| MISSC<br>NON-CC<br>INSTRUC  | 1. REPORT DAT                                       |             | 2. FUNCTION OF REPORT (<br>INDEPENDENT EXPE<br>STATEMENT (S-1)<br>INTERNAL DISSEMIN,<br>REPORT (S-2) | NDI MO Ethic                                       | office use only<br>s Commission<br>2 2024 |   |                  |            |
|---|---|-------------|--|--|---|---|------------------|------------|
| A. MAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Cornerstone 1791 A. MAILING ADDRESS |   |             |  |  |   | N 240148 Rec'd by email                     |                  |            |
|   |   |             |  |  |   | 5. TELEPHONE NUMBER                         |                  |            |
| CITY / STATE / ZIP: Kansas City, MO 64105<br>6. TYPE OF ELECTION (CHECK ONE)          |   |             |  |  |   | 5733219799                                  |                  |            |
|   | GENERAL   |             | L [  | CAUCUS   |   | 7. DATE OF ELECTION                         | 4/2/24           |            |
| 8. TYPE OF REPORT (CH   |   | WITHIN 14 D |  |  | ,   |   |                  |            |
|   |   |             |  |  | ′   | ADDITIONAL REPORT                           | OTHER            |            |
| 9. NAME OF CANDIDATE<br>OR BALLOT MEASURE   | 10. OFFICE SOUGH<br>AND/OR POLITICAL<br>SUBDIVISION |             | EXF<br>12. PA  | HEDULE OF<br>PENDITURES<br>YEE NAME AND<br>ADDRESS | )   | 13. NATURE AND<br>PURPOSE OF<br>EXPENDITURE | 14. DATE<br>MADE | 15. AMOUNT |
| Question 1 - Jackson  |   |             |  | inting & Binde                                     | ery                                       | Direct Mail                                 |                  |            |
| County  |   |             |  | Box 46636<br>City, MO 641                          | 88  |   |                  |            |
|   |   |             |  |  | 00  |   | 4/1/24           | \$997      |
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|   | i   |             |  |  |   |   |                  |            |
| 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$                                      |   |             |  |  |   |   |                  | 997        |
| 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.                |   |             |  |  |   |   | L                |            |
|   |   |             |  |  |   |   | DATE             |            |
| - MMI VIOL  |   |             |  |  |   |   | 4/1/24           |            |

MO 300-0697 (10-06)

S-1 OR S-2