



MISSOURI ETHICS COMMISSION
COMMITTEE STATEMENT OF LIMITED ACTIVITY
INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. A222609

| | |
|--------------------------------|-----------------|
| 1. DATE OF REPORT 10/7/2022 | OFFICE USE ONLY |
|--------------------------------|-----------------|

| | | |
|---|---|---|
| 2. FULL NAME OF COMMITTEE Committee to Elect Kevin Hillman Prosecutor | | |
| 3. COMMITTEE MAILING ADDRESS ADDRESS: 23699 Roswell Lane CITY / STATE / ZIP: Waynesville MO 65583 | | 4. COMMITTEE TELEPHONE NUMBER Home: (573) 336-0788 Work |
| 5. TREASURER'S NAME Tony L Dye | | |
| 6. TREASURER'S MAILING ADDRESS ADDRESS: 22780 Reporter Road CITY / STATE / ZIP: Waynesville MO 65583 | | 7. TREASURER'S TELEPHONE NUMBER Home: (573) 774-9129 Work |
| 8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER | | |
| 9. DEPUTY TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP: | | 10. DEPUTY TREASURER'S TELEPHONE NUMBER Home: Work |
| 11. DATE OF ELECTION | 12. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL | 13. TIME PERIOD COVERED BY THIS STATEMENT 7/1/2022 9/30/2022 FROM THROUGH |
| 14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, AND POLITICAL SUBDIVISION Kevin S Hillman Prosecuting Attorney Pulaski County <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> | | |
| 15. TYPE OF REPORT: <input type="checkbox"/> OTHER <input type="checkbox"/> 8 DAYS BEFORE ELECTION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> 30 DAYS AFTER ELECTION JAN 15 APRIL 15 JUL 15 OCT 15 <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE | | |
| 16. TREASURER'S STATEMENT I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS. ELECTRONICALLY FILED Oct 7 2022 9:09PM TREASURER'S SIGNATURE | | 17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEE ONLY) I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS. ELECTRONICALLY FILED Oct 7 2022 9:09PM CANDIDATE'S SIGNATURE |



MISSOURI ETHICS COMMISSION
COMMITTEE STATEMENT OF LIMITED ACTIVITY
INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. A222609

| | |
|---------------------------------|-----------------|
| 1. DATE OF REPORT 10/28/2022 | OFFICE USE ONLY |
|---------------------------------|-----------------|

| | | |
|---|--|---|
| 2. FULL NAME OF COMMITTEE Committee to Elect Kevin Hillman Prosecutor | | |
| 3. COMMITTEE MAILING ADDRESS ADDRESS: 23699 Roswell Lane CITY / STATE / ZIP: Waynesville MO 65583 | | 4. COMMITTEE TELEPHONE NUMBER Home: (573) 336-0788 Work |
| 5. TREASURER'S NAME Tony L Dye | | |
| 6. TREASURER'S MAILING ADDRESS ADDRESS: 22780 Reporter Road CITY / STATE / ZIP: Waynesville MO 65583 | | 7. TREASURER'S TELEPHONE NUMBER Home: (573) 774-9129 Work |
| 8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER | | |
| 9. DEPUTY TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP: | | 10. DEPUTY TREASURER'S TELEPHONE NUMBER Home: Work |
| 11. DATE OF ELECTION 11/8/2022 | 12. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL | 13. TIME PERIOD COVERED BY THIS STATEMENT 10/1/2022 10/27/2022 FROM THROUGH |
| 14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, AND POLITICAL SUBDIVISION Kevin S Hillman Prosecuting Attorney Pulaski County <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> | | |
| 15. TYPE OF REPORT: <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 8 DAYS BEFORE ELECTION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> 30 DAYS AFTER ELECTION JAN 15 APRIL 15 JUL 15 OCT 15 <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE | | |
| 16. TREASURER'S STATEMENT I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS. ELECTRONICALLY FILED Oct 28 2022 10:40PM TREASURER'S SIGNATURE | | 17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEE ONLY) I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS. ELECTRONICALLY FILED Oct 28 2022 10:40PM CANDIDATE'S SIGNATURE |



