



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

1. REPORT DATE 07/29/2020	2. FUNCTION OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	MISSOURI ETHICS COMMISSION OFFICE USE ONLY AUG 03 2020
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Americans For Prosperity <i>Nile 1022</i>	
4. MAILING ADDRESS ADDRESS: 1310 N Courthouse Rd. CITY / STATE / ZIP: Arlington, Virginia 22201	5. TELEPHONE NUMBER 703-224-3200
6. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS	7. DATE OF ELECTION 08/04/2020
8. TYPE OF REPORT (CHECK ONE) <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> REPORT WITHIN 14 DAYS OF ELECTION <input checked="" type="checkbox"/> ADDITIONAL REPORT <input type="checkbox"/> 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				
Medicaid Expansion	State- Wide		✓	Americans For Prosperity 1310 N Courthouse Rd. Arlington, Virginia 22201	Canvassing Labour, Mileage & Venue "ESTIMATE"	07/29/2020	312.66

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)	\$ 312.66
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 <i>BA</i>	DATE 07/29/2020



Statement of Committee Organization

1. Statement Information

Date: 07/29/2020

Type: [] New [x] Amended (if amending, enter MEC ID C000742 & section changed #2,#3)

2. Committee Information

Iron Workers Local #396 Voluntary Fund

Name of Committee

2500 59th Street

Committee Mailing Address, City, State, & Zip

mheibecklu396@gmail.com

Official Committee Email Address

(314) 647-3008
Telephone Number

St. Louis Election Commission

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: [] Campaign [] Candidate [x] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Michael Heibeck

Treasurer's Name (First & Last)

1811 Pullman Drive Festus, MO. 63028

Treasurer's Mailing Address, City, State, & Zip

mheibecklu396@gmail.com

Treasurer's Email Address (optional)

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Treasurer's Home Telephone Number

(314) 775-8976
Treasurer's Work Telephone Number

Deputy Treasurer's Name (First & Last)

Amendment

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Robert A. Hunt - Business Manager/FST

Additional Committee Officer's Name & Title (if any)

Iron Workers Local #396

Connected Organization's Name (if any)

8862 Rye Creek Road Lonedell, MO. 63060

Additional Committee Officer's Mailing Address, City, State, & Zip

2500 59th Street St. Louis, MO. 63110

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [] No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate

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Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

[x] I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

[Signature]
Committee Treasurer

Candidate (Candidate Committees Only)