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

1. REPORT DATE

2. FUNCTION OF REPORT (CHECK ONE)
- [x] INDEPENDENT EXPENDITURE STATEMENT (S-1)
- OR
- [ ] INTERNAL DISSEMINATION REPORT (S-2)

OFFICE USE ONLY
MO Ethics Commission
APR 12 2024

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

N240152

Rec'd by email

4. MAILING ADDRESS
ADDRESS: PO Box 63002
CITY / STATE / ZIP: St. Louis, MO 63163

5. TELEPHONE NUMBER
8163944959

6. TYPE OF ELECTION (CHECK ONE)
- [ ] PRIMARY
- [x] GENERAL
- [ ] SPECIAL
- [ ] CAUCUS

7. DATE OF ELECTION
04/02/2024

8. TYPE OF REPORT (CHECK ONE)
- [x] INITIAL REPORT
- [x] 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	11. CHECK ONE OPP	SCHEDULE OF EXPENDITURES 12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Question 1	Jackson County, MO		✓	Missouri Workers Center PO Box 63002, St. Louis, MO 63163	Reimbursement for staff time, texts, and printing	4/12/2024	3442.47

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) $ 3442.47

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
DocuSigned by: Jeremy Al-Hay
A1E4541A247E4DE...

DATE 4/12/2024