



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C041032

1. DATE OF REPORT 7-20	OFFICE USE ONLY JLT
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends For Ed Robb	
3. COMMITTEE MAILING ADDRESS 2809 Ashwood Drive	4. COMMITTEE TELEPHONE NUMBER 573-875-2530
CITY / STATE / ZIP Columbia, Missouri 65203	

5. TREASURER'S NAME Larry Mead	
6. TREASURER'S MAILING ADDRESS PO Box 796	7. TREASURER'S TELEPHONE NUMBER HOME: 573-443-7356 WORK: 573-442-8257
CITY / STATE / ZIP Columbia, Missouri 65205	

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 8-8-06	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 **4-1-06** 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 Drive
 Columbia, Missouri 65203
 573-875-2530
 24th House**

AMENDMENT

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
 7 — 15 — 20 06

16. COMMITTEE TREASURER'S SIGNATURE

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

Larry Mead

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.

[Signature]

CANDIDATE'S SIGNATURE

MISSOURI ETHICS COMMISSION
 JUL 21 2006
HAND DELIVERED



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Friends For Ed Robb</i>	DATE OF REPORT <i>7-20</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			\$ 24,556.02		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 23,830			MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 0				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0			25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 24,556.02
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 23,830			26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 23,830
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 1,350			27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ 2,416.99
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 25,180			a) Disbursements By Check \$ 2,416.99	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0			b) Disbursements By Cash \$	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)			\$ 49,736.02	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 48,386.02
EXPENDITURES		A. THIS PERIOD	B. THIS ELECTION	INDEBTEDNESS	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 1,714.61	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 10,000
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 2,416.99			30. LOANS RECEIVED THIS PERIOD	+ \$ 0
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0			31. NEW DEBTS INCURRED THIS PERIOD	+ \$ 0
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0			32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 0
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 2,416.99			33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)			\$ 4,131.6	34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 900	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 10,000
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0				
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0				
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0				
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 Friends For Ed Robb		2. REPORT DATE 7-20-06	
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: View Additional Report Forms			\$
ADDRESS:			<input type="checkbox"/> MONETARY
CITY / STATE:			<input type="checkbox"/> IN-KIND
EMPLOYER:		\$	
<input type="checkbox"/> COMMITTEE:			
NAME:			\$
ADDRESS:			<input type="checkbox"/> MONETARY
CITY / STATE:			<input type="checkbox"/> IN-KIND
EMPLOYER:		\$	
<input type="checkbox"/> COMMITTEE:			
NAME:			\$
ADDRESS:			<input type="checkbox"/> MONETARY
CITY / STATE:			<input type="checkbox"/> IN-KIND
EMPLOYER:		\$	
<input type="checkbox"/> COMMITTEE:			
NAME:			\$
ADDRESS:			<input type="checkbox"/> MONETARY
CITY / STATE:			<input type="checkbox"/> IN-KIND
EMPLOYER:		\$	
<input type="checkbox"/> COMMITTEE:			
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ 0
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$ 25,180
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 25,180
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 19,530
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 1,250
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
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$ 490
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ 3,810
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$ 100
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)			\$ 0
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$ 0
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ 0
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ 1,350
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 23,830
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 23,340



