



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

[Handwritten initials]

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C010159

1. FULL NAME OF COMMITTEE The Shrewsbury Committee		2. DATE OF REPORT 4/6/07	3. DATE OF DISSOLUTION 4/6/07
4. TREASURER'S NAME AND ADDRESS NAME: Thomas B. Hayes ADDRESS: 5835 Delor CITY / STATE / ZIP: St. Louis, MO 63109		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: James F. Shrewsbury ADDRESS: 6048 Guilford Place CITY / STATE / ZIP: St. Louis, MO 63109 TELEPHONE NO: (314) 353-5690	

6. DISTRIBUTION OF SURPLUS FUNDS
 CHECK IF NO SURPLUS REMAINED UPON TERMINATION

A. NAME AND ADDRESS OF RECIPIENT	B. DATE OF TRANSFER	C. AMOUNT
NAME: The Shrewsbury Committee ADDRESS: 6048 Guilford Place CITY / STATE / ZIP: St. Louis, MO 63109	4/6/07	\$47,531.78
NAME: ADDRESS: CITY / STATE / ZIP:		
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MISSOURI ETHICS
COMMISSION

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7. DISPOSAL OF OUTSTANDING DEBTS
 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:		

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.

[Signature]
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.

[Signature]
CANDIDATE'S SIGNATURE