Missouri Ethics Commission

COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C08-1026

1. FULL NAME OF COMMITTEE	2. DATE OF REPORT	3. DATE OF DISSOLUTION
Citizens for Kanzler	4/1/008	4/1/08

4. TREASURER'S NAME AND ADDRESS	5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS
NAME: Julie Feld	NAME: Jay Kanzler
ADDRESS: 2001 S. Big Bend Blvd.	ADDRESS: 2001 S. Big Bend Blvd.
CITY / STATE / ZIP: St. Louis, MO 63117	CITY / STATE / ZIP: St. Louis, MO 63117
	TELEPHONE NO: 314-645-5367

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

MISSOURI ETHICS COMMISSION
APR 03 2008

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.

Julia Feld

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

COMMITTEE STATEMENT OF LIMITED ACTIVITY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C081026

1. DATE OF REPORT	OFFICE USE ONLY

2. FULL NAME OF COMMITTEE: Citizens for Kanzler

3. COMMITTEE MAILING ADDRESS: 2001 S. Big Bend Blvd

4. COMMITTEE TELEPHONE NUMBER: HOME: 314 705 2044 WORK: 314 645 5367

CITY/STATE/ZIP: St. Louis MO 63117

5. TREASURER'S NAME: Julie Feld

6. TREASURER'S MAILING ADDRESS: 2001 S. Big Bend

7. TREASURER'S TELEPHONE NUMBER: HOME: 636 441 0161 WORK: 314 602 4696

CITY/STATE/ZIP: St. Louis MO 63117

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

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER: HOME: WORK:

CITY/STATE/ZIP

11. DATE OF ELECTION: 8/7/08

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

13. TIME PERIOD COVERED BY THIS STATEMENT: FROM 1/1/08 THROUGH 3/31/08

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

Statewide Office: Undeclared

MISSOURI ETHICS COMMISSION APR 03 2008

☑ REPUBLICAN ☐ DEMOCRAT ☐ _____

15. TYPE OF REPORT

☐ OTHER _____

☐ 8 DAYS BEFORE ELECTION

☐ 30 DAYS AFTER ELECTION

☐ 15 DAY AFTER CAUCUS NOMINATION

☐ COMMITTEE QUARTERLY REPORT

JAN 15	APRIL 15	JULY 15	OCT 15
☐	☑	☐	☐

☐ 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: Julie Feld

17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEES 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: Jim Kanzler