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Ed Robb	DATE 7-20-06
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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: James Moody & Associates ADDRESS: 417 East High Street CITY / STATE: Jefferson City, Missouri 65102 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-28-06 ----- \$ 125	\$ 125 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Mead Livestock Services ADDRESS: PO Box 796 CITY / STATE: Columbia, Missouri 65205 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 125	\$ 125 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Citizens For Joe Smith ADDRESS: 11 Canter St CITY / STATE: St. Peters, Missouri 63376 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	6-27-06 ----- \$ 150	\$ 150 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Larry Mead ADDRESS: 17 Bingham Rd CITY / STATE: Columbia, Missouri 65201 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 150	\$ 150 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Larry Schuster ADDRESS: 3109 Hill Haven Lane CITY / STATE: Columbia, Missouri 65202 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 150	\$ 150 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Jack & Kim Stanley ADDRESS: 313 Oakridge Ct CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 150	\$ 150 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Robert Wagner ADDRESS: 2 Lucerine Ct CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Columbia Insurance Group <input type="checkbox"/> COMMITTEE:	6-26-06 ----- \$ 165	\$ 165 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Pioneer Window Works ADDRESS: 1101 Grand Ave CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 175	\$ 175 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 1190
(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
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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: AT&T Employee PAC ADDRESS: 1 SBC Center CITY / STATE: St. Louis, Missouri 63101 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 175	\$ 175 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Add Sheet ADDRESS: 700 Cherry St CITY / STATE: Columbia, Missouri 65201 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-29-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Brittany Development INC ADDRESS: PO Box 1233 CITY / STATE: Columbia, Missouri 65205 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-29-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Citizens For A Better Missouri ADDRESS: 8423 Clint Drive #170 CITY / STATE: Belton, Missouri 64012 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	5-24-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Crockett Engineering Consultants LLC ADDRESS: 2608 North Stadium Blvd CITY / STATE: Columbia, Missouri 65202 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-28-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: REMM Ltd ADDRESS: 2909 Falling Leaf Lane Suite K CITY / STATE: Columbia, Missouri 65205 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: We Know Jack LLC ADDRESS: 2501 Lemone Industrial Blvd CITY / STATE: Columbia, Missouri 65201 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	5-31-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Stephen Erdel ADDRESS: 2605 Vistaview Terrace CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Boone County National Bank <input type="checkbox"/> COMMITTEE:	4-1-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 1575
(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 7-20-06
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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: Randall Meyer ADDRESS: 1405 Glasgow Drive CITY / STATE: Columbia, Missouri 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5-25-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: John Miles ADDRESS: 3701 West Applewood Creek Rd CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Professor - MU <input type="checkbox"/> COMMITTEE:	4-23-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Jerry Murrell ADDRESS: 1400 Torrey Pines Drive CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Michael Parson ADDRESS: 4421 Heather Lane CITY / STATE: Bolivar, Missouri 65614 EMPLOYER: State Representative <input type="checkbox"/> COMMITTEE:	6-22-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Walter Pfeffer II ADDRESS: PO Box 1706 CITY / STATE: Columbia, Missouri 65205 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Brenda Wagner ADDRESS: 2 Lucerne Ct CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Homemaker <input type="checkbox"/> COMMITTEE:	4-1-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Jean Weachter ADDRESS: 1305 Troon Drive CITY / STATE: Columbia, Missouri 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6-24-06 ----- \$ 200	\$ 200 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gary Thompson ADDRESS: 3903 Keystone Ct CITY / STATE: Columbia, Missouri 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6-27-06 ----- \$ 225	\$ 225 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 1625
(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: Committee For Fair Apartment Legislation ADDRESS: PO Box 1364 CITY / STATE: Jefferson City, Missouri 65102 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	5-25-06 ----- \$ 250	\$ 250 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Edison Schools ADDRESS: 521 5th Ave CITY / STATE: New York, New York 10175 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	5-9-06 ----- \$ 250	\$ 250 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Perry Cheverolet INC ADDRESS: #1 Business Loop 70 E CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 250	\$ 250 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Perry Nissan INC ADDRESS: 1500 North Garth Ave CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 250	\$ 250 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Jerry Marshall ADDRESS: 2501 Pine Tree CITY / STATE: Columbia, Missouri 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE:	4-1-06 ----- \$ 250	\$ 250 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Justin Perry ADDRESS: 1103 Canterbury Dr CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 250	\$ 250 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Keller Capital Group ADDRESS: 503 East Nifong 109 CITY / STATE: Columbia, Missouri 65201 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-12-06 ----- \$ 300	\$ 300 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Heather Haney ADDRESS: 2101 Windstone Drive CITY / STATE: Columbia, Missouri 65201 EMPLOYER: Home Maker <input type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 320	\$ 320 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 2120
(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: Matthew McGee ADDRESS: 2101 Windstone Drive CITY / STATE: Columbia, Missouri 65201 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 320	\$ 320 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Scott Adkins ADDRESS: PO Box 756 CITY / STATE: Columbia, Missouri 65205 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-28-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Carl Eric Block ADDRESS: PO Box 1527 CITY / STATE: Columbia, Missouri 65205 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gordon Burnam ADDRESS: 15781 Kilmarnock Drive CITY / STATE: Fort Myers, Florida 33912 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Tim Burnam ADDRESS: 3801 Frontenac Place CITY / STATE: St. Louis, Missouri 63118 EMPLOYER: Storage Mart <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Anheuser Busch Cos INC ADDRESS: 13th & Lynch CITY / STATE: St. Louis, Missouri 63118 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-6-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Anheuser Busch INC ADDRESS: 13th & Lynch CITY / STATE: St. Louis, Missouri 63118 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-6-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Columbia Curb & Gutter CO ADDRESS: 4105 I70 Drive SE CITY / STATE: Columbia, Missouri 65201 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-26-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 2595
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**



