
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		\$ 120.20	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 100.00	
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 RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 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)		\$ 14,070.20	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 13,950.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE WRIGHT-JONES FOR SENATE	DATE 5/31/2011
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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: AGC of St. Louis PAC CITY/STATE: 6330 Know Industrial Drive EMPLOYER: St Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2010 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ameren PAC CITY/STATE: PO Box 780 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	7/28/2010 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ameren PAC CITY/STATE: PO Box 780 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	11/1/2010 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AT & T Employees PAC CITY/STATE: 1 AT & T Center EMPLOYER: St Louis MO 63101 <input checked="" type="checkbox"/> COMMITTEE:	7/6/2010 ----- \$ 750.00	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bank of America PAC CITY/STATE: 800 Market Street EMPLOYER: St Louis MO 63101 <input checked="" type="checkbox"/> COMMITTEE:	10/28/2010 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Credit Union PAC CITY/STATE: 2055 Cragishire Drive EMPLOYER: St Louis MO 63146 <input checked="" type="checkbox"/> COMMITTEE:	10/18/2010 ----- \$ 400.00	\$ 400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Election Day Enterprises CITY/STATE: PO Box 1933 EMPLOYER: Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE:	11/23/2010 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Express Scripts CITY/STATE: One Express Way EMPLOYER: St Louis MO 63121 <input type="checkbox"/> COMMITTEE:	10/30/2010 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <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 CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE WRIGHT-JONES FOR SENATE	DATE 5/31/2011
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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: Gate Services Of Missouri LLC CITY/STATE: Fax Park Dosa EMPLOYER: Fax Park Dosa AL 35406 <input type="checkbox"/> COMMITTEE:	1/15/2011 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Medlmmune Affairs Inc CITY/STATE: 1 Medlmmune Way EMPLOYER: Gathersburg MO 20878 <input type="checkbox"/> COMMITTEE:	12/6/2010 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MHA CITY/STATE: PO Box 60 EMPLOYER: Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE:	11/3/2010 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missourians for Gobbones CITY/STATE: PO Box 931 EMPLOYER: Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE:	8/3/2010 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Optometric PAC CITY/STATE: 100 East High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	9/24/2010 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: PFHC PAC CITY/STATE: PO Box 1933 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	10/20/2010 ----- \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pinnacle Enterprises CITY/STATE: 8918 Spanish Ridge Avenue EMPLOYER: Las Vegas NV 89148 <input type="checkbox"/> COMMITTEE:	10/20/2010 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: PT-PAC of MO CITY/STATE: Unknown EMPLOYER: Unknown MO 11111 <input checked="" type="checkbox"/> COMMITTEE:	10/18/2010 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE WRIGHT-JONES FOR SENATE	DATE 5/31/2011
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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: Realtors PAC CITY/STATE: PO Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	12/6/2010 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ress in Video Electronics CITY/STATE: 8400 Hanley Industrial Ct EMPLOYER: St Louis MO 63144 <input type="checkbox"/> COMMITTEE:	1/15/2011 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Supporters of Health Insurance CITY/STATE: PO Box 220073 EMPLOYER: St Louis MO 63122 <input type="checkbox"/> COMMITTEE:	7/6/2010 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: The Boeing Company CITY/STATE: PO Box 3707 EMPLOYER: Seattle WA 98124 <input type="checkbox"/> COMMITTEE:	11/3/2010 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Waste Management CITY/STATE: PO Box 3027 EMPLOYER: Houston TX 77523 <input type="checkbox"/> COMMITTEE:	11/23/2010 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Election Day Enterprises CITY/STATE: PO Box 1933 EMPLOYER: Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE:	12/6/2010 ----- \$ 600.00	\$ 250.00 <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

TOTAL: ITEMIZED CONTRIBUTIONS

(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 WRIGHT-JONES FOR SENATE		2. Report Date 5/31/2011	
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			+ 4,214.70
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 4,214.70
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
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 10,023.80
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 10,023.80
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 14,238.50
16. Amount of Line 15 Above which was Paid Out This Period			\$ 14,238.50
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
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<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



