



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C 041032

1. DATE OF REPORT 7-15-06	OFFICE USE ONLY JUL 17
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE FRIENDS FOR Ed Robb	
3. COMMITTEE MAILING ADDRESS 2809 Ashwood Dr	
CITY / STATE / ZIP Columbia, Mo 65203	
4. COMMITTEE TELEPHONE NUMBER (573) 875-2530	
5. TREASURER'S NAME Larry Mead	
6. TREASURER'S MAILING ADDRESS PO Box 794	
CITY / STATE / ZIP Columbia, Mo 65205	
7. TREASURER'S TELEPHONE NUMBER HOME: (373) 443-7356 WORK: (573) 442-8257	
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 8-8-06	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4-16-06 THROUGH 6-30-06	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Ed Robb 2809 Ashwood Dr Columbia, Mo 65203 (573) 875-2530 24th House	
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 type="checkbox"/> Apr 15 <input checked="" 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__	
<input checked="" type="checkbox"/> CHECK IF INCUMBENT	
<input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	
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	
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	

MISSOURI ETHICS COMMISSION
JUL 17 2006
HAND DELIVERED
CD Cover Page



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Friends For Ed Roldo</i>	DATE OF REPORT <i>7-15-00</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		\$ 24556.00	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 23830			
3. ALL LOANS RECEIVED THIS PERIOD	+\$ 0			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+\$ 0			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 23830			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 1350		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 23830
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 25180		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$ 0		a) Disbursements By Check \$ 2416.99	-\$ 2416.99
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 49736.00	b) Disbursements By Cash \$ 0	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 48386.00
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 174.61	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 2416.99			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+\$ 0			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$ 0			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 2416.99			
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 4131.6	30. LOANS RECEIVED THIS PERIOD	+\$ 0
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+\$ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 900	32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$ 0
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$ 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 10,000
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 900		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 0			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE-USE ONLY

1. NAME OF COMMITTEE <i>Friends For Ed Robb</i>		2. REPORT DATE <i>7-15-06</i>	
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: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<i>View Supplemental Reports</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
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</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+	\$ <i>25180</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	<i>25180</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	<i>25180</i> <i>19530</i>
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$	<i>1350</i>
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$	<i>0</i>
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	<i>490</i>
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	<i>3810</i>
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	<i>100</i>
C. LOANS RECEIVED		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)		\$	<i>0</i>
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	<i>0</i>
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	<i>0</i>
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	<i>1350</i>
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	<i>23830</i>
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	<i>23340</i>



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: *Friends For Ed Robb* DATE: *7-15-06*

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)

3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: <i>James Moody + Associates</i> ADDRESS: <i>417 E High St</i> CITY / STATE: <i>Jefferson City, MO 65102</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/28/06</i> \$ <i>125</i>	\$ <i>125</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

NAME: <i>Meed Livestock Services</i> ADDRESS: <i>PO Box 336</i> CITY / STATE: <i>Columbia, MO 65205</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/30/06</i> \$ <i>125</i>	\$ <i>125</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: <i>Citizens for Joe Smith</i> ADDRESS: <i>11 Center St</i> CITY / STATE: <i>St Peters, MO 63376</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/27/06</i> \$ <i>150</i>	\$ <i>150</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: <i>Larry Meed</i> ADDRESS: <i>17 Bingham Rd</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/30/06</i> \$ <i>150</i>	\$ <i>150</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: <i>Larry Schuster</i> ADDRESS: <i>3109 Hill Haven Lane</i> CITY / STATE: <i>Columbia, MO 65202</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-30-06</i> \$ <i>150</i>	\$ <i>150</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: <i>Jack + Kim Stanley</i> ADDRESS: <i>313 Oakridge Ct</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>150</i>	\$ <i>150</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: <i>Robert Wagner</i> ADDRESS: <i>7 Lucerne Ct</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-26-06</i> \$ <i>165</i>	\$ <i>165</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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NAME: <i>Pioneer Window Works</i> ADDRESS: <i>1101 Gond Ave</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-30-06</i> \$ <i>175</i>	\$ <i>175</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>1190</i>
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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 *Friends For Ed Robb* DATE *7-15-06*

