



MISSOURI ETHICS COMMISSION  
**COMMITTEE TERMINATION STATEMENT**

M.E.C. ID NO. 1061716

OFFICE USE ONLY  
**FILED**

1. FULL NAME OF COMMITTEE

Citizens for Gondolfi

2. DATE OF REPORT

4/3/07

3. DATE OF DISSOLUTION

4/3/07

4. TREASURER'S NAME AND ADDRESS

AMBER DORR 3212 Utah St. Louis, MO 63118

5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS

AMBER DORR 3212 Utah St. Louis, MO 63118

6. DISTRIBUTION OF SURPLUS FUNDS

CHECK IF NO SURPLUS REMAINED UPON TERMINATION

7. DISPOSAL OF OUTSTANDING DEBTS

CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION

A. NAME AND ADDRESS OF RECIPIENT	B. DATE OF TRANSFER	C. AMOUNT	A. NAME OF CREDITOR	B. DESCRIBE DISPOSAL OF DEBT	C. AMOUNT

MISSOURI ETHICS COMMISSION  
 APR 06 2007

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.

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.

TREASURER'S SIGNATURE

*Amber Dorra*

CANDIDATE'S SIGNATURE

*[Signature]*



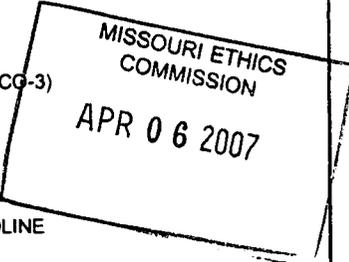
Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. CO 61716

1. DATE OF REPORT <u>3/31/07</u>	OFFICE USE ONLY <u>PLT</u>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>CITIZENS FOR GONDOLFI</u>	
3. COMMITTEE MAILING ADDRESS <u>P.O. Box 19082</u>	4. COMMITTEE TELEPHONE NUMBER <u>314-772-3628</u>
CITY / STATE / ZIP <u>St. Louis, MO 63118</u>	
5. TREASURER'S NAME <u>AMBER DAVER</u>	
6. TREASURER'S MAILING ADDRESS <u>3212 Utah</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>314-374-7562</u> WORK: <u>314-289-4488</u>
CITY / STATE / ZIP <u>St. Louis, MO 63118</u>	
8. DEPUTY TREASURER'S NAME <input 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	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>2/23/07</u> THROUGH <u>3/31/07</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  <u>GALEN GONDOLFI</u> <u>3151 CHEROKEE</u> <u>St. Louis, MO 63118</u> <u>(314) 772-3628</u> <u>20th WARD ALDERMAN</u>	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 checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CG-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____
<input type="checkbox"/> CHECK IF INCUMBENT	
<input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	
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>AMBER DAVER</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>Galen Gondolfi</u> CANDIDATE'S SIGNATURE





Missouri Ethics Commission  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Citizens for Gondolfi</i>	DATE OF REPORT <i>3/3/07</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			\$ 6,374.98	<b>MONEY ON HAND</b>	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 560.00				
3. ALL LOANS RECEIVED THIS PERIOD	+				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+				
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 560.00				
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+			25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 463.93
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 560.00			26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 560.00
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-			27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24 )	- 1,023.93
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)			\$ 6,934.98	a) Disbursements By Check \$ _____ 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			\$ 5,886.05	<b>INDEBTEDNESS</b>	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 1,023.93				
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+				
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+				
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 1,023.93				
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)			\$ 6,909.98	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$	31. NEW DEBTS INCURRED THIS PERIOD	+
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$			32. PAYMENTS MADE ON LOANS THIS PERIOD	-
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+			33. CREDITS RECEIVED ON LOANS THIS PERIOD	-
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$			34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)			\$	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$
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. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$				



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Citizens for Gondolfi</i>		2. REPORT DATE <i>3/31/07</i>	
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: <i>THOMAS O'GUINN</i> ADDRESS: <i>3744 PHEASANT BRANCH RD.</i> CITY / STATE: <i>MIDDLETON, WI 53562</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>3/1/07</i>	\$ <i>260.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>AFRICAN GROCERY</i> ADDRESS: <i>3558 S. GRAND BLVD</i> CITY / STATE: <i>ST. LOUIS, MO 63118</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>3/20/07</i>	\$ <i>300.00</i> <input checked="" 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)		\$ <i>560.00</i>	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ <i>—</i>	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ <i>560.00</i>	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ <i>560.00</i>	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ <i>—</i>	
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		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)		\$ <i>560.00</i>	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ <i>560.00</i>	



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <b>CITIZENS for Gondolfi</b>		2. REPORT DATE <b>3/31/07</b>	
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 <b>Office Supplies</b>			<b>51.64</b>
<b>Food for Volunteers</b>			<b>72.27</b>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			<b>\$ 123.91</b>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			<b>\$ 123.91</b>
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: <b>USPS</b> ADDRESS: CITY / STATE: <b>St. Louis, MO</b>		<b>3/1/07</b>	<b>Postage</b> \$ <b>585.00</b> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <b>GLOBE DRUG</b> ADDRESS: <b>2626 CHEROKEE</b> CITY / STATE: <b>St. Louis, MO 63118</b>		<b>3/6/07</b>	<b>Supplies</b> \$ <b>138.25</b> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <b>Schnucks</b> ADDRESS: <b>S. GRAND</b> CITY / STATE: <b>St. Louis, MO</b>		<b>3/6/07</b>	<b>Supplies for Election Day</b> \$ <b>84.65</b> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <b>Arch City Chronicle</b> ADDRESS: <b>3201 ARSENAL</b> CITY / STATE: <b>St. Louis, MO 63118</b>		<b>3/30/07</b>	<b>Advertisement</b> \$ <b>92.12</b> <input checked="" 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)			<b>\$ 887.90900.02</b>
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			<b>\$ 887.90900.02</b>
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. 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)			\$
24. SUBTOTAL: ANY ATTACHED PAGES			\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$
28. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$