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. A222609

| | |
|-------------------------------------|-----------------|
| 1. DATE OF REPORT 11/13/2022 | OFFICE USE ONLY |
|-------------------------------------|-----------------|

INSTRUCTIONS ON REVERSE SIDE

| | |
|---|--|
| 2. FULL NAME OF COMMITTEE Committee to Elect Kevin Hillman Prosecutor | |
| 3. COMMITTEE MAILING ADDRESS 23699 Roswell Lane CITY / STATE / ZIP Waynesville MO 65583 | 4. COMMITTEE TELEPHONE NUMBER (573) 336-0788 |
| 5. TREASURER'S NAME Tony L Dye | |
| 6. TREASURER'S MAILING ADDRESS 22780 Reporter Road CITY / STATE / ZIP Waynesville MO 65583 | 7. TREASURER'S TELEPHONE NUMBER HOME: (573) 774-9129 WORK: |
| 8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER | |
| 9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP | 10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK: |
| 11. DATE OF ELECTION | 12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL |
| 13. TIME PERIOD COVERED BY THIS STATEMENT FROM 11/1/2022 THROUGH 11/13/2022 | |
| 14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Kevin S Hillman 23699 Roswell Lane Waynesville MO 65583 (573) 336-0788 Prosecuting Attorney Pulaski County <input type="checkbox"/> CHECK IF INCUMBENT <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> | 15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input checked="" type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ |
| 16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Nov 13 2022 10:44PM _____ 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. ELECTRONICALLY FILED Nov 13 2022 10:44PM _____ CANDIDATE'S SIGNATURE |



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

| | | |
|---|----------------|-----------------|
| Name of Committee | Date of Report | Office Use Only |
| Committee to Elect Kevin Hillman Prosecutor | 11/13/2022 | |

| Receipts | A. This Period | B. This Calendar Yr or Election Cycle | Statement of Beginning and Ending Financial Condition | |
|---|----------------|---------------------------------------|---|-----------|
| 1. Total Receipts For This Election Previously Reported | | \$ 100.00 | | |
| 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 | | | |
| 7. Total All Receipts This Period (Sum 5A + 6A) | \$ 0.00 | | | |
| 8. Total All Receipts This Election (Sum 1B + 7A) | | \$ 100.00 | | |
| Expenditures | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 9. Total Expenditures for this election previously reported | | \$ 0.00 | | |
| 10. Expenditures made by cash or check this period | \$ 100.00 | | | |
| 11. In-Kind Expenditures made this period | + 0.00 | | | |
| 12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3) | + 0.00 | | | |
| 13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3) | \$ 100.00 | | | |
| 14. Total Expenditures This Election (Sum 9B + 13A) | | \$ 100.00 | | |
| Contributions Made | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 15. Total Contributions Made For This Election Previously Reported | | \$ 0.00 | | |
| 16. All Contributions Made This Period (25A or 25B of CD3) | A 0.00 | ← Cash/Check | | |
| | B 0.00 | ← Credit Card | | |
| 17. All In-Kind Contributions Made This Period | + 0.00 | | | |
| 18. Total Contributions Made This Period (Sum 16A + 17A) | \$ 0.00 | | | |
| 19. Total All Contributions Made This Election (Sum 15B + 18A) | | \$ 0.00 | | |
| Other Disbursements | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 20. Funds Used For Paying Loans This Period Including Credit Card Payments | + 0.00 | | | |
| 21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only) | + 0.00 | | | |
| 22. Any Miscellaneous Disbursement Not Reported Elsewhere | + 0.00 | | | |
| 23. Total Other Disbursements This Period (Sum 20A + 21A + 22A) | \$ 0.00 | | | |
| | | | Money On Hand | |
| | | | 24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments) | \$ 100.00 |
| | | | 25. Monetary Receipts this Period (From Item 5 - this page) | + 0.00 |
| | | | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 100.00 b) Disbursements By Cash \$ 0.00 | - 100.00 |
| | | | 27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26) | \$ 0.00 |
| | | | Indebtedness | |
| | | | 28. Outstanding Indebtedness at the beginning of this period | \$ 0.00 |
| | | | 29. Loans Received This Period | + 0.00 |
| | | | 30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3) | + 0.00 |
| | | | B. New Contributions Made by Credit Card (Line 25B CD3) | + 0.00 |
| | | | 31. Payments Made on Loans This Period | - 0.00 |
| | | | 32. Debt Forgiven on Loans This Period | - 0.00 |
| | | | 33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page) | - 0.00 |
| | | | 34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33) | \$ 0.00 |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | | | |
|--|--|---|---|
| 1. NAME OF COMMITTEE Committee to Elect Kevin Hillman Prosecutor | | 2. REPORT DATE 11/13/2022 | |
| 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: 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 | | + | \$ 0.00 |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ | 0.00 |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ | 0.00 |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS | | \$ | 0.00 |
| 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 | | \$ | 0.00 |
| 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS | | \$ | 0.00 |
| 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS | | \$ | 0.00 |
| 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS | | \$ | 0.00 |
| 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: | | | \$ |
| NAME: ADDRESS: CITY / STATE: | | | \$ |
| 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) | | \$ | 0.00 |
| 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES | | \$ | 0.00 |
| 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) | | \$ | 0.00 |
| 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) | | \$ | 0.00 |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | \$ | 0.00 |
| 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

