



Missouri Ethics Commission  
COMMITTEE TERMINATION STATEMENT



INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO.

C101182

1. FULL NAME OF COMMITTEE <i>Committee To Re-elect Linda Williams</i>		2. DATE OF REPORT <i>9/30/10</i>	3. DATE OF DISSOLUTION <i>9-30-10</i>
4. TREASURER'S NAME AND ADDRESS NAME: <i>William A. Johnson</i> ADDRESS: <i>1029 Southern Hills</i> CITY / STATE / ZIP: <i>Carthage, Mo. 64836</i>		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: <i>William A. Johnson</i> ADDRESS: <i>1029 Southern Hills</i> CITY / STATE / ZIP: <i>Carthage, Mo. 64836</i> TELEPHONE NO: <i>417-358-2552</i>	
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: 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:			\$
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:			\$
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>W.A. Johnson</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.  <i>Linda Williams</i> CANDIDATE'S SIGNATURE	



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C101182

1. DATE OF REPORT <u>9/30/10</u>	OFFICE USE ONLY <u>BB 19</u>
-------------------------------------	---------------------------------

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>Committee To Re-elect Linda Williams</u>	
3. COMMITTEE MAILING ADDRESS <u>110 Terrill Lane</u>	4. COMMITTEE TELEPHONE NUMBER <u>417-649-7901</u>
CITY / STATE / ZIP <u>CARL Junction, Mo. 64834</u>	
5. TREASURER'S NAME <u>William A. Johnson</u>	
6. TREASURER'S MAILING ADDRESS <u>1029 Southern Hills</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>417-358-2552</u> WORK: <u>417-625-4310</u>
CITY / STATE / ZIP <u>CARTHAGE, Mo. 64836</u>	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> 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 <u>Nov. 2, 2010</u>	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>7-27-10</u> THROUGH <u>9-30-10</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>Linda L. Williams</u> <u>110 Terrill Ln.</u> <u>CARL Junction, Mo. 64834</u> <u>417-649-7901</u> <u>Jasper County Circuit Clerk</u> <u>Jasper County</u> <u>Republican Party</u>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input checked="" type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
<input checked="" type="checkbox"/> CHECK IF INCUMBENT	
<input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>W.A. Johnson</u> TREASURER'S SIGNATURE	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. <u>Linda Williams</u> CANDIDATE'S SIGNATURE

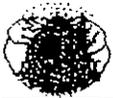
Missouri Ethics Commission  
OCT 06 2010



Missouri Ethics Commission  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Committee To Re-elect Linda Williams</i>	DATE OF REPORT <i>9/30/10</i>	OFFICE USE ONLY
--	----------------------------------	-----------------

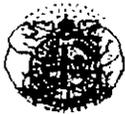
RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 12,750.50	<b>MONEY ON HAND</b>	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ - 0 -			
3. ALL LOANS RECEIVED THIS PERIOD	+ - 0 -			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ - 0 -			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ - 0 -		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 188.30
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ - 0 -		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ - 0 -
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ - 0 -		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-			
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 12,750.50	a) Disbursements By Check \$ <input checked="" type="checkbox"/>	188.30
			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)	\$ - 0 -
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 11,502.91	<b>INDEBTEDNESS</b>	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ - 0 -			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ - 0 -			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ - 0 -			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ - 0 -		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 6013.00
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 11,502.91	30. LOANS RECEIVED THIS PERIOD	+ - 0 -
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+ - 0 -
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ - 0 -	32. PAYMENTS MADE ON LOANS THIS PERIOD	- 188.30
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ - 0 -		33. CREDITS RECEIVED ON LOANS THIS PERIOD <i>Forgiven</i>	- 5824.70
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ - 0 -		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- - 0 -
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ - 0 -		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ - 0 -
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ - 0 -		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 188.30			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ 0			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$	188.30		



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Committee To Re-elect Linda Williams</i>		2. REPORT DATE <i>9-30-10</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
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
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)			\$ - 0 -
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ - 0 -
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ - 0 -
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ - 0 -
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ - 0 -
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			\$ - 0 -
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$ - 0 -
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ - 0 -
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$ - 0 -
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$ - 0 -
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$ - 0 -
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ - 0 -
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ - 0 -
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ - 0 -
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ - 0 -



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Committee To Re-elect Linda Williams</i>		2. REPORT DATE <i>9-30-10</i>	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4. AMOUNT PAID OR INCURRED THIS PERIOD
3. CATEGORY OF EXPENDITURE			
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)			\$ <i>- 0 -</i>
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)
8. NAME AND ADDRESS OF RECIPIENT			11. AMOUNT THIS PERIOD
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ <i>- 0 -</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>- 0 -</i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>- 0 -</i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <i>- 0 -</i>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ <i>- 0 -</i>
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ <i>- 0 -</i>
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ <i>- 0 -</i>
C. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			\$
NAME:			<input type="checkbox"/> MONETARY
ADDRESS:			<input type="checkbox"/> IN-KIND
CITY / STATE:			\$
NAME:			<input type="checkbox"/> MONETARY
ADDRESS:			<input type="checkbox"/> IN-KIND
CITY / STATE:			\$
NAME:			<input type="checkbox"/> MONETARY
ADDRESS:			<input type="checkbox"/> IN-KIND
CITY / STATE:			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ <i>- 0 -</i>
24. SUBTOTAL: ANY ATTACHED PAGES			\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ <i>- 0 -</i>
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ <i>- 0 -</i>
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ <i>- 0 -</i>
28. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$ <i>- 0 -</i>