



MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT
OFFICE USE ONLY <i>pm</i>

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C001229

2. FULL NAME OF COMMITTEE
Friends of Connie LaJoye

3. COMMITTEE MAILING ADDRESS <u>5969 IARA Lane</u>	4. COMMITTEE TELEPHONE NUMBER <u>(314) 381-8774</u>
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CITY/STATE/ZIP
St. Louis Mo. 63147

5. TREASURER'S NAME
Alice Buchanan

6. TREASURER'S MAILING ADDRESS <u>5969 IARA Lane</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>(314) 381-8774</u> WORK: <u>(314) 382-1600</u>
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CITY/STATE/ZIP
St. Louis Mo. 63147

8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
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11. DATE OF ELECTION <u>August 08, 2006</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
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13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM July 28, 2006 THROUGH September 02, 2006

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY	15. TYPE OF REPORT: <input type="checkbox"/> 15 DAY AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> JAN 15 <input type="checkbox"/> APRIL 15 <input type="checkbox"/> JULY 15 <input type="checkbox"/> OCT 15 <input type="checkbox"/> 8 DAYS BEFORE ELECTION <input checked="" 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"/> JULY 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 type="checkbox"/> REPUBLICAN <input checked="" 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
Alice Buchanan

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
[Signature]



MISSOURI ETHICS COMMISSION
REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Friends of Connie LAJoye</i>	DATE OF REPORT <i>9/12/06</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		\$	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	<i>\$5925.⁰⁰</i>			
3. ALL LOANS RECEIVED THIS PERIOD	+			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	<i>+5925.⁰⁰</i>
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	<i>\$5925.⁰⁰</i>		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-		a) Disbursements By Check \$ _____	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$	b) Disbursements By Cash \$ _____	<i>4018.³⁷</i>
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	<i>\$4571.⁵²</i>
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	<i>\$3468.³⁷</i>			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	<i>\$3468.³⁷</i>			
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$	30. LOANS RECEIVED THIS PERIOD	+
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		<i>\$50.⁰⁰</i>	32. PAYMENTS MADE ON LOANS THIS PERIOD	-
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Friends of Connie W Joyce</i>		2. REPORT DATE <i>9/2/06</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED			
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: <i>Missouri Petroleum Marketers Conv. Store (MRA PAC)</i> ADDRESS: <i>205 EAST CAPITOL AVE</i> CITY/STATE: <i>JEFF. CITY MO. 65101</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>8/1/06</i>	\$ <i>325.⁰⁰</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Competitive Enterprise Growth PAC</i> ADDRESS: <i>101 EAST HIGH STREET</i> CITY/STATE: <i>JEFF CITY 65101</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>8/1/06</i>	\$ <i>325.⁰⁰</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Blue Cross Blue Shield of Missouri</i> ADDRESS: <i>P.O. Box 68086</i> CITY/STATE: <i>Cincinnati OH 45206</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>8/10/06</i>	\$ <i>325.⁰⁰</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MO. Optometric PAC</i> ADDRESS: <i>100 E High Street Ste #301</i> CITY/STATE: <i>JEFF. CITY MO. 65101</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>8/10/06</i>	\$ <i>100.⁰⁰</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ <i>1075.⁰⁰</i>	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ <i>4850.⁰⁰</i>	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ <i>5925.⁰⁰</i>	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ <i>5925.⁰⁰</i>	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$	
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>3850.⁰⁰</i>
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY/STATE:			/
NAME: ADDRESS: CITY/STATE:			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ <i>5925.⁰⁰</i>	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ <i>5925.⁰⁰</i>	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL FORM

INSTRUCTIONS ON REVERSE SIDE

ITEMIZED CONTRIBUTIONS RECEIVED (FROM PERSONS GIVING MORE THAN \$100, OR COMMITTEES REGARDLESS OF THE AMOUNT)	DATE RECEIVED AGGREGATE TO DATE	AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)	ITEMIZED CONTRIBUTIONS RECEIVED (FROM PERSONS GIVING MORE THAN \$100, OR COMMITTEES REGARDLESS OF THE AMOUNT)	DATE RECEIVED AGGREGATE TO DATE	AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<input checked="" type="checkbox"/> J Anala Rogers 80x583 N. 63185 St. Louis Mo. 63185 <input type="checkbox"/> COMMITTEE	8/10	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> JAMES J. O'NEAL, PRAESH LLC Kansas City, MO <input type="checkbox"/> COMMITTEE	9/12/06	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<input checked="" type="checkbox"/> Kenneth VYLLSTEKE 932 Southern Hills Ct EUREKA MO. 63025 <input type="checkbox"/> COMMITTEE	8/18	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> Shanberg Johnson, Bergman 2100 Grand Blvd Ste 550 Kansas City, MO 64106 <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<input checked="" type="checkbox"/> JOEL/MARY BOYLE 12834 Westledge Lane Des Peres Mo. 63131 <input type="checkbox"/> COMMITTEE	8/18	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> Schlichter Bogard + Denton 100 South 4th St. Ste 900 St. Louis Mo. 63102 <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<input checked="" type="checkbox"/> Mr Michael Logan + Fry + Meyer 4400 Elbridge Payne Rd 4400 Elbridge Payne Rd <input type="checkbox"/> COMMITTEE	8/18	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> Mr Chesney + O'Riordan LLC One South Memorial Dr Ste 775 St. Louis Mo. 63102 <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<input checked="" type="checkbox"/> Phillip M Hess Attorney At Law #720 Olive St #750 St. Louis Mo. 63102 <input type="checkbox"/> COMMITTEE	8/18	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> Barriman, Feickler, Robertson 1150 Duerbrook Rd Ste 200 <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<input checked="" type="checkbox"/> The Sly James Fien 803 Boardway 7th Fl. Kansas City Mo. 64105 <input type="checkbox"/> COMMITTEE	8/18	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> Langdon + Emisor 911 Main Street PO. Box 220 <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<input checked="" type="checkbox"/> William + Assoc PC 4500 West Pine Blvd (one) St. Louis Mo. 63102 <input type="checkbox"/> COMMITTEE	8/18	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> ZEVAN Davidson + Fraeys LLC 1 North Taylor Ave <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<input checked="" type="checkbox"/> David + David PC 100 N Boardway Ste 2175 St. Louis Mo. 63102 <input type="checkbox"/> COMMITTEE	8/18	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> COMMITTEE ST. LAW'S 63102 <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
<input checked="" type="checkbox"/> Hepby Paul Fien LLC 2001 City Center Square 1100 Main St. <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND	<input checked="" type="checkbox"/> ISLE OF CAPE CASION INC 1641 Poppas Ferry Rd Ste B 8101 N 39532 <input type="checkbox"/> COMMITTEE	8/18	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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

