



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

1. REPORT DATE <b>8/30/16</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>for</i>
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)  
 Missouri Insurance Coalition N161003

4. MAILING ADDRESS  
 ADDRESS: 220 Madison St - 3rd Floor  
 CITY / STATE / ZIP: Jefferson City, MO 65101

5. TELEPHONE NUMBER  
 573-893-4241

6. TYPE OF ELECTION (CHECK ONE)  
 PRIMARY  GENERAL  SPECIAL  CAUCUS

7. DATE OF ELECTION  
 TBD

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	8/30/16	\$3,709.50

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 3709.50

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 DATE  
*[Signature]* 8-30-16