



MISSOURI ETHICS COMMISSION

CONTRIBUTION OF MORE THAN \$5,000.00 RECEIVED BY ANY COMMITTEE FROM ANY SINGLE DONOR - TO BE FILED WITHIN 48 HOURS OF RECEIVING THE CONTRIBUTION

MEC ID: C010201

NAME OF COMMITTEE SLAY FOR MAYOR	DATE 9/8/2008
-------------------------------------	------------------

INSTRUCTIONS

PURPOSE: The purpose of this form is to report within 48 hours the receipt of a single contribution of more than \$5,000.00 received from any single contributor. This information should also be included in the next full disclosure report filed by your committee. Required Pursuant To Section 130.044 RSMo.

1. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	2. DATE RECEIVED	3. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: 92nd District Democratic ADDRESS: 1202 Auber, CITY/STATE: Manchester, MO 63011 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	9/8/2008	\$ 10,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Waste Management ADDRESS: PO Box 3027 CITY/STATE: Houston, TX 77253 EMPLOYER: <input type="checkbox"/> COMMITTEE:	9/8/2008	\$ 10,000.00 <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