



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

P.O. BOX 1254  
 JEFFERSON CITY, MO 65102  
 (800) 392-8860  
 (573) 528-4508 (FAX)  
 www.mec.mo.gov

M.E.C. ID NO. CO 61271

1. STATEMENT DATE <u>11-06-06</u>		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 <u>CITIZENS For SHively</u>			
ADDRESS OF COMMITTEE ADDRESS: <u>4198 SHelby 367</u> CITY/STATE/ZIP: <u>SHelbyville MO 63469</u>			
3. NAME OF CANDIDATE <u>Tom SHively</u>		4. OFFICE SOUGHT <u>STATE Representative #8</u>	
FULL NAME: <u>NIXON For Governor</u> ADDRESS: <u>P.O. Box 143</u> CITY/STATE/ZIP: <u>JEFFerson CITY, MO 65102</u>		DATE RECEIVED <u>11-4-06</u>	AMOUNT <u>325.<sup>00</sup></u>
FULL NAME: <u>CONSTRUCTION CONSULTANTS + ENGINEERS</u> ADDRESS: <u>8106 SHelby 474</u> CITY/STATE/ZIP: <u>SHelbyville, MO. 63468</u>		DATE RECEIVED <u>11-4-06</u>	AMOUNT <u>250.<sup>00</sup></u>
FULL NAME: <u>MO. Democrat STATECOM. / STATE ACT.</u> ADDRESS: <u>P.O. BOX 719</u> CITY/STATE/ZIP: <u>JEFFerson CITY, MO 65102</u>		DATE RECEIVED <u>11-4-06</u>	AMOUNT <u>3200.<sup>00</sup></u>
FULL NAME: <u>COLE Co. Democrat CENTRAL Com.</u> ADDRESS: <u>1618 ST. MARYS Blvd.</u> CITY/STATE/ZIP: <u>JEFFerson CITY, MO 65109</u>		DATE RECEIVED <u>11-4-06</u>	AMOUNT <u>3200.<sup>00</sup></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

Missouri Ethics Commission  
 NOV 06 2006  
 Received by Fax