P.O. BOX 1254

## MISSOURI ETHICS COMMISSION 24 HOUR NOTICE OF LATE CONTRIBUTIONS

I LOANS RECEIVED		JEFFERSON CITY, MO 65102 (800) 392-8660
NO.	C010159	(573) 526-4506 (FAX) .www.mec.mo.gov

M.E.C. ID

This form may be used to report the receipt of any late contribution or loan of more than \$250 received within 11 days of the election pursuant to Section 130.050.3 RSMo. Information provided on this form is merely a notice as required.

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tee disclosure reports. Missouri Commis	Ethice			
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Fax				
4. OFFICE SOUGHT				
President of the Board of A	Aldermen			
DATE RECEIVED	AMOUNT			
3-2-07	\$250.			
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3-2-07	500.			
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3-2-07	250.			
	MAR 0 5  Received Fax  4. OFFICE SOUGHT President of the Board of A  DATE RECEIVED  3-2-07  DATE RECEIVED			

P.O. BOX 1254



MO 300-1457 (10-06)

## MISSOURI ETHICS COMMISSION 24 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

JEFFERSON CITY, MO 65102 : (800) 392-8660 (573) 526-4506 (FAX) C010159 M.E.C. ID NO. www.mec.mo.gov

This form may be used to report the receipt of any late contribution or loan of more than \$250 received within 11 days of the

24HR

election pursua	nt to Section 130.050.3 R	SMo. Information pr	rovided on this for	m is merely a notice as:	required.
1. STATEMENT DATE PLEASE NOTE: Any late contribution or loan reported must					d must also be <u>included</u>
3-3-07 in subsequent committee disclosure reports.  2 FULL NAME OF COMMITTEE MISSOURI Ethics					
· ·	OF COMMITTEE			Commission	s M
The Shrewsbur	F COMMITTEE			MAK J 5 201	
ADDRESS:	6048 Guilfo	ırd		MAR 3 9 200	"/*
CITY / STAT	F / 7/P· St. Louis, N	10 63109		Received by	4/
3. NAME OF C		<del></del>		, OFFICE SOUGHT	
James F. Shre	wsbury			President of the Board of	of Aldermen
FULL NAME:	Southwest Bank of St. I	ouis		DATE RECEIVED	AMOUNT
ADDRESS:	13205 Manchester Rd.			:	
CITY / STATE / ZIF	e: St. Louis, MO 63131			3-2-07	\$2,000.
FULL NAME:	EOI Employee PAC			DATE RECEIVED	AMOUNT
ADDRESS:	1530 S. 2nd St.			:	
CITY / STATE / ZIF	e: St. Louis, MO 63104			3-2-07	5,000.
FULL NAME:	RSA Education & Techt	nology		DATE RECEIVED	AMOUNT
ADDRESS:	Requested				
CITY / STATE / ZIF	<b>:</b>			3-2-07	300.
FULL NAME:	Site Improvement Asso	c. PAC		DATE RECEIVED	AMOUNT
ADDRESS:	1395 Dougherty Ferry F	Rd.		:	
CITY / STATE / ZIF	: St. Louis, MO 63021			3-2-07	2,000.
FULL NAME:	Thomas C. Flavin			DATE RECEIVED	AMOUNT
ADDRESS:	4224 Watson Rd.			:	
CITY / STATE / ZIF	: St. Louis, MO 63109			3-2-07	500.
FULL NAME:				DATE RECEIVED	AMOUNT
ADDRESS:					
CITY / STATE / ZIF	o:				
FULL NAME:				DATE RECEIVED	AMOUNT
ADDRESS:				:	
CITY / STATE / ZIF	<b>:</b>			:	
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FULL NAME:				DATE RECEIVED :	AMOUNT
ADDRESS:				:	
CITY / STATE / ZIF	<b>:</b>			:	



## MISSOURI ETHICS COMMISSION 24 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

M.E.C. ID NO. /0/59

P.O. BOX 1254 JEFFERSON CITY, MO 65102 (800) 392-8660 (573) 526-4506 (FAX) www.moc.mo.gov

This form may be used to report the receipt of any late contribution or loan of more than \$250 received within 11 days of the election pursuant to Section 130.050.3 RSMo. Information provided on this form is merely a notice as required.

1. STATEMENT DATE	STATEMENT DATE PLEASE NOTE: Any late contribution or loan reported must also be included.					
3/2/07 2. FULL NAME OF COMMITTEE	in subsequent committee	) Mise	ouri Ethics			
THE SHREWSBURY COM	MMITTEE	/ / Co	mmission			
ADDRESS OF COMMITTEE		MAR	0 5 2007			
ADDRESS: 6048 GUILFORD PLACE		1				
CITY/STATE/ZIP: ST. LOUIS,	MO 63109		eived by			
3. NAME OF CANDIDATE		4. OFFICE SOUGHT				
JAMES F. SHREWSBUR						
FULL NAME: SUZANNE DEUTSCHI	MANN	DATE RECEIVED	AMOUNT			
ADDRESS: 12 HUNTLETGH MA	NOR	3/1/07	250.00			
CITY/STATE/ZIP: ST. LOUIS, MO		-1./0,				
FULL NAME: MARKET STREET	BANCSHARES	DATE RECEIVED	AMOUNT			
ADDRESS: PO BOX 908		3/,/07	\$ 5,000,00			
CITY/STATE/ZIP: MT. VERNON,	12864	1 . / - /	,			
FULL NAME: EDWARD THROOP		DATE RECEIVED	AMOUNT			
ADDRESS: 1965 SCHOEETLER		3/1/07	\$500.00			
CITY/STATE/ZIP: CHESTERFIELD,	MO 63017	, ,				
FULL NAME: HAROLD BROWN	_	DATE RECEIVED	AMOUNT			
ADDRESS: 2166 TOWER GROU		3/1/07	\$ 300.00			
CITY/STATE/ZIP: ST. LOUIS, MO		/ /				
FULL NAME: KATHY CONLEY-V		DATE RECEIVED	AMOUNT			
ADDRESS: I WEST PINE CO		3/,/07	250.00			
CITY/STATE/ZIP: ST. LOUIS, M	0 63108	/ / / / /	- 0			
FULL NAME:		DATE RECEIVED	AMOUNT			
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CITY / STATE / ZIP:						

MO 300-1457 (10-06)

1/07

24HR

5755 Chippewa St. Louis, MO 63109 314-353-0938 314-353-8804 Fax



Missouri Ethics Commission



ax			MAR U 5 2007  Received by Fax			
To: MISSOURI E	THUCS COMM.	From:	THE.	SHREWS	30RY (	10 m
Fax: 573-	526-4506	Pages:	(including cov	rer) Z	<u>:</u>	
Phone:		Date:	3-3-	-07		
Re:		cc:			<u> </u>	
☐ Urgent ☐ For Re	view 🔲 Please Co	mment [	□ Please Rep	oly 🗆 Ple	ase Recycle	<u>}</u>
• Comments:				_		
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