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

P.O. BOX 1264
JEFFERSON CITY, MO 65102
(800) 392-8660
(573) 526-4506 (FAX)
www.mec.mo.gov

M.E.C. ID NO. C051247

1. STATEMENT DATE 08/04/06	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
Committee to Elect Karl Blanchard Division 1 Judge

ADDRESS OF COMMITTEE
ADDRESS: P O BOX 363
CITY / STATE / ZIP: Joplin, MO 64802

3. NAME OF CANDIDATE	4. OFFICE SOUGHT
Karl W. Blanchard	Circuit Judge Division 1

FULL NAME: William G. McCaffree ADDRESS: Reed Building CITY / STATE / ZIP: Nevada, MO 64772	DATE RECEIVED 08/04/06	AMOUNT 325.00
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT
FULL NAME: ADDRESS: CITY / STATE / ZIP:	DATE RECEIVED	AMOUNT

Missouri Ethics Commission
AUG 04 2006
Received by Fax
LT

48HR

MISSOURI ETHICS COMMISSION

48 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

P.O. BOX 1254
JEFFERSON CITY, MO 65102
(800) 392-8660
(573) 526-4506 (FAX)
www.mec.mo.gov

M.E.C. ID NO. C051247

1. STATEMENT DATE 08/03/06	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
Committee to Elect Karl Blanchard Division 1 Judge

ADDRESS OF COMMITTEE
ADDRESS: P O BOX 363
CITY / STATE / ZIP: Joplin, MO 64802

3. NAME OF CANDIDATE	4. OFFICE SOUGHT
Karl W. Blanchard	Circuit Judge Division 1

	DATE RECEIVED	AMOUNT
FULL NAME: William G. McCaffree ADDRESS: Reed Building CITY / STATE / ZIP: Nevada, MO 64772	08/04/06	325.00
FULL NAME: ADDRESS: CITY / STATE / ZIP:		
FULL NAME: ADDRESS: CITY / STATE / ZIP:		
FULL NAME: ADDRESS: CITY / STATE / ZIP:		
FULL NAME: ADDRESS: CITY / STATE / ZIP:		
FULL NAME: ADDRESS: CITY / STATE / ZIP:		
FULL NAME: ADDRESS: CITY / STATE / ZIP:		
FULL NAME: ADDRESS: CITY / STATE / ZIP:		
FULL NAME: ADDRESS: CITY / STATE / ZIP:		

Missouri Ethics Commission
AUG 04 2006
Received by Fax

48HR