



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

N171006

1. REPORT DATE 7-18-17	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>bb</i> <i>je</i> Missouri Ethics Commission
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
St Louis-Kansas City Carpenters Regional Council **JUL 20 2017**

4. MAILING ADDRESS ADDRESS: 310 Belt Highway CITY / STATE / ZIP: St Joseph, MO 64506	5. TELEPHONE NUMBER 314-644-4800
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6. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS	7. DATE OF ELECTION
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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 SUPP OPP	SCHEDULE OF EXPENDITURES 12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
We Are MO - Repeal Right To Work Initiative	Day of Action 7-22-17 10:00-1:00	✓	We Are MO (C171127) 227 Jefferson St Jefferson City, MO 65101	In-Kind contribution-use of hall for volunteers	7-22-17	150.00
We Are MO - Repeal Right To Work Initiative	We Are MO - Repeal Right To Work Initiative	✓		We Are MO - Repeal Right To Work Initiative		
We Are MO - Repeal Right To Work Initiative	We Are MO - Repeal Right To Work Initiative	✓		We Are MO - Repeal Right To Work Initiative		
We Are MO - Repeal Right To Work Initiative	We Are MO - Repeal Right To Work Initiative	✓		We Are MO - Repeal Right To Work Initiative		
We Are MO - Repeal Right To Work Initiative	We Are MO - Repeal Right To Work Initiative	✓		We Are MO - Repeal Right To Work Initiative		
We Are MO - Repeal Right To Work Initiative	We Are MO - Repeal Right To Work Initiative	✓		We Are MO - Repeal Right To Work Initiative		

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ **150.00**

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
Martin W. Walker

DATE **7-18-17**