



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

1. REPORT DATE 5/3/2023	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 MO Ethics Commission MAY 3 2023 Rec'd by email
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
KC Tenants Power **N230120**

4. MAILING ADDRESS
 ADDRESS: **620 E Armour Boulevard**
 CITY / STATE / ZIP: **Kansas City, MO 64109**

5. TELEPHONE NUMBER
9135937032

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

7. DATE OF ELECTION
April 4, 2023

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	SCHEDULE OF EXPENDITURES 12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Jenay Manley	KCMO 2nd District At Large	✓	KC Tenants, 620 E Armour Boulevard, KCMO 64109	Reimbursement for staff, mailers, doorhangers	5/3/2023	\$4,350.14
Melissa Robinson	KCMO 3rd District In District	✓	KC Tenants, 620 E Armour Boulevard, KCMO 64109	Reimbursement for staff, mailers, doorhangers	5/3/2023	\$3,695.14
Eric Bunch	KCMO 4th District In District	✓	KC Tenants, 620 E Armour Boulevard, KCMO 64109	Reimbursement for staff, mailers, doorhangers	5/3/2023	\$3,695.14
Michael Kelley	KCMO 5th District At Large	✓	KC Tenants, 620 E Armour Boulevard, KCMO 64109	Reimbursement for staff, mailers, doorhangers	5/3/2023	\$3,695.14
Johnathan Duncan	KCMO 6th District In District	✓	KC Tenants, 620 E Armour Boulevard, KCMO 64109	Reimbursement for staff, mailers, doorhangers	5/3/2023	\$4,350.14
Andrea Bough	KCMO 6th District At Large	✓	KC Tenants, 620 E Armour Boulevard, KCMO 64109	Reimbursement for staff, mailers, doorhangers	5/3/2023	\$3,695.14

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ **23,480.86**

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
5/3/2023