



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. CO91308

1. FULL NAME OF COMMITTEE Friends For Jim West	2. DATE OF REPORT 12/03/2010	3. DATE OF DISSOLUTION 11/23/2010
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4. TREASURER'S NAME AND ADDRESS NAME: James B. Fleischaker ADDRESS: 2402 S. Indiana CITY / STATE / ZIP: Joplin, MO 64804	5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: James B. Fleischaker ADDRESS: 2402 S. Indiana CITY / STATE / ZIP: Joplin, MO 64804 TELEPHONE NO: 417-623-2865
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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: 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
 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:	Missouri Ethics Commission	\$
NAME: ADDRESS: CITY / STATE / ZIP:		DEC 07 2010 \$
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.

James B. Fleischaker

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.

Jim West

CANDIDATE'S SIGNATURE