



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY
[Signature]

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. c061023

| | | | |
|--|--|--|------------------------------------|
| 1. FULL NAME OF COMMITTEE friends to elect lisa hamaker | | 2. DATE OF REPORT 03042006 | 3. DATE OF DISSOLUTION 03042006 |
| 4. TREASURER'S NAME AND ADDRESS NAME: donna agler ADDRESS: 1529 n. jefferson CITY / STATE / ZIP: springfiled, mo 65803 | | 5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: donna agler ADDRESS: 1529 n. jefferson CITY / STATE / ZIP: springfield mo 65803 TELEPHONE NO: 417-864-6408 | |
| 6. DISTRIBUTION OF SURPLUS FUNDS <input type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION | | | |
| A. NAME AND ADDRESS OF RECIPIENT | | B. DATE OF TRANSFER | C. AMOUNT |
| NAME: donna agler ADDRESS: 1529 n. jefferson CITY / STATE / ZIP: springfiled mo 65803 | | 03012006 | \$ 307.25 |
| NAME: hal agler ADDRESS: 1529 n. jefferson CITY / STATE / ZIP: springfiled mo 65803 | | 03012006 | \$ 325.00 |
| NAME: joann hosmer ADDRESS: 657 s. weller CITY / STATE / ZIP: springfield , mo 65802 | | 03012006 | \$ 100.00 |
| NAME: vicky trippe ADDRESS: 616 e. loren CITY / STATE / ZIP: springfiled, mo 65807 | | 03012006 | \$ 50.00 |
| NAME: cynthia platz ADDRESS: 1301 e. elm st. CITY / STATE / ZIP: springfiled mo 65802 | | 03012006 | \$ 100.00 |
| NAME: john ehlers ADDRESS: 703 s. douglas ave. CITY / STATE / ZIP: springfield, mo 65806 | | 030106 | \$ 10.00 |
| 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>[Signature]</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>[Signature]</i> CANDIDATE'S SIGNATURE | |

MISSOURI ETHICS COMMISSION
MAR 08 2006



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. c061023

| | |
|-------------------|--------------------|
| 1. DATE OF REPORT | OFFICE USE ONLY |
| 03042006 | <i>[Signature]</i> |

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
 friends to elect lisa hamaker

3. COMMITTEE MAILING ADDRESS
 1529 n. jefferson
 CITY / STATE / ZIP
 springfiled mo 65803

4. COMMITTEE TELEPHONE NUMBER
 417-864-6408

5. TREASURER'S NAME
 donna agler

6. TREASURER'S MAILING ADDRESS
 1529 n. jefferson
 CITY / STATE / ZIP
 springfiled mo 65803

7. TREASURER'S TELEPHONE NUMBER
 HOME: 417-8646408
 WORK:

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

9. DEPUTY TREASURER'S MAILING ADDRESS
 CITY / STATE / ZIP

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

11. DATE OF ELECTION
 08082006

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM 01182006 THROUGH 03042006

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY
 lisa hamaker, 1330 e. walnut springfield, mo 65802
 417-869-3610

CHECK IF INCUMBENT

REPUBLICAN DEMOCRAT

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT
 Jan 15 Apr 15 Jul 15 Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

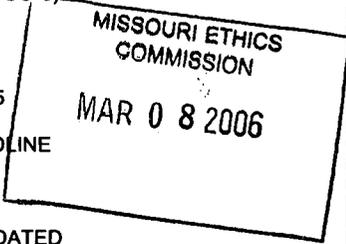
SEMIANNUAL DEBT REPORT
 Jan 15 Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

AMENDING PREVIOUS REPORT DATED _____, 20__



16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

[Signature]
 TREASURER'S SIGNATURE

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.

[Signature]
 CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

| | | |
|--|----------------------------|-----------------|
| NAME OF COMMITTEE friends to elect lisa hamaker | DATE OF REPORT 03042006 | OFFICE USE ONLY |
|--|----------------------------|-----------------|

