



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. COS1219

1. STATEMENT DATE 11-1-06 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
Missouri Coalition for Lifesaving Cures, Inc
 ADDRESS OF COMMITTEE
 ADDRESS: P.O. Box 221300
 CITY / STATE / ZIP: Kirkwood, MO 63122

Missouri Ethics Commission
 NOV 01 2006
 Received by Fax

3. NAME OF CANDIDATE N/A 4. OFFICE SOUGHT N/A

FULL NAME:	DATE RECEIVED	AMOUNT
<u>James E & Virginia G. Stowers</u>	<u>10-30-06</u>	<u>\$500,000</u>
<u>ADDRESS: C/o Stower Institute for Medical Research</u>		
<u>CITY / STATE / ZIP: P.O. Box 412411, KANSAS CITY, MO 64141</u>		

FULL NAME:	DATE RECEIVED	AMOUNT
<u>ADDRESS:</u>		
<u>CITY / STATE / ZIP:</u>		

FULL NAME:	DATE RECEIVED	AMOUNT
<u>ADDRESS:</u>		
<u>CITY / STATE / ZIP:</u>		

FULL NAME:	DATE RECEIVED	AMOUNT
<u>ADDRESS:</u>		
<u>CITY / STATE / ZIP:</u>		

FULL NAME:	DATE RECEIVED	AMOUNT
<u>ADDRESS:</u>		
<u>CITY / STATE / ZIP:</u>		

FULL NAME:	DATE RECEIVED	AMOUNT
<u>ADDRESS:</u>		
<u>CITY / STATE / ZIP:</u>		

FULL NAME:	DATE RECEIVED	AMOUNT
<u>ADDRESS:</u>		
<u>CITY / STATE / ZIP:</u>		

FULL NAME:	DATE RECEIVED	AMOUNT
<u>ADDRESS:</u>		
<u>CITY / STATE / ZIP:</u>		

FULL NAME:	DATE RECEIVED	AMOUNT
<u>ADDRESS:</u>		
<u>CITY / STATE / ZIP:</u>		