



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

1. REPORT DATE <b>3/26/2024</b>	2. FUNCTION OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	OFFICE USE ONLY <i>Missouri Ethics Commission</i> <b>APR 02 2024</b>
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Rachel Roberts		<i>N/240149</i>	
4. MAILING ADDRESS ADDRESS: 6713 NW 105th St CITY / STATE / ZIP: Kansas City, Missouri, 64154		5. TELEPHONE NUMBER 913-269-1843	
6. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS		7. DATE OF ELECTION 04/02/2024	
8. TYPE OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INITIAL REPORT <input 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		12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
		SUPP	OPP				
Lake Ozark Fire Protection District Sales Tax Initiatives	Ballot Measure	X		Rachel Roberts 6713 NW 105th St Kansas City, MO 64154	Support of Measure. Paid for Mailers Tot	3/27/24	\$712.42

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)	\$
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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 <i>Rachel Roberts</i>	DATE 03/29/24
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