



MISSOURI ETHICS COMMISSION  
48 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

M.E.C. ID NO. C001233

Missouri Ethics Commission  
AUG 03 2006  
Received by  
Fax  
P.O. BOX 1254  
JEFFERSON CITY, MO 65102  
(800) 392-8680  
(373) 528-4506 (FAX)  
www.mec.mo.gov

1. STATEMENT DATE <u>8/2/2006</u>		This form is optional and may be used to report contributions in excess of \$250 received within 12 days of the election pursuant to Section 130.050.3 RSMo.	
2. FULL NAME OF COMMITTEE <u>Citizens For Barnitz</u>			
ADDRESS OF COMMITTEE ADDRESS: <u>P.O. Box 104</u> CITY / STATE / ZIP: <u>Lake Spring, Mo. 65532</u>			
3. NAME OF CANDIDATE <u>Frank A. Barnitz</u>		4. OFFICE SOUGHT / Fax <u>State Senate - 16<sup>th</sup> Dist.</u>	
FULL NAME: <u>Missouri Concrete Association PAC</u>		DATE RECEIVED <u>8/1/06</u>	AMOUNT <u>300.<sup>00</sup></u>
ADDRESS: <u>P.O. Box 392</u> CITY / STATE / ZIP: <u>Jefferson City, Mo. 65102</u>			
FULL NAME: <u>23<sup>rd</sup> District Democratic Legislative Committee</u>		DATE RECEIVED <u>8/1/06</u>	AMOUNT <u>3000.<sup>00</sup></u>
ADDRESS: <u>P.O. Box 555</u> CITY / STATE / ZIP: <u>Columbia, Mo. 65205</u>			
FULL NAME: <u>Missouri AFL-CIO COPE</u>		DATE RECEIVED <u>8/1/06</u>	AMOUNT <u>650.<sup>00</sup></u>
ADDRESS: <u>227 Jefferson St.</u> CITY / STATE / ZIP: <u>Jefferson City, Mo. 65101</u>			
FULL NAME: <u>Mo. Society of Anesthesiologists PAC</u>		DATE RECEIVED <u>8/1/06</u>	AMOUNT <u>650.<sup>00</sup></u>
ADDRESS: <u>P.O. Box 1402</u> CITY / STATE / ZIP: <u>Jefferson City, Mo. 65102</u>			
FULL NAME: <u>92<sup>nd</sup> District Democrats</u>		DATE RECEIVED <u>8/1/06</u>	AMOUNT <u>1500.<sup>00</sup></u>
ADDRESS: <u>P.O. Box 1685</u> CITY / STATE / ZIP: <u>Manchester, Mo. 63011</u>			
FULL NAME: <u>94<sup>th</sup> House District Democratic Committee</u>		DATE RECEIVED <u>8/1/06</u>	AMOUNT <u>1400.<sup>00</sup></u>
ADDRESS: <u>825 Cheviot Ct.</u> CITY / STATE / ZIP: <u>St. Louis, Mo. 63122</u>			
FULL NAME: <u>Signature Health Services, Inc.</u>		DATE RECEIVED <u>8/1/06</u>	AMOUNT <u>650.<sup>00</sup></u>
ADDRESS: <u>12639 Old Tesson, Suite 115</u> CITY / STATE / ZIP: <u>St. Louis, Mo. 63128</u>			
FULL NAME: <u>Hennemeyer Company</u>		DATE RECEIVED <u>8/1/06</u>	AMOUNT <u>600.<sup>00</sup></u>
ADDRESS: <u>P.O. Box 27639</u> CITY / STATE / ZIP: <u>St. Louis, Mo. 63146</u>			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS:			
CITY / STATE / ZIP:			

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