## Received by email

MISSOURI ETHICS COMMISSION

	N08101	1			Receiv	ved	by	er
ſ	1. REPORT DATE	2 FUN	CTION OF REPORT (C	CHECK	(ONE)	OFFICI	USE	ONL
		الراا	NOEPENDENT EXPEN	UTION	RE			
ı			STATEMENT (S-1)		OR	01	10	10

TIME NON-CO	MMITTEE EXPEND	ITURE F		8/19/24	STATEMENT (S-1) OR SINTERNAL DISSEMINATION REPORT (S-2)		
3. NAME OF PERSON OR Missouri Hospital As		NDITURE(	S)		1101 011 10-21		······································
1. MAILING ADDRESS					5. TELEPHONE NUMBER	<u> </u>	***************************************
<b>ルルバルウン</b>	2 Country Club Drive	- Indicate of the Control of the Con	672 002 2702				
CITY / STATE / ZIP: Jeffe	PISON CITY, IVIC 6510	573-893-3700 7. DATE OF ELECTION					
✓ PRIMARY	GENERAL [		8-6-24				
3. TYPE OF REPORT (CH		/ITHIN 14 C	AYS OF ELE	CTION []	ADDITIONAL REPORT	OTHER	
O. NAME OF CANDIDATE OR BALLOT MEASURE	10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION	11.CHEC ONE SUPP OPP	12. PA	HEDULE OF PENDITURES YEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Mike Kehoe/Lincoln Hough	Governor/Lt. Governor		IN HOUSE	1	Missouri Health Matters Website Posts and Emails	8/6/24	1208.13
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		<u> </u>					***************************************
16. TOTAL EXPEND						\$	1208.13
17. VERIFICATION:					LETE M.E.	C. ID NO.	
SIGNATURE OF PERSON	MAKING THE EXPEND	ITURE(S)	OR AN AUTH	ORIZED AGENT		DATE //9/	24
MO 300-0697 (10-06)						( '	S-1 OR S-2