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.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>AT&T Employer Pac</i> ADDRESS: <i>1500 Center</i> CITY / STATE: <i>St Louis, MO 63101</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-30-06</i> \$ <i>175</i>	\$ <i>175</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>AddSheet</i> ADDRESS: <i>700 Cherry St</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-29-06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Brittany Development Inc</i> ADDRESS: <i>PO Box 1233</i> CITY / STATE: <i>Columbia, MO 65205</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-29-06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Citizens For A Better Missouri</i> ADDRESS: <i>8423 Clinton Dr #170</i> CITY / STATE: <i>Belton, MO 64012</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5-24-06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Crockett Engineering Consultants LLC</i> ADDRESS: <i>2608 N Stadium Blvd</i> CITY / STATE: <i>Columbia, MO 65202</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-28-06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Remm Ltd</i> ADDRESS: <i>2909 Falling Leaf Lane Suitek</i> CITY / STATE: <i>Columbia, MO 65205</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>We know Jack LLC</i> ADDRESS: <i>2501 Lemore Industrial Blvd</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5-31-06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Stephen Eidel</i> ADDRESS: <i>2605 Vistaview Terr</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>4-1-06</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>1575</i>

(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 For Ed Rebb DATE 7-15-06

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: <u>Randall Meyer</u> ADDRESS: <u>1405 G. Lawson Dr</u> CITY / STATE: <u>Columbia, MO 65203</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5-25-06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>John Mikes</u> ADDRESS: <u>3701 W. Applewood Creek Rd</u> CITY / STATE: <u>Columbia, MO 65203</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>4-23-06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Jelly Muller</u> ADDRESS: <u>1400 Tolly Pines Dr</u> CITY / STATE: <u>Columbia, MO 65203</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6-1-06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Michael Dorson</u> ADDRESS: <u>4421 Heather Lane</u> CITY / STATE: <u>Bolivar, MO 65614</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6-22-06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Walter D Fetter II</u> ADDRESS: <u>PO Box 1706</u> CITY / STATE: <u>Columbia, MO 65203</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6-1-06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Brenda Wagner</u> ADDRESS: <u>2 Lucerne Ct</u> CITY / STATE: <u>Columbia, MO 65203</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>4-1-06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Jean Wagchler</u> ADDRESS: <u>1305 Ticon Dr</u> CITY / STATE: <u>Columbia, MO 65203</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6-24-06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Gary Thompson</u> ADDRESS: <u>3903 Keystone Ct</u> CITY / STATE: <u>Columbia, MO 65203</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6-27-06</u> \$ <u>225</u>	\$ <u>225</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS	\$ <u>1625</u>	

(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 For Ed Robb* DATE: *7-15-06*

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: <i>Committee for Fair Apartment Legislation</i> ADDRESS: <i>PO Box 1364</i> CITY / STATE: <i>Jefferson City MO 65102</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5-25-06</i> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Edison Schools</i> ADDRESS: <i>521 5th Ave</i> CITY / STATE: <i>New York New York 10175</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5-9-06</i> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Perry Chevrolet INC</i> ADDRESS: <i>#1 Business Loop 30E</i> CITY / STATE: <i>Columbia, Mo 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Perry Nissan INC</i> ADDRESS: <i>1500 North North Ave</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Jerry Morisell</i> ADDRESS: <i>2501 Pine Tree</i> CITY / STATE: <i>Columbia, Mo 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>4-1-06</i> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Justin Perry</i> ADDRESS: <i>1103 Canterbury Dr</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>250</i>	\$ <i>250</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Keller Capital Group</i> ADDRESS: <i>503 E. N. Hwy 109</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-12-06</i> \$ <i>300</i>	\$ <i>300</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Heather Honey</i> ADDRESS: <i>2101 Windstone Dr</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-30-06</i> \$ <i>320</i>	\$ <i>320</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>2120</i>

(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 For Ed Robb* DATE: *7-15-06*

