



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY
[Signature]

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. CO71117

1. FULL NAME OF COMMITTEE MO BONE DOCS		2. DATE OF REPORT 12/03/2010	3. DATE OF DISSOLUTION 12/03/2010
4. TREASURER'S NAME AND ADDRESS NAME: Joel Jeffries ADDRESS: 1401 S. Purdy Lane CITY / STATE / ZIP: Columbia, MO 65201		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Joel Jeffries ADDRESS: 1401 S. Purdy Lane CITY / STATE / ZIP: Columbia, MO 65201 TELEPHONE NO: 573-268-3307	
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: University of Missouri Ortho Assoc ADDRESS: 1100 Virginia Ave CITY / STATE / ZIP: Columbia, MO 65211		12/03/2010	\$ 329.00
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>[Signature]</i>		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
DEC 09 2010



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE MO BONE DOCS	DATE OF REPORT 12/03/2010	OFFICE USE ONLY
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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		\$ 0	MONEY ON HAND	
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			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$ 0		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 479.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 0		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 0
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$ 0		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-\$ 0
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	\$ 0		a) Disbursements By Check \$ 479.00	
			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		\$ 0	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 479.00			
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)	\$ 479.00			
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 479.00		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+\$ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0	31. NEW DEBTS INCURRED THIS PERIOD	+\$ 0
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0		32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$ 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$ 0		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$ 0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$ 0		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$ 0			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$ 479.00			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 479.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

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1. NAME OF COMMITTEE MO BONE DOCS		2. REPORT DATE 12/03/2010	
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: Missouri Ethic Commission ADDRESS: P.O. Box 1254 CITY / STATE: Jefferson City, MO 65102 EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: University of Missouri Ortho Assoc ADDRESS: 1100 Virginia Avenue CITY / STATE: Columbia, MO 65211 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 INLINE 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:			\$ 0
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

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1. NAME OF COMMITTEE MO BONE DOCS		2. REPORT DATE 12/03/2010	
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			
			\$ 0
			\$ 0
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 0
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 0
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: Missouri Ethic Commission ADDRESS: P.O. Box 1254 CITY / STATE: Jefferson City, MO 65102		11/26/2010	Late filing fee \$ 150.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: University of Missouri Ortho Assoc ADDRESS: 1100 Virginia Avenue CITY / STATE: Columbia, MO 65211		12/03/2010	surplus funds \$ 329.00 <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)			\$ 479.00
13. SUBTOTAL: ANY ATTACHED PAGES			+ \$ 0
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			\$ 479.00
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 479.00
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 479.00
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 0
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME: ADDRESS: CITY / STATE:			\$ 0
NAME: ADDRESS: CITY / STATE:			\$ 0
NAME: ADDRESS: CITY / STATE:			\$ 0
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 0
24. SUBTOTAL: ANY ATTACHED PAGES			+ \$ 0
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$ 0
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 0
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$ 0