



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. 0051103

1. STATEMENT DATE <u>11-7-06</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>Joan Bray For Missouri Senate</u>		Missouri Ethics Commission <i>JB</i>	
ADDRESS OF COMMITTEE ADDRESS: <u>7120 Washington</u> CITY / STATE / ZIP: <u>St. Louis, MO 63130</u>		NOV 07 2006 Received by Fax	
3. NAME OF CANDIDATE <u>Joan Bray</u>		4. OFFICE SOUGHT <u>State Senate - Dist 24</u>	
FULL NAME: <u>Edison schools Inc.</u>		DATE RECEIVED	AMOUNT
ADDRESS: <u>521 Fifth Avenue</u>		<u>11-6-06</u>	<u>650.<sup>00</sup></u>
CITY / STATE / ZIP: <u>New York NY</u>			
FULL NAME: <u>MO State Conference of Electrical workers</u>		DATE RECEIVED	AMOUNT
ADDRESS: <u>5570 Fyler St.</u>		<u>11-6-06</u>	<u>650.<sup>00</sup></u>
CITY / STATE / ZIP: <u>St. Louis, MO 63139</u>			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS:			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS:			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS:			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS:			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS:			
CITY / STATE / ZIP:			