



Missouri Ethics Commission  
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY  
*DL*

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C091234

1. FULL NAME OF COMMITTEE Save Normandy Ambulance and Fire District		2. DATE OF REPORT Oct 24, 2010	3. DATE OF DISSOLUTION Oct 18, 2010
4. TREASURER'S NAME AND ADDRESS NAME: Patricia Gaddess ADDRESS: 726 Country Club Drive CITY / STATE / ZIP: Saint Louis, Mo, 63121		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Patricia Gaddess ADDRESS: 726 Country Club Drive CITY / STATE / ZIP: Saint Louis, Mo 63121 TELEPHONE NO: 31-381-8103	
6. DISTRIBUTION OF SURPLUS FUNDS <input type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION			
A. NAME AND ADDRESS OF RECIPIENT		B. DATE OF TRANSFER	C. AMOUNT
NAME: Carnahan For Senate ADDRESS: CITY / STATE / ZIP:		Oct. 18, 2010	\$ 164.09
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 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 130.021.3 AND 130.046.7 RSMo HAVE BEEN MET.  <i>Patricia Gaddess</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 130.021.3 AND 130.046.7 RSMo HAVE BEEN MET.  MISSOURI ETHICS COMMISSION MISSOURI ETHICS COMMISSION \$ OCT 28 2010 CANDIDATE'S SIGNATURE	



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. 0091234

Oct 24, 2010

*DL*

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
**Save Normandy Ambulance And Fire**

3. COMMITTEE MAILING ADDRESS  
**726 Country Club Drive**

4. COMMITTEE TELEPHONE NUMBER

CITY / STATE / ZIP  
**Saint Louis, Mo**

**314-381-8103**

5. TREASURER'S NAME  
**Patricia Gaddess**

6. TREASURER'S MAILING ADDRESS  
**726 Country Club Drive**

7. TREASURER'S TELEPHONE NUMBER  
HOME **314-381-8103**

CITY / STATE / ZIP  
**Saint Louis Mo 63121**

WORK:

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

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
HOME:

CITY / STATE / ZIP

WORK:

11. DATE OF ELECTION

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

13. TIME PERIOD COVERED BY THIS STATEMENT  
FROM **June 15** THROUGH **Oct. 15**

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

CHECK IF INCUMBENT

REPUBLICAN  DEMOCRAT

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT  
 Jan 15  Apr 15  Jul 15  Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM 603)

SEMIANNUAL DEBT REPORT  
 Jan 15  Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

AMENDING PREVIOUS REPORT DATED \_\_\_\_\_, 20\_\_

**Missouri Ethics Commission  
OCT 28 2010**

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

*Patricia Gaddess*

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.

\_\_\_\_\_

CANDIDATE'S SIGNATURE



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

NAME OF CANDIDATE

REPORT

ONLY

Oct 24, 2010

RECEIPTS		A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 0.00	<b>MONEY ON HAND</b>		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$	0.00				
3. ALL LOANS RECEIVED THIS PERIOD	+	\$ 0.00				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+	\$ 0.00				
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$	0.00				
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+	\$ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 164.09	
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$	0.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+	\$ 0.00
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-	\$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-	\$ 164.09
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)			\$ 0.00	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)	\$	0.00
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. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$					
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)			\$	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$	00.00
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+	\$ 0.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 164.09	31. NEW DEBTS INCURRED THIS PERIOD	+	\$ 0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$			32. PAYMENTS MADE ON LOANS THIS PERIOD	-	\$ 0.00
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-	\$ 0.00
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$			34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-	\$ 0.00
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)			\$	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$	0.00
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. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	+	\$ 0.00				

FEDERAL ELECTION COMMISSION  
 CONTRIBUTIONS AND LOANS RECEIVED  
 CONTRIBUTIONS FROM INDIVIDUALS

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



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

OFFICE USE ONLY

1. NAME OF COMMITTEE		2. REPORT DATE	
<b>A. EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> (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)			\$
<b>B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>		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)			\$
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)			\$
<b>C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME:			\$
ADDRESS:			
CITY / STATE:			\$
NAME:			\$
ADDRESS:			
CITY / STATE:			\$
NAME:			\$
ADDRESS:			
CITY / STATE:			\$
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. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$