Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C091189

1. FULL NAME OF COMMITTEE	2. DATE OF REPORT	3. DATE OF DISSOLUTION
Campaign for Patients Rights	7/23/2010	7/15/2010

4. TREASURER'S NAME AND ADDRESS	5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS
NAME: Thomas McClain ADDRESS: 3045 S. National CITY / STATE / ZIP: Springfield, MO 65804	NAME: Marsha Taylor MD ADDRESS: 5144 Chelsea CITY / STATE / ZIP: Springfield MO 65804 TELEPHONE NO: 417-836-5115

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: Missourians United for Choice in Healthcare ADDRESS: CITY / STATE / ZIP: 3045 S. National Springfield MO 65804	5/3/10	1872.80
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

☒ 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:		

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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.
X Tom McClain MD 7/26/10 TREASURER'S SIGNATURE	CANDIDATE'S SIGNATURE

MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE	2. REPORT DATE
CAMPAIGN FOR PATIENTS RIGHTS	7/15/2010

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN $100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED / AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE: no contributions received Initiative withdrawn April 2010	Ø	$ Ø ☐ MONETARY ☐ IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE:		$ ☐ MONETARY ☐ IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE:		$ ☐ MONETARY ☐ IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE:		$ ☐ MONETARY ☐ IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE:		$ ☐ MONETARY ☐ IN-KIND

6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)	$ Ø
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES	+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)	$ Ø
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS **MONETARY** CONTRIBUTIONS	$ Ø
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS **IN-KIND** CONTRIBUTIONS	$ Ø
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)	AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A	$ Ø
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING $25 OR LESS	$ Ø
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING $100 OR LESS	$ Ø
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING $100 OR LESS	$ Ø

C. LOANS RECEIVED 15. NAME AND ADDRESS OF LENDER	16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN $100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE: none Ø	Ø	$ Ø
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 REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)	$ Ø

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CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS

PURPOSE: CD1 is a comprehensive form used for reporting all types of contributions received from all sources during the reporting period covered.

CONTENT OF FORM:

Item 1: Enter the full name of the committee.
Item 2: Enter the date the report is being submitted.

SECTION A: **ITEMIZED CONTRIBUTIONS RECEIVED**

Column 3: Enter the full name and address of any person or committee from whom a contribution in excess of $100 was received. List the occupation/business of contributor. If a contract is indicated complete form CD7 to describe the contract. If a contributor has a contractual relationship in the amount of $500 or more with the political entity in which you seek office, complete form CD7 to describe the contract.

Column 4: Enter the date on which the contribution (listed in Column 3) was received.

Column 5: Enter the amount of the contribution received. In-kind contributions should be reported at the fair-market value of the goods or service received.

Below the amount, indicate whether the contribution was in the form of money (monetary), or in a form other that money (in-kind).

Item 6: Add the amounts entered in Column 5 on this page and enter the total.

Item 7: Enter the total of itemized contributions received from any attached pages.

Item 8: Add the amounts entered on Items 6 and 7 and enter the total amount of itemized contributions received

Item 9: Add the amounts in Column 5 which you have indicated were in-kind contributions (including attached pages), and enter the total.

Item 10: Add the amounts in Column 5 which you have indicated were monetary contributions (including attached pages), and enter the total.

SECTION B: **NON-ITEMIZED CONTRIBUTIONS**

Item 11: If your committee conducted a fund-raising activity or event during the reporting period where contributions (limited to $100 or less per person) were received from persons whose names and addresses could not be obtained, enter the total of these contributions. A statement of fundraising activities (Form CD1A) explaining these events must be attached to this report. If the name and address of all sources of contributions to a fund-raising activity are known, those contributions should not be included in the amount entered on Item 11, and a *Statement of Fundraising Activity need not be filed*.

Item 12: Enter the total of anonymous contributions (limited to $25 or less per person) received during the reporting period.

Item 13: Enter the total of monetary contributions from persons for whom you have a record of names, addresses, and occupation/business, but who have contributed an aggregate of $100 or less. Do not repeat information reported on items 11 and 12.

Item 14: Enter the total fair market value of all in-kind contributions received from persons contributing an aggregate of $100 or less.

SECTION C: **LOANS RECEIVED**

Column 15: Enter the full name and address of any lender from whom a loan was received during the reporting period, regardless of the amount.

Column 16: Enter the date the individual loan was received.

Column 17: Enter the amount of the individual loan. *For each loan of more than $100, additional information is required (see Form CD1B).*

Item 18: Add the amounts entered in Column 17 on this page, and enter the total.

Item 19: Enter the total amount of loans received from any attached pages.

Item 20: Add items 18 and 19 and enter the total amount of in-kind contributions received this period.

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SUMMARY SECTION:

Item 21: Add Items 10 and 14 and enter the total amount of in-kind contributions received this period.

Item 22: Add Items 9, 11, 12, and 13, and enter the total amount of monetary contributions received this period.

Item 23: Add Items 9, 13, and 20, and enter the total amount of contributions and loans received that require a record of name and address this period.

COMMITTEE TERMINATION STATEMENT
INSTRUCTIONS

PURPOSE: This form must be filed to report the termination of a committee and to report the final disposition of the committee's surplus funds and outstanding debts. It should be filed with appropriate officer(s) within ten days of the committee's dissolution.

CONTENT OF FORM:

ITEM 1: Enter the committee's full name.

ITEM 2: Enter the date this report is being submitted.

ITEM 3: Enter the date the committee was terminated. This report is to be filed not later than 10 days after the committee has been dissolved.

ITEM 4: Enter the name and address of the committee treasurer.

ITEM 5: Enter the name, address, and telephone number of the person responsible for maintaining the committee's records for a period of three years after the date of the election for which the committee was formed.

ITEM 6: DISTRIBUTION OF SURPLUS FUNDS:

Check the box provided if the committee had no remaining funds at the time of termination. If your committee had funds remaining upon termination, complete Columns A through C.

Column A: Enter the name and address of any person to whom surplus committee funds were transferred. Please refer to 130.034 RSMo concerning restrictions on distribution of surplus funds.

Column B: Enter the date the funds were transferred.

Column C: Enter the dollar amount of the funds transferred.

Closeout CPR acct. Transfer 2109.84 Balance CPR to MUCH account then Board will decide how to disperse

ITEM 7: DISPOSITION OF OUTSTANDING DEBTS:

Check the box provided if committee had no outstanding (unpaid) debts at the time it was terminated. If the committee had outstanding debts upon termination, complete Columns A through C.

Column A: Enter the name of any person, business, organization, or financial institution to whom an unpaid debt was owed.

Column B: Enter a short description of the disposal of the debt (I.e. "Forgiven By.....", "Paid By....." etc), followed by the name and address of the person, business, organization or financial institution responsible for disposing of the debt. Debts which were forgiven must include a statement signed by the lender stating the date the loan was made and the amount forgiven.

Column C: Enter the dollar amount of the debt disposed.

ITEM 8: TREASURER VERIFICATION OF DISSOLUTION: Sign

This section must be completed by the treasurer of all terminating committees.

ITEM 9: CANDIDATE VERIFICATION OF DISSOLUTION:

Complete this section only if the committee terminating is a candidate committee.

MISSOURI ETHICS COMMISSION
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Jefferson City, Missouri 65102
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800 / 392-8660

helpdesk@mec.mo.gov

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NOTE: A COMMITTEE FINANCIAL DISCLOSURE REPORT MUST BE COMPLETED AND FILED ALONG WITH THIS STATEMENT.

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