



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

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PORT DATE

2. FUN

CE USE ONLY

1

INDEPENDENT EXPENDITURE

11

STATEMENT (S-1)
INTERNAL DISSEMINATION
REPORT (S-2)

3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)

4. MAILING ADDRESS

ADDRESS:

CITY / STATE / ZIP:

5. TELEPHONE NUMBER

6. TYPE OF ELECTION (CHECK ONE)

☐ PRIMARY

GENERAL

 SPECIAL

☐ CAUCUS

7. DATE OF ELECTION

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
SUPP | OPP

SUPP

OPP

SCHEDULE OF EXPENDITURES

12. PAYEE NAME AND ADDRESS

13. NATURE AND PURPOSE OF EXPENDITURE

14. DATE
MADE

15. AMOUNT

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

DATE _____

MO 300-0697 (10-06)

S-1 OR S-2