



**MISSOURI ETHICS COMMISSION**  
**NON-COMMITTEE EXPENDITURE REPORT**  
 INSTRUCTIONS ON REVERSE SIDE

N16003

1. REPORT DATE <b>8/9/16</b>	2. FUNCTION OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) OR <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	OFFICE USE ONLY  <i>foo</i> <i>je</i>
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)  
**Missouri Insurance Coalition**

4. MAILING ADDRESS ADDRESS: <b>220 Madison St - 3rd Floor</b> CITY / STATE / ZIP: <b>Jefferson City, MO 65101</b>	5. TELEPHONE NUMBER <b>573-893-4241</b>
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6. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS	7. DATE OF ELECTION <b>TBD</b>
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8. TYPE OF REPORT (CHECK ONE)  
 INITIAL REPORT     REPORT WITHIN 14 DAYS OF ELECTION     ADDITIONAL REPORT     OTHER

9. NAME OF CANDIDATE OR BALLOT MEASURE	10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION	11. CHECK ONE		12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
		SUPP	OPP				
Initiative Petition 2016-007	Statewide		✓	Stinson Leonard Street PO Box 843052 Kansas City, MO 64184	legal expenses	8/8/16	\$379.50

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 379.50

17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. \_\_\_\_\_

SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT <i>[Signature]</i>	DATE <b>8-9-16</b>
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Missouri Ethics Commission