



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

M.E.C. ID NO. C010361

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

1. STATEMENT DATE 10/31/06 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
Margaret Donnelly for State Representative

ADDRESS OF COMMITTEE
 ADDRESS: 230 S. Bemiston, Ste 510
 CITY / STATE / ZIP: St. Louis, MO 63105

Missouri Ethics Commission
 NOV 01 2006
 Received by
 Fax

3. NAME OF CANDIDATE
Margaret T. Donnelly

4. OFFICE SOUGHT
State Representative, 73rd District

FULL NAME:	DATE RECEIVED	AMOUNT
<u>73rd District Democratic Legislative Committee</u> ADDRESS: <u>7441 Kingsbury Blvd.</u> CITY / STATE / ZIP: <u>St. Louis, MO 63130-4014</u>	<u>10/30/06</u>	<u>\$ 500.00</u>
<u>Dealers Interested in Government</u> ADDRESS: <u>P.O. Box 245</u> CITY / STATE / ZIP: <u>Jefferson City, MO 65102</u>	<u>10/31/06</u>	<u>\$ 325.00</u>
<u>Harrah's Operating Company, Inc.</u> ADDRESS: <u>1023 Cherry Rd</u> CITY / STATE / ZIP: <u>Memphis, TN 38117</u>	<u>10/31/06</u>	<u>\$ 325.00</u>
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

MARGARET T. DONNELLY

230 S. Bemiston, Suite 510
Clayton, Missouri 63105
Phone: (314) 781-8555
Fax: (314) 781-8555

FAX TRANSMISSION COVER SHEET

Date: 11/1/06

To: Missouri Ethics Commission

Fax: (573) 526-4506

Re: 48 Hour Notice of Late Contributions Received

Sender: Margaret Donnelly

Missouri Ethics
Commission
NOV 01 2006
Received by
Fax

YOU SHOULD RECEIVE 2 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (314) 781-8555

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Select this text and delete it or replace it with your own. To save changes to this template for future use, choose Save As from the File menu. In the Save As Type box, choose Document Template. Next time you want to use it, choose New from the File menu, and then double-click your template.