Office Use Only

| | | | |
|---|--|------------------------------|--|
| 1. Name of Committee Committee to Elect Kevin Hillman Prosecutor | | 2. Report Date 11/13/2022 | |
| 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 Food for victory party | | | 100.00 |
| 5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4) | | | \$ 100.00 |
| 6. Subtotal: Non-Itemized Expenditures Any Attached Pages | | | + 0.00 |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) | | | \$ 100.00 |
| 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: | | | \$ |
| 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) | | | \$ 0.00 |
| 13. Subtotal: Any Attached Pages | | | + 0.00 |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13) | | | \$ 0.00 |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14) | | | \$ 100.00 |
| 16. Amount of Line 15 Above which was Paid Out This Period | | | \$ 100.00 |
| 17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards | | | \$ 0.00 |
| 18. If Committee Made Any In-Kind Expenditures This Period, List Amount | | | \$ 0.00 |
| 19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) | | | \$ 0.00 |
| C. Contributions Made (Regardless of Amount) | | 21. Date | 22. Amount |
| 20. Name and Address of Candidate or Committee | | | \$ |
| Name: | | | <input type="checkbox"/> Monetary |
| Address: | | | <input type="checkbox"/> In-Kind |
| City / State: | | | |
| Name: | | | \$ |
| Address: | | | <input type="checkbox"/> Monetary |
| City / State: | | | <input type="checkbox"/> In-Kind |
| Name: | | | \$ |
| Address: | | | <input type="checkbox"/> Monetary |
| City / State: | | | <input type="checkbox"/> In-Kind |
| 23. Subtotal: This Page (Sum Column 22) | | | \$ 0.00 |
| 24. Subtotal: Any Attached Pages | | | \$ 0.00 |
| 25. Total: Monetary Contributions Made This Period | | A. By Cash / Check | \$ 0.00 |
| | | B. By Credit Card | \$ 0.00 |
| 26. If Committee Made Any Loans This Period, List Amount | | | \$ |
| 27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26) | | | \$ 0.00 |
| 28. Total: In-Kind Contributions Made This Period, List Amount | | | \$ 0.00 |



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. A222609

| | | | |
|--|--|--|--------------------------------------|
| 1. FULL NAME OF COMMITTEE Committee to Elect Kevin Hillman Prosecutor | | 2. DATE OF REPORT 11/13/2022 | 3. DATE OF DISSOLUTION 11/13/2022 |
| 4. TREASURER'S NAME AND ADDRESS NAME: Tony L Dye ADDRESS: 22780 Reporter Road CITY / STATE / ZIP: Waynesville MO 65583 | | 5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Kevin Hillman ADDRESS: 23699 Roswell Lane CITY / STATE / ZIP: Waynesville MO 65583 TELEPHONE NO: 5733360788 | |
| 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. ELECTRONICALLY SIGNED _____ 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. ELECTRONICALLY SIGNED _____ CANDIDATE'S SIGNATURE | |