



MISSOURI ETHICS COMMISSION  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

1. DATE OF REPORT **4-10-06**  
 OFFICE USE ONLY *[Signature]*

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. **C001258**

2. FULL NAME OF COMMITTEE **Champion for Senate**

3. COMMITTEE MAILING ADDRESS **3609 S. Broadway**  
 CITY/STATE/ZIP **Springfield MO 65807-4505**

4. COMMITTEE TELEPHONE NUMBER **(417) 881-5304**

5. TREASURER'S NAME **W. David Myers**

6. TREASURER'S MAILING ADDRESS **Whitlock, Selim & Keehn LLP**  
**3271 E. Battlefield Suite 300**  
 CITY/STATE/ZIP **Springfield MO 65804**

7. TREASURER'S TELEPHONE NUMBER  
 HOME: **(417) 887-4062** WORK: **(417) 881-0145**

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME: WORK:

11. DATE OF ELECTION **August 2006**

12. TYPE OF ELECTION (CHECK ONE)  
 PRIMARY  GENERAL  SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM **January 1, 2006** THROUGH **March 31, 2006**

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

**Norma Champion**  
**3609 S. Broadway**  
**Springfield MO**  
**65807-4505**  
  
**State Senator**  
**30<sup>th</sup> District**

15. TYPE OF REPORT:

15 DAY AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT  
 JAN 15  APRIL 15  JULY 15  OCT 15

8 DAYS BEFORE ELECTION

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-2)

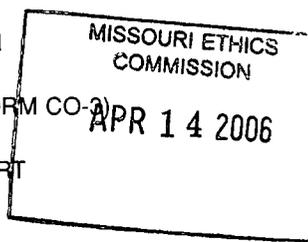
SEMIANNUAL DEBT REPORT  
 JAN 15  JULY 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER \_\_\_\_\_

AMENDING PREVIOUS REPORT DATED \_\_\_\_\_ - \_\_\_\_\_ - 20 \_\_\_\_\_



CHECK IF INCUMBENT  
 REPUBLICAN  DEMOCRAT  \_\_\_\_\_

16. COMMITTEE TREASURER'S SIGNATURE  
 I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

TREASURER'S SIGNATURE **W. D. Myers** **4-11-06**

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.

CANDIDATE'S SIGNATURE **Norma J. Champion** **4/11/06**



MISSOURI ETHICS COMMISSION  
**REPORT SUMMARY**

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Champion for Senate</i>	DATE OF REPORT <i>4-10-06</i>	OFFICE USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION			
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ <i>138,900.88</i>	<b>MONEY ON HAND</b>			
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ <i>19,200.00</i>					
3. ALL LOANS RECEIVED THIS PERIOD	+ <i>0.00</i>					
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ <i>0.00</i>					
5. <b>SUBTOTAL</b> MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ <i>19,200.00</i>					
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ <i>0.00</i>					
7. <b>TOTAL ALL RECEIPTS THIS PERIOD</b> (SUM 5A + 6A)	\$ <i>19,200.00</i>					
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- <i>50,000.00</i>					
9. <b>TOTAL ALL RECEIPTS THIS ELECTION</b> (SUM 1B + 7A - 8A)		\$ <i>108,100.88</i>			25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ <i>145,739.26</i>
<b>EXPENDITURES</b>			26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ <i>19,200.00</i>		
			27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24) a) Disbursements By Check \$ <u><i>51,186.12</i></u> b) Disbursements By Cash \$ _____	- <i>51,186.12</i>		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ <i>13,762.16</i>	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ <i>113,753.14</i>		
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ <i>536.12</i>		<b>INDEBTEDNESS</b>			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ <i>0.00</i>					
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ <i>0.00</i>					
14. <b>TOTAL ALL EXPENDITURES MADE THIS PERIOD</b> (SUM 11A + 12A + 13A)	\$ <i>536.12</i>					
15. <b>TOTAL EXPENDITURES THIS ELECTION</b> (SUM 10B + 14A)		\$ <i>14,298.28</i>				
<b>CONTRIBUTIONS MADE</b>			29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ <i>50,000.00</i>		
			30. LOANS RECEIVED THIS PERIOD	+ _____		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ <i>3,450.00</i>	31. NEW DEBTS INCURRED THIS PERIOD	+ _____		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ <i>1,650.00</i>		32. PAYMENTS MADE ON LOANS THIS PERIOD	- _____		
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ <i>0.00</i>		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- _____		
19. <b>TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD</b> (SUM 17A + 18A)	\$ <i>1,650.00</i>		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- _____		
20. <b>TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION</b> (SUM 16B + 19A)		\$ <i>4,100.00</i>	35. <b>TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD</b> (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ <i>0.00</i>		
<b>OTHER DISBURSEMENTS</b>						
					21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ <i>50,000.00</i>
					22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ <i>0.00</i>
					23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ <i>0.00</i>
					24. <b>TOTAL OTHER DISBURSEMENTS THIS PERIOD</b> (SUM 21A + 22A + 23A)	\$ <i>50,000.00</i>



