MISSOURI ETHICS COMMISSION NON-COMMITTEE EXPENDITURE REPORT INSTRUCTIONS ON REVERSE SIDE 1. REPORT DATE 1. REPORT DATE 2. FUNCTION OF REPORT (CHEC INDEPENDENT EXPENDITURE STATEMENT (S-1) INTERNAL DISSEMINATION REPORT (S-2)						OITURE	N200056
3. NAME OF PERSON OR		NDITURE(S	6)		REPORT (3-2)		
Opportunity Solution	s Project		с. 				
4. MAILING ADDRESS 1400 Village Square Blvd #3-80038 5. TELEPHO							
IADDRESS.	850	850-792-4704					
CITY / STATE / ZIP: Tallahassee, FL 32312 850-7 6. TYPE OF ELECTION (CHECK ONE) 7. DATE OF ELECTION							
6. TYPE OF ELECTION (CHECK ONE) ✓ PRIMARY GENERAL SPECIAL CAUCUS 8/4							
8. TYPE OF REPORT (CH		ITHIN 14 D	AYS OF EL	ECTION	ADDITIONAL REPORT	OTHER	
9. NAME OF CANDIDATE OR BALLOT MEASURE	10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION	11.CHECK ONE SUPP OPP	EX	CHEDULE OF CPENDITURES PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Amendment 2	State		220 Ea	Design Creative mes Rd, Winslo ME 04901		о , 	
		√		IVIE 04901		7/23/2020	750
Amendment 2	State		1	rt Inn, 100 Comf Ct., O'Fallon, MO	fort town hall meetings		
				6336		7/14/2020	105.55
Amendment 2			Springfield, MO	ne printing & mailing - ads			
				00004		7/22/2020	1506.74
Amendment 2	State		-	e reimbursemen internal staff	t - town hall meetings		
		\checkmark				7/16/2020	105.55
Amendment 2	State			ernal staff time lative for 10 day	s) writing, ad creation, speeches	7/23/2020	6513.19
					Rec	-	24/2020 /ia Email
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)							8958.4
							N200056
SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT						DATE	23/2020
1.01.00							

MO 300-0697 (10-06)