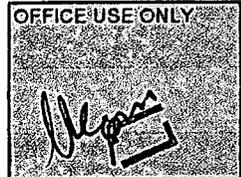




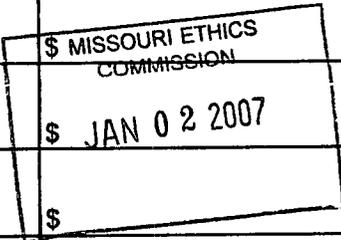
Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT



INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. COS1276

1. FULL NAME OF COMMITTEE GAMBARO FOR SENATE		2. DATE OF REPORT 12-24-06	3. DATE OF DISSOLUTION 12-24-06
4. TREASURER'S NAME AND ADDRESS NAME: CAROL EZELL ADDRESS: 5528 MARDEL AVE CITY/STATE/ZIP: ST. LOUIS, MO 63110		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: CAROL EZELL ADDRESS: 5528 MARDEL AVE CITY/STATE/ZIP: ST. LOUIS, MO 63109 TELEPHONE NO: 314-351-0221	
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: MISSOURI ETHICS COMMISSION ADDRESS: P.O. BOX 1370 CITY/STATE/ZIP: JEFFERSON CITY, MO 65102		LATE FEE 12-24-06	\$ 110.00
NAME: U.S. POSTAL SERVICE ADDRESS: VANDEVENTOR AVE CITY/STATE/ZIP: ST. LOUIS, MO 63110		POSTAGE 9-15-06	\$ 14.40
NAME: DERIO L. GAMBARO ADDRESS: 5320 WILSON AVE CITY/STATE/ZIP: ST. LOUIS, MO 63110		DEBT PAYMENT 12-24-06	\$ 48.27
NAME: ADDRESS: CITY/STATE/ZIP:			\$
NAME: ADDRESS: CITY/STATE/ZIP:			\$
NAME: ADDRESS: CITY/STATE/ZIP:			\$
7. DISPOSAL OF OUTSTANDING DEBTS <input type="checkbox"/> CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION			
A. NAME OF CREDITOR		B. DESCRIBE DISPOSAL OF DEBT	C. AMOUNT
NAME: DERIO L GAMBARO ADDRESS: 5320 WILSON AVE CITY/STATE/ZIP: ST LOUIS, MO 63110		FORGIVEN	\$ 3,926.95
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>Carol J. Ezell</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>Derio L. Gambaro</i> CANDIDATE'S SIGNATURE	





Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C051276

1. DATE OF REPORT 12-24-06	OFFICE USE ONLY <i>[Signature]</i>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>GAMBARD FOR SENATE</u>	
3. COMMITTEE MAILING ADDRESS <u>5528 MARDEL AVE</u> CITY / STATE / ZIP <u>ST. LOUIS, MO 63109</u>	4. COMMITTEE TELEPHONE NUMBER <u>314-351-0221</u>
5. TREASURER'S NAME <u>CAROL EZELL</u>	
6. TREASURER'S MAILING ADDRESS <u>5528 MARDEL AVE.</u> CITY / STATE / ZIP <u>ST. LOUIS, MO 63109</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>314-351-0221</u> WORK:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> 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 <u>AUGUST 8, 2006</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>10-1-06</u> THROUGH <u>12-24-06</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>DERIO L. GAMBARD</u> <u>5320 WILSON AVE.</u> <u>ST. LOUIS, MO 63110</u> <u>314-776-4808</u> <u>STATE SENATE; DIST 4</u> <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input checked="" type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">MISSOURI ETHICS COMMISSION JAN 02 2007</div>
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u><i>Carol Ezell</i></u> 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. <u><i>Derio L. Gambard</i></u> CANDIDATE'S SIGNATURE