MISSOURI ETHICS COMMISSION  
**CONTRIBUTIONS AND LOANS RECEIVED**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Champion for Senate</i>		2. REPORT DATE <i>4-10-06</i>	
<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	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<i>( See Attached )</i>			
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)			\$ <i>0.00</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ <i>19,200.00</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>19,200.00</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ <i>19,200.00</i>
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)</b>			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
<b>C. LOANS RECEIVED</b>			
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)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$

**FRIENDS FOR NORMA CHAMPION  
MONETARY CONTRIBUTIONS**

DATE	CONTRIBUTOR NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP	CHECK #	MONETARY AMOUNT
1/5/2006	WALLACE, KEVIN D	7981 EAST FARM ROAD 186		ROGERSVILLE	MO	65742	9533	300.00
1/5/2006	POWELL, SUSAN	4718 EAST BITTERSWEET WAY		SPRINGFIELD	MO	65809	1416	300.00
1/4/2005	QUINN, STEVEN P.	9567 EAST CABIN LAKE LANE		STRAFFORD	MO	65757	3165	600.00
1/5/2006	SQUIRES, WILLIAM D	2089 SOUTH PIN OAK DRIVE		SPRINGFIELD	MO	65809	3764	150.00
1/5/2006	HERNDON, LYNN A. DR.	2082 EAST NORSHIRE		SPRINGFIELD	MO	65804	3308	150.00
1/3/2006	KRAMER, DAVID	PO BOX 80		BUFFALO	MO	65622	4913	100.00
1/5/2006	BURKS, SCOTT M. DR.	PO BOX 1351		BUFFALO	MO	65622	1742	100.00
1/3/2006	NEWCOMB, REX A. O.D.	521 FOREST DRIVE		MARSHFIELD	MO	65706	9777	100.00
1/5/2006	RICE, KAREN	4476 EAST FARM ROAD 166		SPRINGFIELD	MO	65809	2055	300.00
1/5/2006	RICE, STEPHEN	4476 EAST FARM ROAD 166		SPRINGFIELD	MO	65809	2054	300.00
1/4/2006	CITIZENS FOR JAY WASSON	PO BOX 1231		NIXA	MO	65714	1143	600.00
1/4/2006	SDC BAC PAC	100 CORPORATE PLACE		BRANSON	MO	65616	1173	250.00
1/6/2006	THOMPSON, LYNN H.	1328 NORTH FENCHURCH LN		SPRINGFIELD	MO	65802	5110	600.00
1/2/2006	31ST REPUBLICAN SENATORIAL COMMISSION	100 EVANS AVE		RAYMORE	MO	64083	1038	1,000.00
1/5/2006	PLANK, DARREN A. DR.						1783	150.00
1/6/2006	SKRADE, MARK	4672 SOUTH FARM ROAD 193		ROGERSVILLE	MO	65742	6039	200.00
1/5/2006	THOUSAND, W. DENNIS	15399 STATE HIGHWAY B		CANTON	MO	63435	3166	100.00
1/6/2006	BUREMAN, JAMES E. OD	1422 NORTH COOPER BLVD		SPRINGFIELD	MO	65802	2093	150.00
1/3/2006	LEWIS, BRAD C.	5355 SOUTH WOODFIELD AVE		SPRINGFIELD	MO	65810	5530	75.00
1/5/2006	GIPSON, JULIE	PO BOX 278		TURNERS	MO	65785	2796	300.00
1/5/2006	SCHEVE, JAMES J.	716 EAST STANFORD		SPRINGFIELD	MO	65807	1372	100.00
1/6/2006	SUNSHINE EYE CLINIC (BRENDA GARRELL O.D.)	1441 EAST SUNSHINE		SPRINGFIELD	MO	65804	7206	75.00
1/6/2006	SUNSHINE EYE CLINIC (BRENDA GARRELL O.D.)	1441 EAST SUNSHINE		SPRINGFIELD	MO	65804	7207	25.00
1/4/2006	WEAVER, JEFFREY L. OD	3662 BOSTON'S FARM DRIVE		BRIDGETON	MO	63044	259	50.00
1/4/2006	SWEENEY, JAMES E	5812 SOUTH WOODCLIFFE DRIVE		SPRINGFIELD	MO	65804	2663	25.00
1/5/2006	KEELING, RONALD W.	3744 SOUTH WEST AVE		SPRINGFIELD	MO	65807	4227	150.00
1/5/2006	GERICKE, ERIC D.	1788 NORTH MONET ROAD		NIXA	MO	65714	3786	50.00
1/3/2006	TRAN, AGNES L.	3954 NORTH BANNISTER CT		SPRINGFIELD	MO	65803	1369	100.00
1/5/2006	ROBERTSON, THERESA N.	2250 SOUTH CEDARBROOK		SPRINGFIELD	MO	65804	7167	300.00
1/4/2006	HECOX, WILLIAM K.	3846 WEST FARM ROAD 68		SPRINGFIELD	MO	65803	1135	100.00
1/5/2006	BARRETT, LEE ANN O.D.	1199 EAST MORGAN		BOONVILLE	MO	65233	8902	50.00
1/4/2006	MONTGOMERY, MICHAEL R. O.D. P.C.	PO BOX 248		LEBANON	MO	65536	13213	50.00
1/5/2006	MARRS, J SCOTT	213 EAST CAPITOL DRIVE		JEFFERSON CITY	MO	65101	8409	150.00
1/5/2006	MANNA, MARCI M PSY D	895 C STATE HIGHWAY 248		BRANSON	MO	65616	1561	300.00
1/3/2006	RICHARDSON, JOSEPH E. III DDS PC	321 SOUTH SECOND STREET		HOUSTON	MO	65483	1552	300.00
1/5/2006	UKENA, DAVID C. DDS PC	3529 EAST SUNSHINE STREET	SUITE K	SPRINGFIELD	MO	65804	4102	300.00
1/4/2006	OZARKS FAMILY VISION CENTRE	530 NORTH BUSINESS HWY 65		BRANSON	MO	68616	2768	300.00
1/5/2006	REAM, SCOTT R OD	207 CHESTNUT STREET		THAYER	MO	65791	8126	100.00
1/5/2006	SCOTT, CAROL OD	VISION ENHANCEMENT CLINIC		SPRINGFIELD	MO	65804	11012	150.00
1/5/2006	POWELL, BECKER & SCOTT, DDS PC	1200 EAST WOODHURST DRIVE	BUILDING M, SUITE 100	SPRINGFIELD	MO	65804	4577	300.00
1/5/2006	HALEY, CHERYL D. DDS	600 NORTH THIRD STREET	SUITE B	OZARK	MO	65721	13612	300.00





