



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

1. REPORT DATE

4-17-23

2. FUNCTION OF REPORT (CHECK ONE)

- ☒ INDEPENDENT EXPENDITURE  
☐ STATEMENT (S-1)  
☐ INTERNAL DISSEMINATION REPORT (S-2)

OFFICE USE ONLY

Missouri Ethics Commission

APR 24 2023

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

LESLIE CAROTHERS

N230136

4. MAILING ADDRESS

ADDRESS: 2029 RAFT

CITY / STATE / ZIP: ST. LOUIS, MO. 63133

5. TELEPHONE NUMBER

314-405-0089

6. TYPE OF ELECTION (CHECK ONE)

- ☐ PRIMARY ☒ GENERAL ☐ SPECIAL ☐ CAUCUS

7. DATE OF ELECTION

04-04-23

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<br>SUPP. OPP. | SCHEDULE OF EXPENDITURES<br>12. PAYEE NAME AND ADDRESS | 13. NATURE AND PURPOSE OF EXPENDITURE | 14. DATE MADE | 15. AMOUNT |
|--|--|-----------------------------|--|---------------------------------------|---------------|------------|
| LESLIE CAROTHERS                       | Commissioner                                   | ✓                           | LESLIE CAROTHERS<br>2029 RAFT<br>ST. LOUIS MO. 63133   | HAND OUT<br>Flyers<br>FRIG MAGNETS    | 4-22-23       | \$175.00   |
| Marilyn ROUSSEAU                       | "  | ✓                           |  |                                       |               |            |
| Amy MAXWELL                            | "  | ✓                           |  |                                       |               |            |
| Joel STOVALL                           | "  | ✓                           |  |                                       |               |            |
|  |  |                             |  |                                       |               |            |
|  |  |                             |  |                                       |               |            |
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|  |  |                             |  |                                       |               |            |
|  |  |                             |  |                                       |               |            |

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)

\$ 175.00

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

Leslie Carothers

DATE

04-17-23