



Missouri Ethics Commission  
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY  
*[Handwritten initials]*

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C051239

1. FULL NAME OF COMMITTEE <i>Tom Lee for State Representative</i>		2. DATE OF REPORT <i>1-11-2006</i>	3. DATE OF DISSOLUTION <i>1-11-2006</i>
4. TREASURER'S NAME AND ADDRESS NAME: <i>Steve M. White</i> ADDRESS: <i>410 Benton St.</i> CITY / STATE / ZIP: <i>Lincoln, Mo 65338</i>		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: <i>Katherine D. White</i> ADDRESS: <i>410 Benton St</i> CITY / STATE / ZIP: <i>Lincoln, Mo 65338</i> TELEPHONE NO: <i>660 547-3740</i>	
6. DISTRIBUTION OF SURPLUS FUNDS <input checked="" type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION			
A. NAME AND ADDRESS OF RECIPIENT		B. DATE OF TRANSFER	C. AMOUNT
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
7. DISPOSAL OF OUTSTANDING DEBTS <input checked="" type="checkbox"/> CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION			
A. NAME OF CREDITOR		B. DESCRIBE DISPOSAL OF DEBT	C. AMOUNT
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
8. TREASURER VERIFICATION OF DISSOLUTION:  I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.  <i>Steve M. White</i> TREASURER'S SIGNATURE		9. CANDIDATE VERIFICATION OF DISSOLUTION: (CANDIDATE COMMITTEE ONLY)  I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.  <i>Candidate deceased</i> CANDIDATE'S SIGNATURE	

MISSOURI ETHICS COMMISSION  
JAN 17 2006



MISSOURI ETHICS COMMISSION  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

1. DATE OF REPORT  
**JAN-11, 2006**  
 OFFICE USE ONLY  
*[Signature]*

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. **CO51239**

2. FULL NAME OF COMMITTEE  
**TOM LEE FOR STATE REPRESENTATIVE**

3. COMMITTEE MAILING ADDRESS  
**410 BENTON ST.**

4. COMMITTEE TELEPHONE NUMBER

CITY/STATE/ZIP  
**LINCOLN Mo. 65338**

5. TREASURER'S NAME  
**STEVE M. WHITE**

6. TREASURER'S MAILING ADDRESS  
**410 BENTON ST**

7. TREASURER'S TELEPHONE NUMBER  
 HOME: **660-547-3740** WORK:

CITY/STATE/ZIP  
**LINCOLN Mo. 65338**

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME: WORK:

11. DATE OF ELECTION

12. TYPE OF ELECTION (CHECK ONE)  
 PRIMARY  GENERAL  SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM **10-1-05** THROUGH **12-31-05**

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

**Tom Lee  
 303 E Main St.  
 Cole Camp, Mo  
 State Representative  
 116th Congressional District**

15. TYPE OF REPORT:  
 15 DAY AFTER CAUCUS NOMINATION  
 COMMITTEE QUARTERLY REPORT  
 JAN 15  APRIL 15  JULY 15  OCT 15  
 8 DAYS BEFORE ELECTION  
 30 DAYS AFTER ELECTION  
 TERMINATION (ATTACH FORM CO-3)  
 SEMIANNUAL DEBT REPORT  
 JAN 15  JULY 15  
 ANNUAL SUPPLEMENTAL, JAN 15  
 15 DAYS AFTER PETITION DEADLINE  
 OTHER \_\_\_\_\_  
 AMENDING PREVIOUS REPORT DATED \_\_\_\_\_ - \_\_\_\_\_ - 20\_\_\_\_\_

CHECK IF INCUMBENT  
 REPUBLICAN  DEMOCRAT  \_\_\_\_\_

MISSOURI ETHICS COMMISSION  
**JAN 17 2006**

16. COMMITTEE TREASURER'S SIGNATURE  
 I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

TREASURER'S SIGNATURE  
*Steve M. White*

17. CANDIDATE'S SIGNATURE  
 (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

CANDIDATE'S SIGNATURE  
**CANDIDATE IS DECEASED**



MISSOURI ETHICS COMMISSION  
REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>TOM LEE FOR STATE REPRESENTATIVE</i>	DATE OF REPORT <i>1-11-2006</i>	OFFICE USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION			
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED	0	\$ 0	<b>MONEY ON HAND</b>			
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$	<i>250.00</i>				
3. ALL LOANS RECEIVED THIS PERIOD	+					
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+					
5. <b>SUBTOTAL</b> MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$				25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+				26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ <i>250.00</i>
7. <b>TOTAL ALL RECEIPTS THIS PERIOD</b> (SUM 5A + 6A)	\$	<i>250.00</i>			27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-				a) Disbursements By Check \$ <i>250.00</i>	<i>250.00</i>
9. <b>TOTAL ALL RECEIPTS THIS ELECTION</b> (SUM 1B + 7A - 8A)		\$ <i>250.00</i>			b) Disbursements By Cash \$	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 0		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$	<b>INDEBTEDNESS</b>			
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$	<i>250.00</i>				
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+					
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+					
14. <b>TOTAL ALL EXPENDITURES MADE THIS PERIOD</b> (SUM 11A + 12A + 13A)	\$	<i>250.00</i>			29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
15. <b>TOTAL EXPENDITURES THIS ELECTION</b> (SUM 10B + 14A)		\$ <i>250.00</i>	30. LOANS RECEIVED THIS PERIOD	+		
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$	32. PAYMENTS MADE ON LOANS THIS PERIOD	-		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-		
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-		
19. <b>TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD</b> (SUM 17A + 18A)	\$		35. <b>TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD</b> (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$		
20. <b>TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION</b> (SUM 16B + 19A)		\$				
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION				
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+					
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+					
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+					
24. <b>TOTAL OTHER DISBURSEMENTS THIS PERIOD</b> (SUM 21A + 22A + 23A)	\$					



MISSOURI ETHICS COMMISSION  
**CONTRIBUTIONS AND LOANS RECEIVED**

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INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <b>TOM LEE FOR STATE REPRESENTATIVE</b>		2. REPORT DATE <b>JAN. 11, 2006</b>	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>			
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS			\$
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY-CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			<b>250.00</b>
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION  
**EXPENDITURES AND CONTRIBUTIONS MADE**

OFFICE USE ONLY

**INSTRUCTIONS ON REVERSE**

1. NAME OF COMMITTEE <b>TOM LEB FOR STATE REPRESENTATIVE</b>	2. REPORT DATE
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**A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)**

3. CATEGORY OF EXPENDITURE <b>RETURN OF ALL CONTRIBUTIONS TO THE TOM LEB FOR STATE REPRESENTATIVE COMMITTEE DONORS</b>	4. AMOUNT PAID OR INCURRED THIS PERIOD
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	\$ <b>250.00</b>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	\$ <b>250.00</b>

**B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS**

8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$

**C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)**

20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
NAME: ADDRESS: CITY/STATE:		
NAME: ADDRESS: CITY/STATE:		
NAME: ADDRESS: CITY/STATE:		
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$
24. SUBTOTAL: ANY ATTACHED PAGES		\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$