



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

1. REPORT DATE

2. FUNCTION OF REPORT (CHECK ONE)
 INDEPENDENT EXPENDITURE STATEMENT (S-1) OR
 INTERNAL DISSEMINATION REPORT (S-2)

OFFICE USE ONLY
 Rcvd
 03/31/2021
 via Email
 @5:10PM

3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
 NARAL Pro-Choice Missouri N200076

4. MAILING ADDRESS
 ADDRESS: 1210 S. Vandeventer
 CITY / STATE / ZIP: St. Louis MO 63110

5. TELEPHONE NUMBER
 3145318616

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

7. DATE OF ELECTION
 4/6/201

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				
Tishaura O. Jones	Mayor of St. Louis City	<input checked="" type="checkbox"/>		Alex Cook 2101 Arsenal Street St. Louis MO 63118	Staff phonebank	2/26/21	109.65
Sharon Tyus	1st Ward Alderman St. Louis	<input checked="" type="checkbox"/>		Alex Cook 2101 Arsenal Street St. Louis MO 63118	Staff phonebank	2/26/21	36.55
Bill Stephens	12th ward Alderman St. Louis	<input checked="" type="checkbox"/>		Alex Cook 2101 Arsenal Street St. Louis MO 63118	staff phonebank	2/26/21	36.55
Tishaura O. Jones	Mayor of St. Louis City	<input checked="" type="checkbox"/>		The Inkpost 3433 Hampton Ave, St. Louis, MO 63139	Printing	3/5/21	111.88
Bill Stephens	12th ward Alderman St. Louis	<input checked="" type="checkbox"/>		The Inkpost 3433 Hampton Ave, St. Louis, MO 63139	Printing	3/5/21	111.88
Tina "Sweet-T" Pihl	17th Ward Alderman St. Louis	<input checked="" type="checkbox"/>		The Inkpost 3433 Hampton Ave, St. Louis, MO 63139	Printing	3/5/21	9.44
Michelle Shrod	17th Ward Alderman St. Louis	<input checked="" type="checkbox"/>		The Inkpost 3433 Hampton Ave, St. Louis, MO 63139	Printing	3/5/21 3/12/21	9.44
Megan Green	15th ward Alderman St. Louis	<input checked="" type="checkbox"/>		Alex Cook 2101 Arsenal Street St. Louis MO 63118	staff hours	3/12/21	23.65

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 449.04

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
3/26/21



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

1. REPORT DATE	2. FUNCTION OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) OR <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	OFFICE USE ONLY
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
 12th ward Alderman St. Louis

4. MAILING ADDRESS ADDRESS: 1210 S. Vandeventer CITY / STATE / ZIP: St. Louis MO 63110	5. TELEPHONE NUMBER 314-531-8616
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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 4/2/21
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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				
Tishaura O. Jones	Mayor of St. Louis City	<input checked="" type="checkbox"/>		Alex Cook 2101 Arsenal Street St. Louis MO 63118	Staff hours	3/12/21	118.25
Bill Stephens	12th Ward Alderman	<input checked="" type="checkbox"/>		Alex Cook 2101 Arsenal Street St. Louis MO 63118	staff hours	3/12/21	47.40
Sharon Tyus	1st Ward Alderman St. Louis	<input checked="" type="checkbox"/>		Alex Cook 2101 Arsenal Street St. Louis MO 63118	staff hours	3/12/21	23.65
Anne Schweitzer	13th Ward Alderman	<input checked="" type="checkbox"/>		Alex Cook 2101 Arsenal Street St. Louis MO 63118	staff hours	3/12/21	23.65

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 213.05

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 	DATE 3/26/2021
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