



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

John LT

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C 000604

1. FULL NAME OF COMMITTEE <i>NATIONAL HEALTHCARE SERVICES COMMITTEE FOR GOOD GOVERNMENT</i>		2. DATE OF REPORT <i>12/20/07</i>	3. DATE OF DISSOLUTION <i>12/15/07</i>
4. TREASURER'S NAME AND ADDRESS NAME: <i>NEKOL PROVINCE</i> ADDRESS: <i>1050 BRENTWOOD BLVD.</i> CITY / STATE / ZIP: <i>CLAYTON, MO 63105</i>		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: <i>NEKOL PROVINCE</i> ADDRESS: <i>1050 BRENTWOOD, STE 500</i> CITY / STATE / ZIP: <i>CLAYTON, MO 63105</i> TELEPHONE NO: <i>314 726-6706</i>	
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: <i>NATIONAL HEALTHCARE SERVICES</i> ADDRESS: <i>1050 BRENTWOOD, STE 500</i> CITY / STATE / ZIP: <i>CLAYTON, MO 63105</i>		<i>12/15/07</i>	<i>\$2621.75</i>
NAME: ADDRESS: CITY / STATE / ZIP:			
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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: ADDRESS: CITY / STATE / ZIP:			
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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. _____ CANDIDATE'S SIGNATURE	

MISSOURI ETHICS COMMISSION
DEC 26 2007



MISSOURI ETHICS COMMISSION
COMMITTEE STATEMENT OF LIMITED ACTIVITY
 INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. 000609

1. DATE OF REPORT <u>12/15/07</u>	OFFICE USE ONLY <u>LT</u>
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2. FULL NAME OF COMMITTEE NATIONAL PREARRANGED SERVICES COMMITTEE FOR GOOD GOVERNMENT

3. COMMITTEE MAILING ADDRESS
 ADDRESS: 10 SO. BRENTWOOD BLVD.
 CITY / STATE / ZIP: CLAYTON, MO 63105

4. COMMITTEE TELEPHONE NUMBER
 Home:
 Work: 314 726-6706

5. TREASURER'S NAME
NEKOL PROVINCE

6. TREASURER'S MAILING ADDRESS
 ADDRESS: 10 SO. BRENTWOOD BLVD.
 CITY / STATE / ZIP: CLAYTON, MO 63105

7. TREASURER'S TELEPHONE NUMBER
 Home:
 Work: 314 726-6706

8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS
 ADDRESS: N/A
 CITY / STATE / ZIP:

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 Home: N/A
 Work:

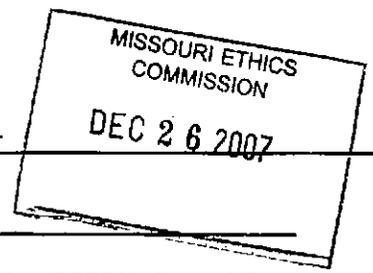
11. DATE OF ELECTION

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM 10/1/07 THROUGH 12/31/07

14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, AND POLITICAL SUBDIVISION

REPUBLICAN DEMOCRAT _____



15. TYPE OF REPORT:

OTHER _____

8 DAYS BEFORE ELECTION COMMITTEE QUARTERLY REPORT
 JAN 15 APRIL 15 JUL 15 OCT 15

30 DAYS AFTER ELECTION

15 DAYS AFTER CAUCUS NOMINATION 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.

[Signature]
 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