



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

|                           |                                                                                                                                                                                        |                                |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. REPORT DATE<br>4-17-23 | 2. FUNCTION OF REPORT (CHECK ONE)<br><input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE<br>STATEMENT (S-1) OR<br><input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2) | OFFICE USE ONLY<br>APR 24 2023 |
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|                                                                                                                                                                                                                          |  |                                     |  |
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| 3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)<br>Joel Stovall                                                                                                                                                        |  | N/230134                            |  |
| 4. MAILING ADDRESS<br>ADDRESS: 7839 UNDERHILL<br>CITY/STATE/ZIP: HANLEY HILLS MO. 63133                                                                                                                                  |  | 5. TELEPHONE NUMBER<br>314-456-9476 |  |
| 6. TYPE OF ELECTION (CHECK ONE)<br><input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS                                         |  | 7. DATE OF ELECTION<br>4-4-23       |  |
| 8. TYPE OF REPORT (CHECK ONE)<br><input type="checkbox"/> INITIAL REPORT <input checked="" 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<br>SUPP OPP | SCHEDULE OF EXPENDITURES<br>12. PAYEE NAME AND ADDRESS | 13. NATURE AND PURPOSE OF EXPENDITURE | 14. DATE MADE | 15. AMOUNT |
|----------------------------------------|------------------------------------------------|---------------------------|--------------------------------------------------------|---------------------------------------|---------------|------------|
| Joel Stovall                           | Commissioner                                   | ✓                         | Joel Stovall<br>7839 Underhill<br>St. Louis MO. 63133  | Yard Signs                            | 3-10-23       | \$660.37   |
| Amy Maxwell                            | Commissioner                                   | ✓                         |                                                        |                                       |               |            |
| Marilyn Roussan                        | Commissioner                                   | ✓                         |                                                        |                                       |               |            |
| Leslie Caruthers                       | Commissioner                                   | ✓                         |                                                        |                                       |               |            |
|                                        |                                                |                           |                                                        |                                       |               |            |
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| 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)                            | \$ 660.37            |
| 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE        | M.E.C. ID NO. 660.37 |
| SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT<br> | DATE<br>4-17-23      |