48 HOUR NOTICE OF LATE CONTRIBUTION/LOANS RECEIVED

Missouri Ethics Commission
JUL 31 2006
Received by Fax

1. STATEMENT DATE 07/31/2006	This form is optional and may be used to report any contributions received within 12 days of the election pursuant to Section 130.052.3 RSMO.
2. FULL NAME OF COMMITTEE Save 911 Committee C061484	
ADDRESS OF COMMITTEE PO BOX 4558	
CITY, STATE AND ZIP CODE KANSAS CITY, MO 64171	
3. NAME OF CANDIDATE N/A	4. OFFICE SOUGHT N/A

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
Truman Medical Center, Inc. 2301 Holmes Kansas City, MO 64108 Business	07/31/2006	$5,000.00
FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT

(revised 9/11/98)

MISSOURI ETHICS COMMISSION
PO BOX 1254
JEFFERSON CITY, MO 65102
(800)392-8660
(573)526-4506 (fax)
www.moethics.state.mo.us (web site)
mec@moethics.state.mo.us (e-mail)

48 HOUR NOTICE OF LATE EXPENDITURES

Missouri Ethics Commission
JUL 3 1 2006
Received by Fax

1. STATEMENT DATE
07/31/2006

This form is optional and may be used to report any expenditures made within 12 days of the election pursuant to Section 130.046.3 RSMO.

2. FULL NAME OF COMMITTEE
Better Government Committee C061486

ADDRESS OF COMMITTEE
PO Box 32965

CITY, STATE AND ZIP CODE
Kansas City, MO 64171

3. NAME OF CANDIDATE

4. OFFICE SOUGHT
NA

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE PAID	AMOUNT
Amanda Clark 4110 Baltimore Ave Kansas City, MO 64111	07/28/2006	$1,000.00
FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE PAID	AMOUNT
FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE PAID	AMOUNT
FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE PAID	AMOUNT

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