



MISSOURI ETHICS COMMISSION  
COMMITTEE TERMINATION STATEMENT

M.E.C. ID NO. C081409

OFFICE USE ONLY

3. DATE OF DISSOLUTION

2. DATE OF REPORT

1. FULL NAME OF COMMITTEE

NO TO CASINOS ON PROP A

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

David Knight, 333 N. Main, Cape Girardeau, MO 63701

7. DISPOSAL OF OUTSTANDING DEBTS:

CHECK IF NO SURPLUS REMAINED UPON TERMINATION

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	
				AUG 19 2009	
				HAND DELIVERED	

8. TREASURER VERIFICATION OF DISSOLUTION:

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.

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

CANDIDATE'S SIGNATURE

*David Knight*

*Ray J. Allen*



MISSOURI ETHICS COMMISSION  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

1. DATE OF REPORT
OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C081409

2. FULL NAME OF COMMITTEE  
NO TO CASINOS ON PROP A

3. COMMITTEE MAILING ADDRESS  
333 N. Main Street

4. COMMITTEE TELEPHONE NUMBER  
(573) 343-3377

CITY/STATE/ZIP  
Cape Girardeau, MO 63701

5. TREASURER'S NAME  
David Knight

6. TREASURER'S MAILING ADDRESS  
333 N. Main Street, Cape Girardeau

7. TREASURER'S TELEPHONE NUMBER  
 HOME: (573) 343-3377 WORK: (573) 343-3377

CITY/STATE/ZIP  
Cape Girardeau, MO 63701

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

9. DEPUTY TREASURER'S MAILING ADDRESS  
11422 Park Street

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME: (816) 377-7277 WORK: (816) 377-7277

CITY/STATE/ZIP  
Sugar Creek, MO 64054

11. DATE OF ELECTION  
11-4-08

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

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM

THROUGH

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

**MISSOURI ETHICS COMMISSION**  
**AUG 19 2009**  
**HAND DELIVERED**

CHECK IF INCUMBENT  
 REPUBLICAN  DEMOCRAT

15. TYPE OF REPORT:

15 DAY AFTER CAUCUS NOMINATION  
 COMMITTEE QUARTERLY REPORT  
 JAN 15  APRIL 15  JULY 15  OCT 15  
 8 DAYS BEFORE ELECTION  
 30 DAYS AFTER ELECTION  
 TERMINATION (ATTACH FORM CO-3)  
 SEMIANNUAL DEBT REPORT  
 JAN 15  JULY 15  
 ANNUAL SUPPLEMENTAL, JAN 15  
 15 DAYS AFTER PETITION DEADLINE  
 OTHER \_\_\_\_\_  
 AMENDING PREVIOUS REPORT DATED \_\_\_\_\_ - 20 \_\_\_\_\_

16. COMMITTEE TREASURER'S SIGNATURE  
 I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE

TREASURER'S SIGNATURE  
David Knight

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.

CANDIDATE'S SIGNATURE



MISSOURI ETHICS COMMISSION  
**REPORT SUMMARY**

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <b>NO TO CASINOS ON PROPA</b>	DATE OF REPORT	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		\$		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$		<b>MONEY ON HAND</b>	
3. ALL LOANS RECEIVED THIS PERIOD	+			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+			
5. <b>SUBTOTAL</b> MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+			
7. <b>TOTAL ALL RECEIPTS THIS PERIOD</b> (SUM 5A + 6A)	\$		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+
9. <b>TOTAL ALL RECEIPTS THIS ELECTION</b> (SUM 1B + 7A - 8A)		\$	27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24) 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)	\$
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$	<b>INDEBTEDNESS</b>	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+			
14. <b>TOTAL ALL EXPENDITURES MADE THIS PERIOD</b> (SUM 11A + 12A + 13A)	\$			
15. <b>TOTAL EXPENDITURES THIS ELECTION</b> (SUM 10B + 14A)		\$	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. <b>TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD</b> (SUM 17A + 18A)	\$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-
20. <b>TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION</b> (SUM 16B + 19A)		\$	35. <b>TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD</b> (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. <b>TOTAL OTHER DISBURSEMENTS THIS PERIOD</b> (SUM 21A + 22A + 23A)	\$			



MISSOURI ETHICS COMMISSION  
**CONTRIBUTIONS AND LOANS RECEIVED**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE		2. REPORT DATE	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>			
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
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
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)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS			\$
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 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			\$
<b>C. LOANS RECEIVED</b>			
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)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION  
**EXPENDITURES AND CONTRIBUTIONS MADE**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE	2. REPORT DATE
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**A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)**

3. CATEGORY OF EXPENDITURE	4. AMOUNT PAID OR INCURRED THIS PERIOD
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	\$
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	\$

**B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS**

8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input 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)			\$
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			\$
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)			\$

**CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)**

20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
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 (SUM 23 + 24)		\$
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		\$



MISSOURI ETHICS COMMISSION  
**DIRECT EXPENDITURE REPORT**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE	2. REPORT DATE
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**DIRECT EXPENDITURE REPORT**

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

**A. CANDIDATES**

3. CANDIDATES NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE (SUPP. OR OPP.)	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: ADDRESS: CITY/STATE/ZIP:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
NAME: ADDRESS: CITY/STATE/ZIP:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
NAME: ADDRESS: CITY/STATE/ZIP:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
NAME: ADDRESS: CITY/STATE/ZIP:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		

**B. BALLOT MEASURES**

8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9. ELECTION DATE	10. CHECK ONE (SUPP. OR OPP.)	11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
BALLOT MEASURE: POLITICAL SUBDIVISION:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
BALLOT MEASURE: POLITICAL SUBDIVISION:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		
BALLOT MEASURE: POLITICAL SUBDIVISION:		<input type="checkbox"/> SUPP. <input type="checkbox"/> OPP.		