



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

M.E.C. ID NO. COO1233

P.O. BOX 1254  
 JEFFERSON CITY, MO 65102  
 (800) 392-8680  
 (573) 626-4506 (FAX)  
 www.mec.mo.gov

1. STATEMENT DATE <u>11/07/06</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, RSMo. <span style="float: right;">MISSOURI ETHICS COMMISSION</span>	
2. FULL NAME OF COMMITTEE <u>Citizens For Barnitz</u>		NOV 09 2006	
ADDRESS OF COMMITTEE ADDRESS: <u>P.O. Box 104</u> CITY / STATE / ZIP: <u>Lake Spring, Mo. 65532</u>		Received by Fax <input checked="" type="checkbox"/>	
3. NAME OF CANDIDATE <u>Frank A. Barnitz</u>		4. OFFICE SOUGHT <u>16<sup>th</sup> Dist. State Senate (Mo.)</u>	
FULL NAME: <u>Show - Me Freedom In Healthcare</u>		DATE RECEIVED	AMOUNT
ADDRESS: <u>P.O. Box 50019</u>		<u>11/7/06</u>	<u>650.<sup>00</sup></u>
CITY / STATE / ZIP: <u>St. Louis, Mo. 63105-5019</u>		DATE RECEIVED	AMOUNT
FULL NAME: <u>PAC Missouri State Chiropractors Assoc.</u>		<u>11/7/06</u>	<u>250.<sup>00</sup></u>
ADDRESS: <u>220 E. Dunklin St.</u>		DATE RECEIVED	AMOUNT
CITY / STATE / ZIP: <u>Jefferson City, Mo. 65101</u>		<u>11/7/06</u>	<u>500.<sup>00</sup></u>
FULL NAME: <u>Mo. Physician Assistant PAC</u>		DATE RECEIVED	AMOUNT
ADDRESS: <u>P.O. Box 1865</u>		<u>11/7/06</u>	<u>250.<sup>00</sup></u>
CITY / STATE / ZIP: <u>Jefferson City, Mo. 65102</u>		DATE RECEIVED	AMOUNT
FULL NAME:		<u>11/7/06</u>	<u>250.<sup>00</sup></u>
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