\$ 4900



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <i>Friends of Connie LaJoyce</i>		2. REPORT DATE <i>9/2/06</i>	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			
3. CATEGORY OF EXPENDITURE			4. AMOUNT PAID OR INCURRED THIS PERIOD
<i>Beverage</i>			<i>96.85</i>
<i>Misc Refreshments</i>			<i>87.95</i>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ <i>184.80</i>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$
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: <i>Arch City Chronicle</i> ADDRESS: <i>3201 ARSENAL ST</i> CITY/STATE: <i>ST. LOUIS MO 63118</i>	<i>8/8</i>	<i>AW.</i>	\$ <i>100.00</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>MICHE BUCHANAN</i> ADDRESS: <i>5969 TARA LN</i> CITY/STATE: <i>ST. LOUIS MO 63147</i>	<i>8/8</i>	<i>Election Day</i>	\$ <i>100.00</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>AMERICAN UE</i> ADDRESS: CITY/STATE: <i>ST. LOUIS MO. 63101</i>	<i>8/13/06</i>	<i>Tickets</i>	\$ <i>1238.00</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>New Beginning</i> ADDRESS: <i>3901 UNION</i> CITY/STATE: <i>ST. LOUIS MO</i>	<i>8/13/06</i>	<i>Tickets</i>	\$ <i>125.00</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>SBC ATTT</i> ADDRESS: <i>P.O. BOX 930170</i> CITY/STATE: <i>DALLAS TX 75393</i>		<i>Phone</i>	\$ <i>172.95</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ <i>1735.95</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+ <i>1547.62</i>
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>3283.57</i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>3468.37</i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <i>3468.37</i>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: <i>COMMITTEE TO ELECT MATTIE MOORE 2nd Ward</i> ADDRESS: <i>1550 Veronica</i> CITY/STATE: <i>63147</i>	<i>8/8</i>	<i>100.00</i>	
NAME: <i>Second Ward Regular Demo. Org</i> ADDRESS: <i>1526 Burke</i> CITY/STATE: <i>63147</i>	<i>8/8</i>	<i>100.00</i>	
NAME: <i>21st Ward Original Demo. Org</i> ADDRESS: <i>4485 Penrose St.</i> CITY/STATE: <i>63115</i>	<i>8/8</i>	<i>150.00</i>	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ <i>350.00</i>
24. SUBTOTAL: ANY ATTACHED PAGES			\$ <i>200.00</i>
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ <i>550.00</i>
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <i>Friends of Annie LaJoyce</i>	2. REPORT DATE <i>9/2/06</i>
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A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)	
3. CATEGORY OF EXPENDITURE	4. AMOUNT PAID OR INCURRED THIS PERIOD
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	\$
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	\$

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: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input 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)			\$
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$

C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
NAME: <i>3rd Ward Regular Demo. Org</i> ADDRESS: <i>1515 BARNER ave 63107</i> CITY/STATE:	<i>8/8/06</i>	<i>100.⁰⁰</i>
NAME: <i>27th Ward Demo. Org</i> ADDRESS: <i>6000 W Florissant</i> CITY/STATE: <i>ST. LOUIS MO.</i>	<i>8/8/06</i>	<i>200.⁰⁰</i>
NAME: ADDRESS: CITY/STATE:		
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$ <i>300.⁰⁰</i>
24. SUBTOTAL: ANY ATTACHED PAGES		\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$



MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

REPORT DATE
 9/2/06

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED
Friends of Anne Ka Gayle

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS
 ZEVAN STEWART, DAVIDSON MANOR
 1 NORTH TAYLOR AVE 63101

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:
Dinner Cocktails

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

4. DATE OF ACTIVITY OR EVENT
8/17/06

5. NUMBER OF PARTICIPANTS
15

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT
Kynda Grothelson
1 North Taylor Ave 63101

4. DATE OF ACTIVITY OR EVENT

5. NUMBER OF PARTICIPANTS

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT