



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

1. REPORT DATE 10/31/2020	2. FUNCTION OF REPORT (CHECK ONE) <input type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) OR <input checked="" type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	OFFICE USE ONLY <i>Rcvd</i> 10/31/2020 <i>via Email</i> 11:32 PM
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
STL CBTU Community Project **N200071**

4. MAILING ADDRESS ADDRESS: 4472 Bircher Blvd CITY / STATE / ZIP: ST. LOUIS, MO 63115	5. TELEPHONE NUMBER 314/495/5635
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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 November 3, 2020
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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		12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
		SUPP	OPP				
Amendment 3			✓	Danielle Hickman 1314 Patricia Ct. St. Louis, MO 62060	Distribution of Door Hangers	10/29/2020	\$60.00
Amendment 3			✓	Lisa Jones 3109 Kemp Dr. St. Louis, MO 63121	Distribution of Door Hangers	10/29/2020	\$60.00
Amendment 3			✓	Stephanie Griffin 2787 Rottingdean St. Louis, MO 63136	Distribution of Door Hangers	10/29/2020	\$70.00
Amendment 3			✓	Savannah Henderson 4533 Tennessee Ave. St. Louis, MO 63111	Distribution of Door Hangers	10/29/2020	\$60.00
Amendment 3			✓	Frances Harris 1314 Patricia Ct. St. Louis, MO 63138	Distribution of Door Hangers	10/29/2020	\$60.00
Amendment 3			✓	Lakena Neil 1212 Northdale Ave. St. Louis, MO 63138	Distribution of Door Hangers	10/29/2020	\$60.00
Amendment 3			✓	Fukayna Hart 2408 Laclede Ave Stn. Rd #	Distribution of Door Hangers	10/29/2020	\$60.00
Amendment 3			✓	Tracey Easley 8627 Oxford Ln. St. Louis, MO 63147	Office Assisant	10/29/2020	\$60.00

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ **490**

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>Lewis Meyer</i>	DATE 10/29/2020
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