

N161032



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

1. REPORT DATE 8/2/2024	2. FUNCTION OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	MO Ethics Commission AUG 02 2024
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Rec'd by email

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

4. MAILING ADDRESS
 ADDRESS: 4201 Wilson Blvd, Ste 1000
 CITY / STATE / ZIP: Arlington, VA 22203

5. TELEPHONE NUMBER
(703) 224-3200

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

7. DATE OF ELECTION
8/6/2024

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		12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
		SUPP	OPP				
Doug Richey	SD-21		<input checked="" type="checkbox"/>	Americans for Prosperity 4201 Wilson Blvd #1000 Arlington, VA 22203	Canvassing	8/1/2024	1,253.02
Tony Lovasco	HD-64		<input checked="" type="checkbox"/>	Americans for Prosperity 4201 Wilson Blvd #1000 Arlington, VA 22203	Canvassing	8/1/2024	626.51

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 1,879.53

17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. N/A

SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT
Laura Stetson

DATE
8/2/2024

C242986
Corr



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

Missouri Ethics Commission

OFFICE USE ONLY

JUL 30 2024

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. _____

1. FULL NAME OF COMMITTEE <i>DL Miller San Leake County Commision.</i>	2. DATE OF REPORT <i>7/25/2024</i>	3. DATE OF DISSOLUTION <i>6-1-2024</i>
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4. TREASURER'S NAME AND ADDRESS NAME: <i>Sam Miller</i> ADDRESS: <i>301 E Fremont Rd</i> CITY / STATE / ZIP: <i>Lebanon, Mo. 65536</i>	5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: <i>SAM Miller</i> ADDRESS: <i>301 E Fremont Rd</i> CITY / STATE / ZIP: <i>Lebanon Mo 65536</i> TELEPHONE NO: <i>417-664-3373</i>
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6. DISTRIBUTION OF SURPLUS FUNDS
 CHECK IF NO SURPLUS REMAINED UPON TERMINATION

A. NAME AND ADDRESS OF RECIPIENT	B. DATE OF TRANSFER	C. AMOUNT
NAME: ADDRESS: CITY / STATE / ZIP: <i>No money was received</i>		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		

7. DISPOSAL OF OUTSTANDING DEBTS
 CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION

A. NAME OF CREDITOR	B. DESCRIBE DISPOSAL OF DEBT	C. AMOUNT
NAME: ADDRESS: CITY / STATE / ZIP: <i>No money received</i>		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		
NAME: ADDRESS: CITY / STATE / ZIP:		

8. TREASURER VERIFICATION OF DISSOLUTION:

I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.

Sam Miller

TREASURER'S SIGNATURE

9. CANDIDATE VERIFICATION OF DISSOLUTION:
(CANDIDATE COMMITTEE ONLY)

I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.

Sam Miller

CANDIDATE'S SIGNATURE