



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

1. REPORT DATE <b>8-3-24</b>	2. FUNCTION OF REPORT (Missouri Ethics Commission) <input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)
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**AUG 03 2024**

3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) <b>RHONDA DENMAN</b>		<b>Received by Fax</b>
4. MAILING ADDRESS ADDRESS: <b>1067 MADISON 335</b> CITY / STATE / ZIP: <b>FREDERICKTOWN MO 63645</b>		5. TELEPHONE NUMBER <b>573 783 9739</b>
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 <b>AUGUST 6, 2024</b>
8. TYPE OF REPORT (CHECK ONE) <input type="checkbox"/> INITIAL REPORT <input checked="" 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 SUPP   OPP	SCHEDULE OF EXPENDITURES 12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
RHONDA DENMAN	MADISON COUNTY PUBLIC ADMINISTRATOR	✓	SAMS CLUB 4512 LEMAY FERRY RD ST LOUIS MO 63129	COOKIES TO DISTRIBUTE	08/01/2024	207.74

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ **207.74**

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 <b>Rhonda Denman</b>	DATE <b>8-3-2024</b>
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