

MISSOURI ETHICS COMMISSION NON-COMMITTEE EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

| | 2. FUNCTION OF REPORTMENT CONF. INDEPENDENT EXPENDITURE | |
|---------------|---|-----------------|
| . REPORT DATE | 2. FUNCTION OF REPORTINGUECK ONE) | OFFICE USE ONLY |
| | INDEPENDENT EXPENDITURE | Commission |
| DT 100 1000 | STATEMENT (S-1) | 2020 |

| INSTRUCT | IONS ON REVERSE SII |)E | 07/22/2020 | REPORT (S-2) | TION OL Z 8 | 2020 | |
|---|--|-----------------------------|--|---|------------------|---|--|
| NAME OF PERSON OR Americans For Prosp | | NDITURE(S |) | | | | |
| 4. MAILING ADDRESS | | | | 5. TELEPHONE NUMBER | | | |
| ADDRESS: 1310 | 5. TELEPHONE NOMBER | | | | | | |
| CITY/STATE/ZIP: Arlin | 703-224-3200 | | | | | | |
| 6. TYPE OF ELECTION (C | | 711.0 | | | | | |
| PRIMARY | 08/04/2020 | | | | | | |
| 8. TYPE OF REPORT (CH INITIAL 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 | |
| Medicaid Expansion | State- Wide | V | i360 PO Box 37046 Baltimore, MD 21297 | Radio Ads | 07/22/2020 | 04.075.00 | |
| Madicald Evacuation | Ctata Mida | ! | | D 1 - A - 1 \ / - 1 | 0112212020 | 64,375.00 | |
| Medicaid Expansion | State - Wide | ļ | Michelle Sundholm | Radio Ad Voice over | | | |
| | | | 22628 West Bluff Dr | | | | |
| | | 1 | West Linn, Oregon 9706 | 8 | 07/21/2020 | 750 | |
| Medicaid Expansion | State - Wide | i | i360 | Digital Ads | | , | |
| | | i | PO Box 37046 | | | | |
| | | | Baltimore, MD 21297 | | 07/21/2020 | 50 000 00 | |
| Medicaid Expansion | State - Wide | 1 | Adobe | | 0112112020 | 50,000.00 | |
| Wedicald Expansion | State - Wide | i | 29322 Network Place | | | | |
| | | | Chicago, Illinois 60673 | Digital Assets | | | |
| | | ' | | | 07/21/2020 | 79.99 | |
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| 16. TOTAL EXPENDI | \$ | 115,204.99 | | | | | |
| 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 DA | | | | | | | |
| 54 | | | | | | 07/22/2020 | |
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