



Missouri Ethics Commission  
**COMMITTEE TERMINATION STATEMENT**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C101350

1. FULL NAME OF COMMITTEE Missourians for Health Care Freedom		2. DATE OF REPORT 10/29/2010	3. DATE OF DISSOLUTION 10/27/2010
4. TREASURER'S NAME AND ADDRESS NAME: Patrick Tuohey ADDRESS: PO Box 45571 CITY / STATE / ZIP: Kansas City, MO 64171		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Patrick Tuohey ADDRESS: PO Box 45771 CITY / STATE / ZIP: Kansas City, MO 64171 TELEPHONE NO: 816 268-8806	
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.		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.	
TREASURER'S SIGNATURE		CANDIDATE'S SIGNATURE	

Missouri Ethics Commission  
 NOV 03 2010





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

NAME OF COMMITTEE Missourians for Health Care Freedom	DATE OF REPORT 10/29/2010	OFFICE USE ONLY B2
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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			\$ 124,769.68			
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$	0.00		<b>MONEY ON HAND</b>		
3. ALL LOANS RECEIVED THIS PERIOD	+	\$ 0.00				
4. MISCELLANEOUS RECEIPTS 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)	\$ 9,312.68	
5. <b>SUBTOTAL</b> MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$	0.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+	\$ 0.00
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+	\$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-	\$ 0.00
7. <b>TOTAL ALL RECEIPTS THIS PERIOD</b> (SUM 5A + 6A)	\$	0.00		a) Disbursements By Check \$		
8. FUNDS USED FOR <b>REPAYING</b> LOANS THIS PERIOD	-	\$ 0.00		b) Disbursements By Cash \$		
9. <b>TOTAL ALL RECEIPTS THIS ELECTION</b> (SUM 1B + 7A - 8A)			\$ 124,769.68	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$	0.00
EXPENDITURES		A. THIS PERIOD	B. THIS ELECTION	<b>INDEBTEDNESS</b>		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 115,457.00	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$	0.00
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$	9,312.68		30. LOANS RECEIVED THIS PERIOD	+	\$ 0.00
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+	\$ 0.00		31. NEW DEBTS INCURRED THIS PERIOD	+	\$ 0.00
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+	\$ 0.00		32. PAYMENTS MADE ON LOANS THIS PERIOD	-	\$ 0.00
14. <b>TOTAL ALL EXPENDITURES MADE THIS PERIOD</b> (SUM 11A + 12A + 13A)	\$	9,312.68		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-	\$ 0.00
15. <b>TOTAL EXPENDITURES THIS ELECTION</b> (SUM 10B + 14A)			\$ 124,769.68	34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-	\$ 0.00
CONTRIBUTIONS MADE		A. THIS PERIOD	B. THIS ELECTION	35. <b>TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD</b> (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$	0.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 0.00			
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$	0.00				
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+	\$ 0.00				
19. <b>TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD</b> (SUM 17A + 18A)	\$	0.00				
20. <b>TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION</b> (SUM 16B + 19A)			\$ 0.00			
OTHER DISBURSEMENTS		A. THIS PERIOD	B. THIS ELECTION			
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+	\$ 0.00				
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+	\$ 0.00				
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+	\$ 0.00				
24. <b>TOTAL OTHER DISBURSEMENTS THIS PERIOD</b> (SUM 21A + 22A + 23A)	\$	0.00				



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Missourians for Health Care Freedom		2. REPORT DATE 10/29/2010	
<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 ----- 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)			\$ 0.00
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 MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND 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 INLINE 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			\$ 0.00
<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 REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 0.00



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

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1. NAME OF COMMITTEE Missourians for Health Care Freedom		2. REPORT DATE 10/29/2010	
<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)			\$ 0.00
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 0.00
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 0.00
<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: Bernie Banner ADDRESS: 507 S Allen St CITY / STATE: Bernie, MO 63822		10/04/2010	\$ 150.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Lewis Rice Fingersh ADDRESS: 600 Washington Ave CITY / STATE: St. Louis, MO 63101		10/11/2010	\$ 9,162.68 <input checked="" 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)			\$ 9,312.68
13. SUBTOTAL: ANY ATTACHED PAGES			+ \$ 0.00
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			\$ 9,312.68
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 9,312.68
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 9,312.68
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0.00
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 0.00
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0.00
<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)			\$ 0.00
24. SUBTOTAL: ANY ATTACHED PAGES			+ \$ 0.00
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ 0.00
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0.00
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 0.00
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$ 0.00