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

1. REPORT DATE	2. FUNCTION OF REPORT (CHECK ONE)	OFFICE USE ONLY
10/24/16	☑ INDEPENDENT EXPENDITURE STATEMENT (S-1) OR ☐ INTERNAL DISSEMINATION REPORT (S-2)	Missouri Ethics Commission OCT 26 2016

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
11-8-2016

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 SUPP	OPP	SCHEDULE OF EXPENDITURES 12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Initiative Petition 2016-007	Statewide		✓	Stinson Leonard Street PO Box 843052 Kansas City, MO 64184	legal expenses	10/20/16	52,408.13

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) $ 52,408.13

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: [signature] DATE: 10/24/16