



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. _____

C051086

1. FULL NAME OF COMMITTEE Friends of the 24th Ward	2. DATE OF REPORT July 01, 2007	3. DATE OF DISSOLUTION July 01, 2007
4. TREASURER'S NAME AND ADDRESS NAME: RANDY MUNTON ADDRESS: 5825 HIGHTOWER DR CITY / STATE / ZIP: SAINT LOUIS / MO / 63128	5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: RANDY MUNTON ADDRESS: 5825 HIGHTOWER DR CITY / STATE / ZIP: SAINT LOUIS / MO / 63128 TELEPHONE NO: 314-614-8183	

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: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		
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NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		

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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:		
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.

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.

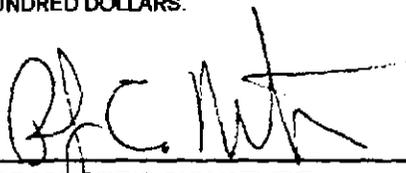
CANDIDATE'S SIGNATURE



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1. DATE OF REPORT OFFICE USE ONLY
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2. FULL NAME OF COMMITTEE FRIENDS OF THE 24TH WARD	
3. COMMITTEE MAILING ADDRESS ADDRESS: PO BOX 6024 CITY / STATE / ZIP: SAINT LOUIS / MO / 63139-0024	4. COMMITTEE TELEPHONE NUMBER Home: 314-614-8183 Work:
5. TREASURER'S NAME RANDY MUNTON	
6. TREASURER'S MAILING ADDRESS ADDRESS: 5825 HIGHTOWER DR CITY / STATE / ZIP: SAINT LOUIS / MO / 63128	7. TREASURER'S TELEPHONE NUMBER Home: 314-614-8182 Work:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:	10. DEPUTY TREASURER'S TELEPHONE NUMBER Home: Work:
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM _____ THROUGH _____	
14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, AND POLITICAL SUBDIVISION <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____	
15. TYPE OF REPORT: <input type="checkbox"/> OTHER _____ <input type="checkbox"/> 8 DAYS BEFORE ELECTION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> 30 DAYS AFTER ELECTION JAN 15 APRIL 15 JUL 15 OCT 15 <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE	
16. TREASURER'S STATEMENT I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS.  _____ TREASURER'S SIGNATURE	17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEE ONLY) I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS. _____ CANDIDATE'S SIGNATURE

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