



STATE OF MISSOURI  
 OFFICE OF ADMINISTRATION  
 MISSOURI ETHICS COMMISSION  
**48 HOUR NOTICE OF LATE CONTRIBUTION/LOANS RECEIVED**

Pg 1

P.O. BOX 1254  
 JEFFERSON CITY, MO 65102  
 (800) 392-8660  
 (573) 526-4506 (FAX)  
 www.moethics.state.mo.us (web site)

1. STATEMENT DATE <b>11/3/06</b>	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.	M.E.C. ID NO. <b>C001229</b>
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2. FULL NAME OF COMMITTEE <b>Friends Of Connie LAJoyce</b>		
ADDRESS OF COMMITTEE <b>5969 TARA Lane</b>		
CITY, STATE AND ZIP CODE <b>St. Louis Mo. 63147</b>		

3. NAME OF CANDIDATE <b>Connie LAJoyce Johnson</b>	4. OFFICE SOUGHT <b>STATE Rep. 61st DIST.</b>
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FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
<b>Competitive Enterprises Growth PAC 101 E High St. JEFF. City Mo. 65101</b>	<b>10/27/06</b>	<b>325.<sup>00</sup></b>

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
<b>CENTURYTEL INC P.O. Box 4065 MONROE LA 71211</b>	<b>10/27</b>	<b>325.<sup>00</sup></b>

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
<b>WASTE Management PAC P.O. Box 3027 Houston TX 77253</b>	<b>10/27</b>	<b>200.<sup>00</sup></b>

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
<b>UNITE HERE Missouri PAC 4433 Woodson Rd. Ste 103 ST. LOUIS MO. 63134</b>	<b>10/31/06</b>	<b>325.<sup>00</sup></b>



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M.E.C. ID NO. CD1229

2. FULL NAME OF COMMITTEE: Friends of Connie LaJoyce  
ADDRESS OF COMMITTEE: 5969 TARA Lane  
CITY, STATE AND ZIP CODE: ST. Louis Mo. 63147

MISSOURI ETHICS COMMISSION  
NOV 06 2006

3. NAME OF CANDIDATE: Connie LaJoyce Johnson  
4. OFFICE SOUGHT: STATE Rep 61<sup>st</sup> DIST.

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
<u>MHA ST. Louis District PAC P.O. Box 60 JEFF. City Mo. 65102</u>	<u>11/2/06</u>	<u>50.<sup>00</sup></u>

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
<u>MHA PAC FOR HEATH P.O. Box 60 JEFF. City MO 65102</u>	<u>11/2/06</u>	<u>325.<sup>00</sup></u>

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT
<u>ALTRIA Corp Service 120 PARK AVE NEW YORK NY 10017-5592</u>	<u>11/3/06</u>	<u>300.<sup>00</sup></u>

FULL NAME, MAILING ADDRESS AND ZIP CODE	DATE RECEIVED	AMOUNT