

)

MISSOURI ETHICS COMMISSION

REPORT DATE	2. FUNCTION OF REPORT (CHECK	ONE)	OFFICE USE ONLY
	INDEPENDENT EXPENDITUR	E	
	STATEMENT (S-1)	OR	
10/26/2020	INTERNAL DISSEMINATION		
10/20/2020	REPORT (S-2)		

3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Missouri Rural Action 4. MAILING ADDRESS ADDRESS: PMB 170/2000 E. Broadway CITY / STATE / ZIP: Columbia MO 65201 6. TYPE OF ELECTION (CHECK ONE) PRIMARY GENERAL SPECIAL CAUCUS 7. DATE OF ELECTION 11/03/2020 8. TYPE OF REPORT (CHECK ONE) INITIAL REPORT REPORT WITHIN 14 DAYS OF ELECTION ADDITIONAL REPORT OTHER	NON-COMMITTEE EXPENDITURE REPORT INSTRUCTIONS ON REVERSE SIDE 10/26/2					STATEMENT (S-1) INTERNAL DISSEMIN REPORT (S-2)			
ADDRESS: PMB 170/2000 E. Broadway OTTY: STATE / ZIP. Columbia MO 65201 TO ADTE OF ELECTION PRIMARY TO ELECTION TO ADTE OF ELECTION TO ADTE OF ELECTION			NDITURE(S	i)	<u> </u>	1 121 577 (52)			
ADDRESS FMB 17 (AZOUD. STORAGNAY) CITYY STATE 2. COLUMBIA MO 65201 CITYY STATE 2. COLUMBIA MO 65201 CITYY STATE 2. D. COLUMBIA MO 65201 TYPE OF REPORT (CHECK ONE) STYPE OF REPORT (CHECK ONE) NAME OF CANDIDATE ANDIOR POLITICAL SUBDIVISION STATE OF SUBDIVISION ADDITIONAL REPORT OR BALLOT MEASURE ANDIOR POLITICAL SUBDIVISION STATE OF SUBDIVISION STATE OF SUBDIVISION STATE OF SUBDIVISION SCHEDULE OF SUBDIVISION 10/23/2020 \$5,000.00 MISSOUTH Ethics Committees of Subdivision MISSOUTH Ethics Committees of Subdivision (ICT 2.9.2020) 10/23/2020 \$5,000.00 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. SIGNARDYSE OF PERSON MAKING THE SPRENDITURE(S) OR AN AUTHORIZED AGENT DATE DATE	4. MAILING ADDRESS					5 TELEPHONE NUMBE	R		
PRIMARY GENERAL SPECIAL CAUCUS 11/03/2020	ADDITEOD,		way			o. Teer Home Nombe			
PRIMARY GENERAL SPECIAL CAUCUS 11/03/2020	CITY / STATE / ZIP: Colu	mbia MO 65201				573-507-9232			
8. TYPE OF REPORT (CHECK ONE) INITIAL REPORT INITIAL REPORT INITIAL REPORT WITHIN 12 DAYS OF ELECTION ADDITIONAL REPORT OTHER 9. NAME OF CANDIDATE OR BALLOT MEASURE AND OF ILL PAYER HAME AND ADDRESS AMOUNT OF ILL PAYER HAME AND ADDRESS OF EXPENDITURES Amendment 3 Statewide Post Microscopy of Ill Payer of Ill Payer Hame And Address Schedule of Ill Payer of Ill Payer Hame And Address Schedule of Ill Payer	6. TYPE OF ELECTION (C	HECK ONE)				7. DATE OF ELECTION			
INITIAL REPORT NAME OF CANDIDATE OR BALLOT MEASURE 10. OFFICE SOUGHT 11. CHICK ONE SUPPLION 220 SE STH St. Des Moines IA 50309 10/23/2020 \$5,000.00	PRIMARY [GENERAL [SPECIAI	- [CAUCUS	1	1/03/2020		
9. NAME OF CANDIDATE ONE OR BALLOT MEASURE ONE OR BALLOT MEASURE O	· —		/ITHIN 14 DA	AYS OF ELE	стіон 🔲	ADDITIONAL REPORT	OTHER		
Amendment 3 Statewide GPS Impact 220 SE 6TH St. Des Moines IA 50309 10/23/2020 \$5,000.00 Missouri Ethics Commission OCT 2.9.2020 18. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. SIGNATURES MAKING THE PEPPENDITURE(S) OR AN AUTHORIZED AGENT DATE	9. NAME OF CANDIDATE OR BALLOT MEASURE	AND/OR POLITICAL	ONE	EXF	PENDITURES	PURPOSE OF	I	15. AMOUNT	
220 SE 6TH St. Des Moines IA 50309 10/23/2020 \$5,000.00 Missouri Ethics Commission OCI 2 9 2020 15. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 17. VERIFICATION: LOERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. SIGNATURE OF PERSON MAKING THE PREPENDITURE(S) OR AN AUTHORIZED AGENT DATE	·	308DIVISION	SOPPI OPP	ļ	ADDRESS	EXPENDITURE			
Des Moines IA 50309 10/23/2020 \$5,000.00 Missouri Ethics Commission OCI 2 9 2020 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. SIGNATURE OF PERSON MAKING THE PERPENDITURE(S) OR AN AUTHORIZED AGENT DATE	Amendment 3	Statewide			-	Social Media			
Missouri Ethics Commission OCT 2 9 2620 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 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 DATE				220	SE 6TH St.				
Missouri Ethics Commission OCT 2.9.2020 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 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 DATE				Des Mo	oines IA 50309				
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE SIGNATURE OF PERSON MAKING THE PREPONDITURE(S) OR AN AUTHORIZED AGENT DATE DATE							10/23/2020	\$5,000.00	
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE SIGNATURE OF PERSON MAKING THE PREPONDITURE(S) OR AN AUTHORIZED AGENT DATE DATE									
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE SIGNATURE OF PERSON MAKING THE PREPONDITURE(S) OR AN AUTHORIZED AGENT DATE DATE		:				4.5			
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE SIGNATURE OF PERSON MAKING THE PKPENDITURE(S) OR AN AUTHORIZED AGENT DATE						Wilsso	uri Ethics C	pmmission	
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 5,000.00 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 DATE						OCT 2 9 2020			
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO	-						7 - 2 3 20	20	
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO			1				İ		
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO			;						
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO		<u> </u>	<u> </u>						
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO			l i						
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO			li						
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO									
17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO	16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)							E 000 00	
SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT DATE							· · · · · · · · · · · · · · · · · · ·	5,000.00	
	L					TLEIE IVI.E			
10/26/2020	l //								
	m Comment						10/26/2020		

MO 300-0697 (10-06)