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: <i>Matthew McGeer</i> ADDRESS: <i>2101 Windstar Drive</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-30-06</i> \$ <i>320</i>	\$ <i>320</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Scott Adkins</i> ADDRESS: <i>Po Box 756</i> CITY / STATE: <i>Columbia, MO 65205</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-28-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Col Eric Black</i> ADDRESS: <i>Po Box 1523</i> CITY / STATE: <i>Columbia, MO 65205</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Gordon Burnam</i> ADDRESS: <i>15381 Kilmar neck Dr</i> CITY / STATE: <i>Fort Myers FL 33912</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>4-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>T.M Burnam</i> ADDRESS: <i>3501 Fichtence Pkwy</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Anheuser Busch Cos Inc</i> ADDRESS: <i>13th + Lynch</i> CITY / STATE: <i>St Louis, MO 63118</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-6-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Anheuser Busch Inc</i> ADDRESS: <i>13th + Lynch</i> CITY / STATE: <i>St Louis, MO 63118</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-6-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Columbia Cubt Gutter Co</i> ADDRESS: <i>4105 170th SE</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-26-06</i> \$ <i>325</i>	\$ <i>325</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>2595</i>

(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 <i>Friends For EdRobb</i>	DATE <i>7-15-06</i>
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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.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>Committee to Elect Iacet</i> ADDRESS: <i>1007 Chesterfield Forest Dr</i> CITY / STATE: <i>Wildwood, MO 63005</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-4-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Inside Columbia, Magazine</i> ADDRESS: <i>711 West Broadway</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Larry Gross & Associates</i> ADDRESS: <i>3081 Picker Post</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Leggett & Platt</i> ADDRESS: <i>#1 Leggett Rd</i> CITY / STATE: <i>Cothran, MO 64836</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-12-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Missouri Association of Rehabilitation Facilities</i> ADDRESS: <i>205 E Capitol Ave Suite 100</i> CITY / STATE: <i>Jefferson City, MO 65101</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5-22-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Missouri Credit Union</i> ADDRESS: <i>PO Box 1795</i> CITY / STATE: <i>Columbia, MO 65205</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-28-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Missouri Park Pac</i> ADDRESS: <i>6235 West Cunningham Dr</i> CITY / STATE: <i>Columbia, MO 65202</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-30-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Nayser Beverage Company</i> ADDRESS: <i>6000 Paris Rd</i> CITY / STATE: <i>Columbia, MO 65202</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>2600</i>

(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 For Ed Robb* DATE: *7-15-06*

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: <i>OCCI Inc</i> ADDRESS: <i>3206 County Rd 237</i> CITY / STATE: <i>Fulton, Mo 65251</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Regitors Pac</i> ADDRESS: <i>PO Box 30635</i> CITY / STATE: <i>Columbia, Mo 65202</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-23-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Stadium Properties</i> ADDRESS: <i>113 Ashland Rd</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Laura Elder</i> ADDRESS: <i>2605 Vista View Terrace</i> CITY / STATE: <i>Columbia, Mo 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>6617 Evans</i> ADDRESS: <i>PO Box 7496</i> CITY / STATE: <i>Columbia, Mo 65205</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5-30-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Anna Grass</i> ADDRESS: <i>3081 Picket Post</i> CITY / STATE: <i>Columbia, Mo 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Lesley Held</i> ADDRESS: <i>1133 Ashland Rd Apt 1202</i> CITY / STATE: <i>Columbia, Mo 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-29-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>James Lee</i> ADDRESS: <i>3906 Dulin Ave</i> CITY / STATE: <i>Columbia, Mo 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS	\$ <i>2600</i>	

(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 For Ed Rebb* DATE: *7-15-06*

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.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>Marci Liggitt</i> ADDRESS: <i>3615 170 Drive SW</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5-30-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>John McGee - Real Estate Developer</i> ADDRESS: <i>1101 Buffalo Ridge</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-26-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Amarda Noble</i> ADDRESS: <i>21704 Highway HH</i> CITY / STATE: <i>Mexico, MO 65265</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-29-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Bruce Noble</i> ADDRESS: <i>21704 Highway HH</i> CITY / STATE: <i>Mexico, MO 65265</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-29-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Elroy Peters</i> ADDRESS: <i>2201 County Lane</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Cheryl Podgusky</i> ADDRESS: <i>5311 Redcastle Ct</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Michael Podgusky</i> ADDRESS: <i>5311 Redcastle Ct</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Glenda Sapp</i> ADDRESS: <i>1305 State Rd W</i> CITY / STATE: <i>Fulton MO 65251</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-25-06</i> \$ <i>325</i>	\$ <i>325</i> <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)		\$ <i>2600</i>