NAME OF COMMITTEE Friends For Ed Robb	DATE 7-15-06
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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: Committee To Elect Icet ADDRESS: 1007 Chesterfield Forest Drive CITY / STATE: Wildwood, Missouri 63005 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	6-4-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Inside Columbia Magazine ADDRESS: 711 West Broadway CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Larry Gross & Associates ADDRESS: 3081 Picket Post CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Leggett & Platt ADDRESS: #1 Leggett Rd CITY / STATE: Carthage, Missouri 64836 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-12-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Missouri Association of Rehabilitation Facilities ADDRESS: 205 East Capitol Ave Suite 100 CITY / STATE: Jefferson City, Missouri 65101 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	5-22-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Tyva Shrader ADDRESS: PO Box 1795 CITY / STATE: Columbia, Missouri 65205 EMPLOYER: None <input type="checkbox"/> COMMITTEE:	6-28-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Missouri Pork PAC ADDRESS: 6235 West Cunningham Drive CITY / STATE: Columbia, Missouri 65202 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Nauser Beverage Company ADDRESS: 6000 Paris Rd CITY / STATE: Columbia, Missouri 65202 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <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)		\$ 2600



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Ed Robb	DATE 7-20-06
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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: OCCI INC ADDRESS: 3200 County Road 257 CITY / STATE: Fulton, Missouri 65251 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Realtors PAC ADDRESS: PO Box 30635 CITY / STATE: Columbia, Missouri 65205 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	6-23-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Stadium Properties ADDRESS: 113 Ashland Road CITY / STATE: Columbia, Missouri 65201 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Laura Erdel ADDRESS: 2605 Vistaview Terrace CITY / STATE: Columbia, Missouri 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE: Homemaker	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gary Evans ADDRESS: PO Box 7496 CITY / STATE: Columbia, Missouri 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE: Self Employed	5-30-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Anna Gross ADDRESS: 3081 Picket Post CITY / STATE: Columbia, Missouri 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE: Self Employed	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Lesley Held ADDRESS: 1133 Ashland Road Apt 1202 CITY / STATE: Columbia, Missouri 65201 EMPLOYER: <input type="checkbox"/> COMMITTEE: IMMVAC	6-29-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: James Lee ADDRESS: 3906 Dublin Ave CITY / STATE: Columbia, Missouri 65203 EMPLOYER: <input type="checkbox"/> COMMITTEE: Retired	6-1-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 2600
(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
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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: Mariel Liggett ADDRESS: 3615 I70 Drive SW CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	5-30-06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: John McGee - Real Estate Development ADDRESS: 1101 Buffalo Ridge CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-26-06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Amanda Noble ADDRESS: 21704 Highway HH CITY / STATE: Mexico, Missouri 65265 EMPLOYER: Shelter Insurance <input type="checkbox"/> COMMITTEE:	6-29-06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Bruce Noble ADDRESS: 21704 Highway HH CITY / STATE: Mexico, Missouri 65265 EMPLOYER: IMMVAC <input type="checkbox"/> COMMITTEE:	6-29-06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Elroy Peters ADDRESS: 2261 Country Lane CITY / STATE: Columbia, Missouri 65201 EMPLOYER: <input type="checkbox"/> COMMITTEE:	6-1-06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Cheryl Podgursky ADDRESS: 5311 Red Castle Ct CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Homemaker <input type="checkbox"/> COMMITTEE:	6-1-06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Michael Podgursky ADDRESS: 5311 Red Castle Ct CITY / STATE: Columbia, Missouri 65203 EMPLOYER: University Of Missouri <input type="checkbox"/> COMMITTEE:	6-1-06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Glenda Sapp ADDRESS: 1305 State Rd WW CITY / STATE: Fulton, Missouri 65251 EMPLOYER: Homemaker <input type="checkbox"/> COMMITTEE:	6-25-06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS	\$ 2600	
