



**Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT**

OFFICE USE ONLY

[Handwritten initials]

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C061117

1. FULL NAME OF COMMITTEE Crista Johnson for Judge		2. DATE OF REPORT 1/14/07	3. DATE OF DISSOLUTION 1/14/07
4. TREASURER'S NAME AND ADDRESS NAME: Rick Johnson ADDRESS: 2500 Greenway CITY / STATE / ZIP: High Ridge, MO 63049		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Rick Johnson ADDRESS: 2500 Greenway CITY / STATE / ZIP: High Ridge, MO 63049 TELEPHONE NO: 636-677-7767	
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: Crista Johnson ADDRESS: 2500 Greenway CITY / STATE / ZIP: High Ridge, MO 63049		1/14/07	\$135.51
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: Crista Johnson (Candidate) ADDRESS: 2500 Greenway CITY / STATE / ZIP: High Ridge, MO 63049		Forgiven	\$6,164.49
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
JAN 29 2007



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C061117

1. DATE OF REPORT 1/14/07	OFFICE USE ONLY <i>[Signature]</i> LT
----------------------------------	---

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
Crista Johnson for Judge - Debt Service

3. COMMITTEE MAILING ADDRESS 2500 Greenway CITY / STATE / ZIP High Ridge, MO 63049	4. COMMITTEE TELEPHONE NUMBER 636-677-7767
---	---

5. TREASURER'S NAME
Rick Johnson

6. TREASURER'S MAILING ADDRESS 2500 Greenway CITY / STATE / ZIP High Ridge, MO 63049	7. TREASURER'S TELEPHONE NUMBER HOME: 636-677-7767 WORK: 636-677-7767
---	---

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 **8/8/06**

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM **10/1/06** THROUGH **12/31/06**

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

Crista Johnson
 2500 Greenway
 High Ridge, MO 63049
 636-677-7767
 Jefferson County Associate Circuit Judge
 Division 12

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__

MISSOURI ETHICS
 COMMISSION
 JAN 29 2007

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 Crista Johnson for Judge Debt Service	DATE OF REPORT 1/14/07	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		\$ 13,485.00	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 0			
3. ALL LOANS RECEIVED THIS PERIOD	+ 800.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ 0			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 800.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 335.51
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 0		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 800.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 800.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0		a) Disbursements By Check \$ 1,000.00	- 1,000.00
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 14,285.00	b) Disbursements By Cash \$	
EXPENDITURES			28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 135.51
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 11,849.49	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 1,000.00			
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)	\$ 1,000.00		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 5,500.00
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 12,849.49	30. LOANS RECEIVED THIS PERIOD	+ 800.00
CONTRIBUTIONS MADE			31. NEW DEBTS INCURRED THIS PERIOD	+ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 650.00	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)	\$ 6,300.00
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 650.00		
OTHER DISBURSEMENTS				
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 0			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ 0			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Crista Johnson for Judge - Debt Service		2. REPORT DATE 1/14/07	
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: 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
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 MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
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			\$
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER NAME: Crista Johnson ADDRESS: 2500 Greenway CITY / STATE: High Ridge, MO 63049		16. DATE RECEIVED 10/2/06	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B) \$ 800.00
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$ 800.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ 800.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ 0
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 0
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 Crista Johnson - Debt Service		2. REPORT DATE 1/14/07	
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			
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
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: Clement & Company, LLC ADDRESS: 1900 Marconi Ave. CITY / STATE: St. Louis, MO 63110		10/2/06	Legal Fees \$ 1,000.00 <input checked="" 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)			\$ 1,000.00
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 1,000.00
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 1,000.00
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 1,000.00
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. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 0
24. SUBTOTAL: ANY ATTACHED PAGES			\$ 0
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ 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. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$ 0



**MISSOURI ETHICS COMMISSION
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM	OFFICE USE ONLY
<input checked="" type="checkbox"/> LOAN RECEIVED	
<input type="checkbox"/> LOAN REPAYMENT	

NAME OF COMMITTEE Crista Johnson for Judge - Debt Service	REPORT DATE 1/14/07
--	------------------------

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER
Crista Johnson, 2500 Greenway, High Ridge, MO 63049

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN
Crista Johnson, 2500 Greenway, High Ridge, MO 63049

MISSOURI ETHICS
COMMISSION

JAN 29 2007

3. LOAN I.D. NUMBER (IF ANY)	4. DATE OF LOAN 10/2/06	5. AMOUNT OF LOAN \$ 800.00
------------------------------	----------------------------	--------------------------------

6. ANNUAL RATE OF INTEREST 0 %	7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.) TBD
-----------------------------------	--

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)
Upon Demand

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)	\$ 0
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE	\$ 0
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED	\$ 0