



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY
[Handwritten initials]

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C061501

1. FULL NAME OF COMMITTEE 117th Legislative District Committee		2. DATE OF REPORT 06/21/2010	3. DATE OF DISSOLUTION 06/21/2010
4. TREASURER'S NAME AND ADDRESS NAME: Dale Kuhn ADDRESS: 324 West Row CITY / STATE / ZIP: Jamestown, Missouri 65046		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Dale Kuhn ADDRESS: 324 West Row CITY / STATE / ZIP: Jamestown, Missouri 65046 TELEPHONE NO: 660-849-2244	
6. DISTRIBUTION OF SURPLUS FUNDS <input checked="" type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION			
A. NAME AND ADDRESS OF RECIPIENT		B. DATE OF TRANSFER	C. AMOUNT
NAME: Leon B. Deraps Memorial Scholarship Fund ADDRESS: c/o Kim Barbour 21239 Highway 179 CITY / STATE / ZIP: Jamestown, Missouri 65046		05/08/2010	\$207.47
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:			
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:			
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. <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	