



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

1. REPORT DATE 10/21/2020	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 OR OCT 27 2020
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Missouri Health Care Action <i>NZ00007</i>	
4. MAILING ADDRESS ADDRESS: P.O. Box 191425 CITY / STATE / ZIP: St. Louis, MO 63119	5. TELEPHONE NUMBER 314-651-6568
6. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS	7. DATE OF ELECTION 11/3/2020
8. TYPE OF REPORT (CHECK ONE) <input type="checkbox"/> INITIAL REPORT <input checked="" type="checkbox"/> REPORT WITHIN 14 DAYS OF ELECTION <input 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				
Nicole Galloway	Governor	✓		KJ McDonald P.O. Box 191425 St. Louis, MO 63119	Phone banking	10/20/2020	\$46.55
Nicole Galloway	Governor	✓		Chelsea Berkhout P.O. Box 191425 St. Louis, MO 63119	Phone banking	10/20/2020	\$19.95
Nicole Galloway	Governor	✓		Rebecca Johnson P.O. Box 191425 St. Louis, MO 63119	Phone banking	10/20/2020	\$43.49
Nicole Galloway	Governor	✓		Dennis McDonald P.O. Box 191425 St. Louis, MO 63119	Phone banking	10/20/2020	\$15.09
Nicole Galloway	Governor	✓		Izzy Litwack P.O. Box 191425 St. Louis, MO 63119	Phone banking	10/20/2020	\$38.52
Nicole Galloway	Governor	✓		Sarah Nixon P.O. Box 191425 St. Louis, MO 63119	Phone banking	10/20/2020	\$50.45
Nicole Galloway	Governor	✓		Google	Phone banking	10/20/2020	\$5

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 219.05

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 *Jim Beisdale* DATE 10/21/2020



Missouri Health Care Action

P.O. Box 191425
St. Louis, MO 63119
877-383-8884 toll free
www.mohealthcareaction.org

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Drew Noblot, Operations Director

Shawn D'Abreu, Policy Director

Chelsea Berkhout, Organizing
Director

October 21, 2020

Missouri Ethics Commission
P.O. Box 1254
Jefferson City, MO 65102

Re: Missouri Health Care Action Non-Committee Expenditure Report

To Whom It May Concern:

Please find enclosed a non-committee expenditure report for filing. If you have any questions regarding this report, please contact me directly.

Respectfully,

Jen Bersdale
Executive Director
Missouri Health Care Action

Enc: Report



MISSOURI ETHICS COMMISSION
NON-COMMITTEE EXPENDITURE REPORT
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Missouri Health Care Action <i>N100007</i>	
4. MAILING ADDRESS ADDRESS: P.O. Box 191425 CITY / STATE / ZIP: St. Louis, MO 63119	5. TELEPHONE NUMBER 314-651-6568
6. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS	7. DATE OF ELECTION 11/3/2020
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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				
Betsy Fogle	HD 135		✓	Jen Bersdale P.O. Box 191425 St. Louis, MO 63119	Facebook Ad	10/21/2020	\$26.06
Betsy Fogle	HD 135		✓	Facebook	Facebook Ad	10/21/2020	\$25

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)	\$	\$51.06
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>Jen Bersdale</i>		DATE 10/22/2020



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October 22, 2020

Missouri Ethics Commission
P.O. Box 1254
Jefferson City, MO 65102

Re: Missouri Health Care Action Non-Committee Expenditure Report

To Whom It May Concern:

Please find enclosed a non-committee expenditure report for filing. If you have any questions regarding this report, please contact me directly.

Respectfully,

Jen Bersdale
Executive Director
Missouri Health Care Action

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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
 Missouri Health Care Action

4. MAILING ADDRESS
 ADDRESS: P.O. Box 191425
 CITY / STATE / ZIP: St. Louis, MO 63119

5. TELEPHONE NUMBER
 314-651-6568

6. TYPE OF ELECTION (CHECK ONE)
 PRIMARY GENERAL SPECIAL CAUCUS

7. DATE OF ELECTION
 11/3/2020

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		12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
		SUPP	OPP				
Paula Brown	HD 70		✓	Jen Bersdale P.O. Box 191425 St. Louis, MO 63119	Facebook Ad	10/21/2020	\$26.06
Paula Brown	HD 70		✓	Facebook	Facebook Ad	10/21/2020	\$25
Ashley Aune	HD 14		✓	Jen Bersdale P.O. Box 191425 St. Louis, MO 63119	Facebook Ad	10/21/2020	\$26.06
Ashley Aune	HD 14		✓	Facebook	Facebook Ad	10/21/2020	\$25
Keri Ingle	HD 35		✓	Jen Bersdale P.O. Box 191425 St. Louis, MO 63119	Facebook Ad	10/21/2020	\$26.06
Keri Ingle	HD 35		✓	Facebook	Facebook Ad	10/21/2020	\$25
Jean Pretto	HD 94		✓	Jen Bersdale P.O. Box 191425 St. Louis, MO 63119	Facebook Ad	10/21/2020	\$26.06
Jean Pretto	HD 94		✓	Facebook	Facebook Ad	10/21/2020	\$25

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 204.24

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: Jen Bersdale DATE: 10/22/2020

Corr. N200067



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October 22, 2020

Missouri Ethics Commission
P.O. Box 1254
Jefferson City, MO 65102

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Respectfully,

Jen Bersdale
Executive Director
Missouri Health Care Action

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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Missouri Health Care Action N7000067	
4. MAILING ADDRESS ADDRESS: P.O. Box 191425 CITY / STATE / ZIP: St. Louis, MO 63119	5. TELEPHONE NUMBER 314-651-6568
6. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS	7. DATE OF ELECTION 11/3/2020
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		SUPP	OPP				
Nicole Galloway	Governor		✓	KJ McDonald P.O. Box 191425 St. Louis, MO	text banking	10/21/2020	\$31.03
Nicole Galloway	Governor		✓	Rebecca Johnson P.O. Box 191425 St. Louis, MO	text banking	10/21/2020	\$14.50
Nicole Galloway	Governor		✓	Rebecca Johnson P.O. Box 191425 St. Louis, MO	text banking	10/22/2020	\$14.50

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 60.03

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: Jan Bursdale DATE: 10/22/2020



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