(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
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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: Betty Schuster ADDRESS: 2000 Forum Blvd Suite 3 CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-23-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Ron & Vicky Shy ADDRESS: 5600 South Highway KK CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-26-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Beatrice Smith ADDRESS: 3100 West Southern Hills Drive CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Homemaker <input type="checkbox"/> COMMITTEE:	6-01-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Joanne Sprouse ADDRESS: 2313 Bridgewater Drive CITY / STATE: Columbia, Missouri 65202 EMPLOYER: University of Missouri <input type="checkbox"/> COMMITTEE:	6-29-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Damon Sprouse ADDRESS: 2315 Bridgewater Drive CITY / STATE: Columbia, Missouri 65205 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	6-30-06 ----- \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Republican 18th Legislative District ADDRESS: 320 Monroe Street CITY / STATE: St. Charles, Missouri 63301 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	6-25-06 ----- \$ 1000	\$ 1000 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Colosseum Bistro ADDRESS: 402 East Broadway CITY / STATE: Columbia, Missouri 65202 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Grand Cru ADDRESS: 2600 South Providence Rd CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 325	\$ 325 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 3275

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



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**



NAME OF COMMITTEE Friends For Ed Robb	DATE 7-15-06
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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: On The Rocks ADDRESS: 1011 East Broadway CITY / STATE: Columbia, Missouri 65201 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 200	\$ 200 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Greg Nauser ADDRESS: 5707 Bridlewood Ct CITY / STATE: Columbia, Missouri 65203 EMPLOYER: Self Employeed <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 200	\$ 200 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Don Nikodim ADDRESS: 2911 N Stadium Blvd CITY / STATE: Columbia, Missouai 65202 EMPLOYER: Missouri Pork Producers <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 200	\$ 200 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Midwest Mailing ADDRESS: PO Box 723 CITY / STATE: Columbia, Missouri 65205 EMPLOYER: Business <input type="checkbox"/> COMMITTEE:	6-1-06 ----- \$ 100	\$ 100 <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		\$
(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>7-20-06</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 Printing			\$ 48.31
			\$
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 48.31
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 0
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 48.31
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
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: Heather Haney ADDRESS: 2101 Windstone Drive CITY / STATE: Columbia, Missouri	5-24-06	Printing \$ 325.27	\$ 325.27 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: General Printing ADDRESS: 1414 Interstate 70 Drive SW CITY / STATE: Columbia, Missouri	6-1-06	Printing \$ 1,470.16	\$ 1,470.16 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Hacks Custom Photography ADDRESS: 2931 Northland Drive Apt B CITY / STATE: Columbia, Missouri	6-28-06	Photographs \$ 300	\$ 300 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Fast Signs ADDRESS: 2609 East Broadway Suite 200 CITY / STATE: Columbia, Missouri	6-30-06	Custom Signs \$ 273.25	\$ 273.25 <input checked="" 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)			\$ 2,416.97
13. SUBTOTAL: ANY ATTACHED PAGES			+ \$ 0
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			\$ 2,416.97
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 2,416.97
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 2,416.97
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)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: N/A ADDRESS: CITY / STATE:		\$	
NAME: N/A ADDRESS: CITY / STATE:		\$	
NAME: N/A ADDRESS: CITY / STATE:		\$	
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