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: *Friends For Ed Robb* DATE: *7-15-06*

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.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>Betty Schuster</i> ADDRESS: <i>2000 Forum Blvd Ste 3</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-23-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Randy Shy</i> ADDRESS: <i>5600 S. Hwy Kk</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-26-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Beatrice Smith</i> ADDRESS: <i>3100 W. Southman Hills Dr</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Joanne Spraus</i> ADDRESS: <i>2313 Bridge Water Dr</i> CITY / STATE: <i>Columbia, MO 65202</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-29-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Damon Spraus</i> ADDRESS: <i>2315 Bridge Water Dr</i> CITY / STATE: <i>Columbia, MO 65202</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-30-06</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Republican 18th Cong. District</i> ADDRESS: <i>320 Manice St</i> CITY / STATE: <i>St Charles, MO 65301</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-25-06</i> \$ <i>1000</i>	\$ <i>1000</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Collise Gmbistro</i> ADDRESS: <i>402 East Broadway</i> CITY / STATE: <i>Columbia, MO 65202</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: <i>Grand City</i> ADDRESS: <i>2600 S. Pendora Rd</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> \$ <i>325</i>	\$ <i>325</i> <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <i>3275</i>

(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 <i>Friends For Ed Rebb</i>	DATE <i>7-15-06</i>
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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.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <i>GN The Rocks</i> ADDRESS: <i>1011 East Broadway</i> CITY / STATE: <i>Columbia, MO 65201</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> ----- \$ <i>200</i>	\$ <i>200</i> <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: <i>Greg Nausef</i> ADDRESS: <i>5707 Birchwood Ct</i> CITY / STATE: <i>Columbia, MO 65203</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> ----- \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: <i>Don McKeon</i> ADDRESS: <i>•</i> CITY / STATE: <i>Columbia, MO</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> ----- \$ <i>200</i>	\$ <i>200</i> <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: <i>Midwest Meeting</i> ADDRESS: <i>PO Box 923</i> CITY / STATE: <i>Columbia, MO 65205</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6-1-06</i> ----- \$ <i>100</i>	\$ <i>100</i> <input type="checkbox"/> MONETARY <input checked="" 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		\$ <i>700</i>

(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 <i>Friends For Ed Robb</i>		2. REPORT DATE <i>7-15-06</i>	
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			\$
			\$
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 0
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 0
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
8. NAME AND ADDRESS OF RECIPIENT		9. DATE	
NAME: <i>Heather Honey</i> ADDRESS: <i>2101 W.核桃 Dr</i> CITY / STATE: <i>Columbia, MO 65201</i>		<i>5-24-06</i>	Printing \$ 325.27 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Gap Tristram Printing</i> ADDRESS: <i>1414 Interstate 90 Dr SW</i> CITY / STATE: <i>Columbia, MO 65205</i>		<i>5-25-06</i>	Printing \$ 48.31 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>General Printing</i> ADDRESS: <i>1916 N. Delchance Rd</i> CITY / STATE: <i>Columbia, MO 65205</i>		<i>6-1-06</i>	Printing \$ 1470.16 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Hacks Custom Photography</i> ADDRESS: <i>2931 Northland Dr Apt B</i> CITY / STATE: <i>Columbia, MO 65202</i>		<i>6-28-06</i>	photographs \$ 300.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Fast Signs</i> ADDRESS: <i>2609 East Broadway Suite 200</i> CITY / STATE: <i>Columbia, MO 65201</i>		<i>6-30-06</i>	CUSTOM SIGNS \$ 273.25 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 2416.97
13. SUBTOTAL: ANY ATTACHED PAGES			+ \$ 0
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 2416.97
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 2416.97
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 2416.97
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 0
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME: ADDRESS: CITY / STATE: <i>N/A</i>			\$
NAME: ADDRESS: CITY / STATE: <i>N/A</i>			\$
NAME: ADDRESS: CITY / STATE: <i>N/A</i>			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 0
24. SUBTOTAL: ANY ATTACHED PAGES			+ \$ 0
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ 0
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 0
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$ 0