MISSOURI ETHICS COMMISSION
EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE WRIGHT-JONES FOR SENATE		DATE 5/31/2011	
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD	
CATEGORY OF EXPENDITURE			
Advertising		\$ 343.40	
Alarm		\$ 59.00	
Bank Fees		\$ 15.00	
Community Outreach		\$ 75.00	
Decorations		\$ 31.87	
Donations		\$ 230.00	
Food		\$ 708.32	
Gas		\$ 1,239.87	
Parking		\$ 17.00	
Postage		\$ 132.99	
Storage		\$ 420.00	
Supplies		\$ 441.67	
Telephone		\$ 395.23	
Travel		\$ 76.80	
Utilities		\$ 28.55	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL: ITEMIZED EXPENDITURES THIS PAGE			
(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 WRIGHT-JONES FOR SENATE		REPORT DATE 5/31/2011	
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: Gateway Alarm ADDRESS: 5923 Weber Road CITY/STATE: St Louis MO 63123	10/31/2010	Alarm \$	\$ <input checked="" type="checkbox"/> PAID 307.00 <input type="checkbox"/> INCURRED
NAME: Yummies ADDRESS: 3901 Bates CITY/STATE: St Louis MO 63116	10/21/2010	Community Outreach \$	\$ <input checked="" type="checkbox"/> PAID 333.33 <input type="checkbox"/> INCURRED
NAME: Robin Wright Jones ADDRESS: 3303 Olive CITY/STATE: St Louis MO 63103	11/5/2010	Rental Fee \$	\$ <input checked="" type="checkbox"/> PAID 445.00 <input type="checkbox"/> INCURRED
NAME: Helinix Spirit ADDRESS: 2209 Woodson Road CITY/STATE: St Louis MO 63114	11/19/2010	Community Outreach \$	\$ <input checked="" type="checkbox"/> PAID 619.00 <input type="checkbox"/> INCURRED
NAME: MO Senator Demo Campaign Committee ADDRESS: Unknown CITY/STATE: St Louis MO 11111	10/29/2010	Donations \$	\$ <input checked="" type="checkbox"/> PAID 1,000.00 <input type="checkbox"/> INCURRED
NAME: CBTU ADDRESS: Unknown CITY/STATE: St Louis MO 11111	11/16/2010	Donations \$	\$ <input checked="" type="checkbox"/> PAID 700.00 <input type="checkbox"/> INCURRED
NAME: Robin Wright Jones ADDRESS: PO Box 78815 CITY/STATE: St Louis MO 63178	11/11/2010	Gas/Food \$	\$ <input checked="" type="checkbox"/> PAID 203.00 <input type="checkbox"/> INCURRED
NAME: Robin Wright Jones ADDRESS: PO Box 78815 CITY/STATE: St Louis MO 63178	12/5/2010	Gas/Food \$	\$ <input checked="" type="checkbox"/> PAID 363.00 <input type="checkbox"/> INCURRED
NAME: Robin Wright Jones ADDRESS: PO Box 78815 CITY/STATE: St Louis MO 63178	12/13/2010	Gas/Food \$	\$ <input checked="" type="checkbox"/> PAID 203.00 <input type="checkbox"/> INCURRED
NAME: Scott Trade Tickets ADDRESS: 901 North 1st Street CITY/STATE: St Louis MO 63102	8/8/2010	Meeting \$	\$ <input checked="" type="checkbox"/> PAID 362.50 <input type="checkbox"/> INCURRED
NAME: Marmi ADDRESS: 2166 St Louis Galleria CITY/STATE: St Louis MO 63117	10/25/2010	Non Campaign \$	\$ <input checked="" type="checkbox"/> PAID 111.43 <input type="checkbox"/> INCURRED
NAME: S & P Strategies ADDRESS: 4201 Minoma Lane CITY/STATE: St Louis MO 63121	8/6/2010	Professional Services \$	\$ <input checked="" type="checkbox"/> PAID 800.00 <input type="checkbox"/> INCURRED
NAME: S & P Strategies ADDRESS: 4201 Minoma Lane CITY/STATE: St Louis MO 63121	12/29/2010	Professional Services \$	\$ <input checked="" type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED
NAME: Things Remembered ADDRESS: 2437 St Louis Galleria CITY/STATE: St Louis MO 63117	10/23/2010	Staff Gifts \$	\$ <input checked="" type="checkbox"/> PAID 121.48 <input type="checkbox"/> INCURRED
