			N1602	22		
MISSO	URI ETHICS CO	MMISSI	ON	2. FUNCTION OF REPORT (C	•	OFFICE USE ONLY
	MMITTEE EXPEND		PORT 08/03/2020	STATEMENT (S-1) INTERNAL DISSEMINA REPORT (S-2)	OR TION	
3. NAME OF PERSON OR Americans For Pros		ENDITURE(S)	<u>↓ , , , , , , , , , , , , , , , , , , ,</u>		Annon
4. MAILING ADDRESS			·····	5. TELEPHONE NUMBER		
ADDRESS.	N Courthouse Rd.	.4		702	004 0000	
CITY / STATE / ZIP: Arlin 6. TYPE OF ELECTION (C				703 7. DATE OF ELECTION	-224-3200	
PRIMARY	GENERAL	SPECIAI			3/04/2020	
8. TYPE OF REPORT (CH		VITHIN 14 DA	AYS OF ELECTION	ADDITIONAL 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		Americans For Prosperi 1310 N Courthouse Ro	Labour, –		
		~	Arlington, Virginia 2220	01 "ESTIMATE"	08/03/2020	2,000
				Missouri Ethics Col AUG 0 7 202	nmission D	
				1,000		
			· · · · · · · · · · · · · · · · · · ·			
16. TOTAL EXPEND					\$	2,000
			RT IS TRUE AND COM	PLETE M.E.	C. ID NO.	
RIA	MAKING THE EXPEND	ITURE(S) OF	R AN AUTHORIZED AGENT		DATE	
CUL	08/03/2020					

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					N	11	1022		
(NON-CO	URI ETHICS CO MMITTEE EXPEND TONS ON REVERSE SIT	NTUR			1. REPORT DATE		2. FUNCTION OF REPORT (C INDEPENDENT EXPEN STATEMENT (S-1) INTERNAL DISSEMINA	DITURE	OFFICE USE ONLY
3. NAME OF PERSON OF Americans For Pros		ENDITU	IRE(S)	L		REPORT (S-2)	·····	
4. MAILING ADDRESS					· · · · · · · · · · · · · · · · · · ·				
MUDINESS.	N Courthouse Rd.						5. TELEPHONE NUMBER		
CITY / STATE / ZIP: Arlin	gton, Virginia 2220	1						-224-3200	
6. TYPE OF ELECTION (C	GENERAL	SP	ECIAI	- [CAUCUS		7. DATE OF ELECTION 08	3/04/2020	
8. TYPE OF REPORT (CH		VITHIN	14 D/	YS OF ELE]	ADDITIONAL REPORT	OTHER	
9. NAME OF CANDIDATE OR BALLOT MEASURE	10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION	11.CH ON SUPP	IE	EXF 12. PA	HEDULE OF PENDITURES YEE NAME AND ADDRESS)	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Medicaid Expansion	State- Wide		~	1310 N	ns For Prospe Courthouse R n, Virginia 222	۲d	Labour Mileage	08/03/2020	500
Medicaid Expansion	State- Wide		~	1310 N	ns For Prospe Courthouse R n, Virginia 222	۲d	Labour	08/04/2020	2,000
									_,
				· · · · ·					
				-					
16. TOTAL EXPEND	TURES MADE (TO	TAL C	OLL	JMN 15)				\$	2,500
17. VERIFICATION:							PLETE M.E	C. ID NO	······································
SIGNATURE OF PERSON	MAKING THE EXPEND	ITURE(S) OF	R AN AUTHO	ORIZED AGENT			DATE 08/	04/2020
					· · · · · · · · · · · · · · · · · · ·			1	

					NILLIOZ	$\sum_{i=1}^{n}$	2		
A DOMESSION A	URI ETHICS CO						FUNCTION OF REPORT (C	DITURE	OFFICE USE ONLY
	MMITTEE EXPEND TONS ON REVERSE SI		E RE	PORT	07/31/2020	b	STATEMENT (S-1) INTERNAL DISSEMINA REPORT (S-2)	OR TION	
3. NAME OF PERSON OF Americans For Pros		INDITU	JRE(S)	• • • · · · · · · · · · · · · · · · · ·		in the second state of the second		4
4. MAILING ADDRESS	· ·					5	. TELEPHONE NUMBER		
INDUNESS.	N Courthouse Rd.					ľ			
CITY / STATE / ZIP: Arlin 6. TYPE OF ELECTION (C		1						-224-3200	
	GENERAL	SP	ECIA	- [CAUCUS	ľ	. DATE OF ELECTION 08	/04/2020	
8. TYPE OF REPORT (CH		/ITHIN	14 DA	YS OF ELE] A	DDITIONAL REPORT	OTHER	
9. NAME OF CANDIDATE OR BALLOT MEASURE	10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION	11.CH ON SUPP	NE	EXI 12. PA	HEDULE OF PENDITURES YEE NAME AND ADDRESS		13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Medicaid Expansion	State- Wide			1310 N	ns For Prosperi Courthouse Ro n, Virginia 2220	d.	Labour,Mileage & Venue		
			~		*****		"ESTIMATE"	07/31/2020	2100
							-		
16. TOTAL EXPEND	TURES MADE (TO	TAL C	OLU	MN 15)			<u>1</u>	\$	2,000
17. VERIFICATION:	I CERTIFY THAT TH	HIS R	EPO	RT IS TR	UE AND COM	PL	ETE M.E.	C. ID NO	· · · · · · · · · · · · · · · · · · ·
SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT						DATE 07/	31/2020		

			NILOID	22		
MISSO	URI ETHICS CC	MMISSI	ON	2. FUNCTION OF REPORT (C		OFFICE USE ONLY
				STATEMENT (S-1)	OR	
	TIONS ON REVERSE SI		07/30/2020	INTERNAL DISSEMINA REPORT (S-2)	TION	
3. NAME OF PERSON OF Americans For Pros		ENDITURE(8	\$)			
4. MAILING ADDRESS	y			5. TELEPHONE NUMBER		
MUDILUU.	N Courthouse Rd.			5. TELEPHONE NUMBER	(
CITY/STATE/ZIP: Arlin		1			3-224-3200	
6. TYPE OF ELECTION (C	GENERAL [SPECIA		7. DATE OF ELECTION 08	3/04/2020	
8. TYPE OF REPORT (CH	Proceeding.	VITHIN 14 D	AYS OF ELECTION	ADDITIONAL 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		Campaign HQ PO Box 257 Brooklyn, IA 52211	Phone Banks		
		~			07/29/2020	1,748.25
Medicaid Expansion	State - Wide		Americans For Prosperi 1310 N Courthouse Rd Arlington, Virginia 2220	Labour,Mileage & Venue		
				"Estimate"	07/30/2020	3,000
Medicaid Expansion	State - Wide		Campaign HQ PO Box 257 Brooklyn, IA 5221	Telephone Townhall		
		1			07/30/2020	4,385
			······			
16. TOTAL EXPENDI						
			RT IS TRUE AND COMP		\$	9,133.25
			AN AUTHORIZED AGENT		C. ID NO DATE	
BA	an a	.,,,,			07/30/2020	
4					0//3	012020