MISSOURI ETHICS COMMISSION  
**EXPENDITURES AND CONTRIBUTIONS MADE**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <b>Champion for Senate</b>	2. REPORT DATE <b>4-10-06</b>
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<b>A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)</b>	
3. CATEGORY OF EXPENDITURE <b>(See Attached)</b>	4. AMOUNT PAID OR INCURRED THIS PERIOD
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	\$ <b>0.00</b>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	+ <b>201.78</b>
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	\$ <b>201.78</b>

<b>B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: ADDRESS: CITY/STATE: <b>(See Attached)</b>			\$ <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
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$
13. SUBTOTAL: ANY ATTACHED PAGES			+ <b>334.34</b>
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <b>334.34</b>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <b>536.12</b>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <b>536.12</b>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ <b>0.00</b>
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ <b>50,000.00</b>

<b>C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
NAME: ADDRESS: CITY/STATE: <b>Rupp for Senate 3107 Bear View Court Wentzville, MO 63385</b>	<b>3-2-06</b>	<b>650<sup>00</sup></b>
NAME: ADDRESS: CITY/STATE:		
NAME: ADDRESS: CITY/STATE:		
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$ <b>650.00</b>
24. SUBTOTAL: ANY ATTACHED PAGES		\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ <b>650.00</b>
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$





**MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

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

NAME OF COMMITTEE	REPORT DATE
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**I. LOAN RECEIVED (LOAN OF MORE THAN \$100)**

1. NAME AND ADDRESS OF LENDER		
2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN		
3. LOAN I.D. NUMBER (IF ANY)	4. DATE OF LOAN	5. AMOUNT OF LOAN \$
6. ANNUAL RATE OF INTEREST %	7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)	
8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)		

**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
1-30-06	Norma Champion 3609 S. Broadway Springfield mo 65807	\$ 50,000.00
		\$
		\$
		\$
		\$
		\$
4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)		\$
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE		\$ 50,000.00
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED		\$ 50,000.00