| RECEIPTS | A. THIS PERIOD | B. THIS ELECTION | STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION | |
|--|-----------------------|-------------------------|---|-------------|
| 1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED | | \$ 0 | MONEY ON HAND | |
| 2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD | \$ 910.00 | | | |
| 3. ALL LOANS RECEIVED THIS PERIOD | + \$ 0 | | | |
| 4. MISCELLANEOUS RECEIPTS THIS PERIOD | + \$ 0 | | | |
| 5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A) | \$ 910.00 | | 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 | + \$ 0 | | 26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5) | + \$ 910.00 |
| 7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A) | \$ 910.00 | | 27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24) | - \$ 910.00 |
| 8. FUNDS USED FOR REPAYING LOANS THIS PERIOD | - \$ 0 | | a) Disbursements By Check \$ 910.00 | |
| 9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A) | | \$ 910.00 | 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 | | \$ 0 | INDEBTEDNESS | |
| 11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD | \$ 17.25 | | | |
| 12. IN-KIND EXPENDITURES MADE THIS PERIOD | + \$ 0 | | | |
| 13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS) | + \$ 0 | | | |
| 14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A) | \$ 17.25 | | 29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD | \$ 0 |
| 15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A) | | \$ 17.25 | 30. LOANS RECEIVED THIS PERIOD | + \$ 0 |
| CONTRIBUTIONS MADE | A. THIS PERIOD | B. THIS ELECTION | 31. NEW DEBTS INCURRED THIS PERIOD | + \$ 0 |
| 16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED | | \$ 0 | 32. PAYMENTS MADE ON LOANS THIS PERIOD | - \$ 0 |
| 17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD | \$ 0 | | 33. CREDITS RECEIVED ON LOANS THIS PERIOD | - \$ 0 |
| 18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD | + \$ 0 | | 34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD | - \$ 0 |
| 19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A) | \$ 0 | | 35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34) | \$ 0 |
| 20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A) | | \$ 0 | | |
| 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 | + \$ 892.25 | | | |
| 24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A) | \$ 892.25 | | | |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | | | |
|--|--|---------------------------------------|---|
| 1. NAME OF COMMITTEE friends to elect lisa hamaker | | 2. REPORT DATE 03042006 | |
| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | | 4. DATE RECEIVED AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) | | | |
| NAME: donna agler ADDRESS: 1529 n. jeffersons CITY / STATE: springfield, mo 65803 EMPLOYER: cox health <input type="checkbox"/> COMMITTEE: | | 01102006 \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: joann hosmer ADDRESS: 657 s. weller CITY / STATE: springfield mo 65802 EMPLOYER: homemaker <input type="checkbox"/> COMMITTEE: | | 01212006 \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: vicky trippe ADDRESS: 616 e. loren CITY / STATE: springfield mo 65807 EMPLOYER: retired <input type="checkbox"/> COMMITTEE: | | 01212006 \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: donna agler ADDRESS: 1529 n. jefferson CITY / STATE: springfield mo 65803 EMPLOYER: cox health <input type="checkbox"/> COMMITTEE: | | 02022006 \$ 225.00 | \$ 225.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: hal agler ADDRESS: 1529 n. jefferson CITY / STATE: springfiled, mo 65803 EMPLOYER: self- lcsw <input type="checkbox"/> COMMITTEE: | | 02022006 \$ 325.00 | \$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| 6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) | | | \$ 800.00 |
| 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES | | | + \$ 0 |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | | \$ 800.00 |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | | \$ 800.00 |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS | | | \$ 0 |
| B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) | | | AMOUNT RECEIVED |
| 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A | | | \$ 0 |
| 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS | | | \$ 0 |
| 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS | | | \$ 110.00 |
| 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS | | | \$ 0 |
| C. LOANS RECEIVED | | 16. DATE RECEIVED | 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B) |
| 15. NAME AND ADDRESS OF LENDER | | | |
| NAME: ADDRESS: CITY / STATE: | | | \$ 0 |
| NAME: ADDRESS: CITY / STATE: | | | \$ 0 |
| 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) | | | \$ 0 |
| 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES | | | \$ 0 |
| 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) | | | \$ 0 |
| 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) | | | \$ 0 |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | | \$ 910.00 |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) | | | \$ 800.00 |



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | | | |
|---|--|----------------------------|--|
| 1. NAME OF COMMITTEE friends to elect lisa hamaker | | 2. REPORT DATE 03042006 | |
| A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW) | | | 4. AMOUNT PAID OR INCURRED THIS PERIOD |
| 3. CATEGORY OF EXPENDITURE check printing | | | \$ 17.25 |
| | | | \$ |
| 5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) | | | \$ 17.25 |
| 6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES | | | + \$ 0 |
| 7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) | | | \$ 0 |
| B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS | | 9. DATE | 10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) |
| 8. NAME AND ADDRESS OF RECIPIENT | | | 11. AMOUNT THIS PERIOD |
| NAME: | | | \$ |
| ADDRESS: | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| NAME: | | | \$ |
| ADDRESS: | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| NAME: | | | \$ |
| ADDRESS: | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| NAME: | | | \$ |
| ADDRESS: | | | <input type="checkbox"/> PAID |
| CITY / STATE: | | \$ | <input type="checkbox"/> INCURRED |
| 12. SUBTOTAL: THIS PAGE (SUM COLUMN 11) | | | \$ 17.25 |
| 13. SUBTOTAL: ANY ATTACHED PAGES | | | + \$ 0 |
| 14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13) | | | \$ 0 |
| 15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) | | | \$ 17.25 |
| 16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD | | | \$ 17.25 |
| 17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD | | | \$ 0 |
| 18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT | | | \$ 0 |
| 19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B) | | | \$ 0 |
| C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) | | 21. DATE | 22. AMOUNT |
| 20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE | | | |
| NAME: | | | \$ |
| ADDRESS: | | | |
| CITY / STATE: | | | \$ |
| NAME: | | | \$ |
| ADDRESS: | | | |
| CITY / STATE: | | | \$ |
| NAME: | | | \$ |
| ADDRESS: | | | |
| CITY / STATE: | | | \$ |
| 23. SUBTOTAL: THIS PAGE (SUM COLUMN 22) | | | \$ 0 |
| 24. SUBTOTAL: ANY ATTACHED PAGES | | | + \$ 0 |
| 25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) | | | \$ 0 |
| 26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT | | | \$ 0 |
| 27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26) | | | \$ 0 |
| 28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT | | | \$ 0 |