



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

| | | |
|----------------------------------|---|---------------------|
| 1. REPORT DATE 7/26/21 | 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) TOM SULLIVAN | | N121020 |
| 4. MAILING ADDRESS ADDRESS: 751 SYRACUSE AVENUE CITY/STATE/ZIP: ST LOUIS, MO 63130 | | 5. TELEPHONE NUMBER 314-727-2242 |
| 6. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS | | 7. DATE OF ELECTION 8/3/21 |
| 8. TYPE OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INITIAL REPORT <input 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 SUPP OPP | SCHEDULE OF EXPENDITURES 12. PAYEE NAME AND ADDRESS | 13. NATURE AND PURPOSE OF EXPENDITURE | 14. DATE MADE | 15. AMOUNT |
|--|--|-------------------------------------|--|---|---------------------------|---------------------------------------|
| PROP. R | ST. LOUIS, ST. LOUIS CO., JEFFERSON, FRANKLIN COUNTIES (PARENT) | <input checked="" type="checkbox"/> | TOM SULLIVAN 751 SYRACUSE ST LOUIS MO 63130 | RESEARCH, MEDIA RELATIONS, WRITING | 7/11/21 to 7/23/21 | \$750.00 (110 K1001) |
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Missouri Ethics Commission
JUL 26 2021
Received by Fax

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| 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ | |
| 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 Tom Sullivan | DATE 7/26/21 |