NAME: Wall Street Journal ADDRESS: 1211 Avenue of the Americas CITY/STATE: New York NY 10036	10/23/2010	Subscription \$	\$ <input checked="" type="checkbox"/> PAID 155.00 <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 WRIGHT-JONES FOR SENATE		REPORT DATE 5/31/2011	
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: Office Depot ADDRESS: 6263 S Lindbergh Avenue CITY/STATE: St Louis MO 63123	11/1/2010	Supplies \$	\$ <input checked="" type="checkbox"/> PAID 196.01 <input type="checkbox"/> INCURRED
NAME: AT & T ADDRESS: 1 AT & T Center Way CITY/STATE: St Louis MO 63101	7/7/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 360.97 <input type="checkbox"/> INCURRED
NAME: Sprint ADDRESS: 6391 Spirit Parkway CITY/STATE: Overland Park KS 66251	7/19/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 127.91 <input type="checkbox"/> INCURRED
NAME: AT & T ADDRESS: 1 AT & T Center Way CITY/STATE: St Louis MO 63101	7/25/2010	178.57 \$	\$ <input checked="" type="checkbox"/> PAID 178.57 <input type="checkbox"/> INCURRED
NAME: AT & T ADDRESS: 1 AT & T Center Way CITY/STATE: St Louis MO 63101	10/13/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 178.56 <input type="checkbox"/> INCURRED
NAME: AT & T ADDRESS: 1 AT & T Center Way CITY/STATE: St Louis MO 63101	11/4/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 547.84 <input type="checkbox"/> INCURRED
NAME: AT & T ADDRESS: 1 AT & T Center Way CITY/STATE: St Louis MO 63101	11/18/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 154.13 <input type="checkbox"/> INCURRED
NAME: Sprint ADDRESS: 6391 Sprint Parkway CITY/STATE: Overland Park KS 66251	11/21/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 250.00 <input type="checkbox"/> INCURRED
NAME: AT & T ADDRESS: 1 AT & T Way CITY/STATE: St Louis MO 63101	11/29/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 357.84 <input type="checkbox"/> INCURRED
NAME: Sprint ADDRESS: 6391 Sprint Way CITY/STATE: Overland Park KS 66251	12/28/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 190.00 <input type="checkbox"/> INCURRED
NAME: cAT & T ADDRESS: 1 AT & T Center CITY/STATE: St Louis MO 63101	12/31/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 492.59 <input type="checkbox"/> INCURRED
NAME: AT & T ADDRESS: 1 AT & T Center CITY/STATE: St Louis MO 63101	12/31/2010	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 188.82 <input type="checkbox"/> INCURRED
NAME: Sprint ADDRESS: 6391 Sprint Way CITY/STATE: Overland Park KS 66251	1/26/2011	Telephone \$	\$ <input checked="" type="checkbox"/> PAID 150.00 <input type="checkbox"/> INCURRED
NAME: Marriott Hotels ADDRESS: 660 Maryville Center CITY/STATE: St Louis MO 63141	12/15/2010	Travel \$	\$ <input checked="" type="checkbox"/> PAID 101.50 <input type="checkbox"/> INCURRED
NAME: Amtrack ADDRESS: 430 S 15th Street CITY/STATE: St Louis MO 63141	1/23/2011	Travel \$	\$ <input checked="" type="checkbox"/> PAID 120.20 <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 WRIGHT-JONES FOR SENATE		REPORT DATE 5/31/2011	
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: Amerenue ADDRESS: 8200 Fine Road CITY / STATE: St Louis MO 63129	2/1/2011	Utilities	\$ <input checked="" type="checkbox"/> PAID 105.12 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
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)			\$ --



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C071111

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:

Refund

Amount: 1.00