Missouri Ethics Commission

COMMITTEE TERMINATION STATEMENT

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. _____

OFFICE USE ONLY

1. FULL NAME OF COMMITTEE	2. DATE OF REPORT	3. DATE OF DISSOLUTION

4. TREASURER'S NAME AND ADDRESS	5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS
NAME: ADDRESS: CITY / STATE / ZIP:	NAME: ADDRESS: CITY / STATE / ZIP: TELEPHONE NO:

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:		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		

8. TREASURER VERIFICATION OF DISSOLUTION:	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 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

COMMITTEE TERMINATION STATEMENT
INSTRUCTIONS

PURPOSE: This form must be filed to report the termination of a committee and to report the final disposition of the committee's surplus funds and outstanding debts. It should be filed with appropriate officer(s) within ten days of the committee's dissolution.

CONTENT OF FORM:

ITEM 1: Enter the committee's full name.

ITEM 2: Enter the date this report is being submitted.

ITEM 3: Enter the date the committee was terminated. This report is to be filed not later than 10 days after the committee has been dissolved.

ITEM 4: Enter the name and address of the committee treasurer.

ITEM 5: Enter the name, address, and telephone number of the person responsible for maintaining the committee's records for a period of three years after the date of the election for which the committee was formed.

ITEM 6: DISTRIBUTION OF SURPLUS FUNDS:

Check the box provided if the committee had no remaining funds at the time of termination. If your committee had funds remaining upon termination, complete Columns A through C.

Column A: Enter the name and address of any person to whom surplus committee funds were transferred. Please refer to 130.034 RSMo concerning restrictions on distribution of surplus funds.

Column B: Enter the date the funds were transferred.

Column C: Enter the dollar amount of the funds transferred.

ITEM 7: DISPOSITION OF OUTSTANDING DEBTS:

Check the box provided if committee had no outstanding (unpaid) debts at the time it was terminated. If the committee had outstanding debts upon termination, complete Columns A through C.

Column A: Enter the name of any person, business, organization, or financial institution to whom an unpaid debt was owed.

Column B: Enter a short description of the disposal of the debt (I.e. "Forgiven By….", "Paid By….." etc), followed by the name and address of the person, business, organization or financial institution responsible for disposing of the debt. Debts which were forgiven must include a statement signed by the lender stating the date the loan was made and the amount forgiven.

Column C: Enter the dollar amount of the debt disposed.

ITEM 8: TREASURER VERIFICATION OF DISSOLUTION:

This section must be completed by the treasurer of all terminating committees.

ITEM 9: CANDIDATE VERIFICATION OF DISSOLUTION:

Complete this section only if the committee terminating is a candidate committee.

MISSOURI ETHICS COMMISSION
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NOTE: A COMMITTEE FINANCIAL DISCLOSURE REPORT MUST BE COMPLETED AND FILED ALONG WITH THIS STATEMENT.