



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

N240172

Missouri Ethics Commission

1. REPORT DATE 11-6-24	2. FUNCTION OF REPORT (CHECK ONE) <input type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) OR <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	OFFICE USE ONLY NOV 07 2024 Received by Email
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Progress MO	
4. MAILING ADDRESS ADDRESS: PO BOX 410130 CITY / STATE / ZIP: Kansas City, MO 64141	5. TELEPHONE NUMBER 573-795-5165
6. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS	7. DATE OF ELECTION 11-5-24
8. TYPE OF REPORT (CHECK ONE) <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> REPORT WITHIN 14 DAYS OF ELECTION <input checked="" 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
Robert Crump	State Senate		GPS Impact 112 SE 4th St Unit 202 Des Moines, IA 50309	Online Communications	11/5/24	\$823.76
Joe Nicola	State Senate		GPS Impact 112 SE 4th St Unit 202 Des Moines, IA 50309	Online Communications	11/5/24	\$1,936.39
David Gregory	State Senate		GPS Impact 112 SE 4th St Unit 202 Des Moines, IA 50309	Online Communications	11/5/24	\$1,889.79
Jerry Nolte	State Senate		GPS Impact 112 SE 4th St Unit 202 Des Moines, IA 50309	Online Communications	11/5/24	\$2,090.72
James Coyne	State Senate		GPS Impact 112 SE 4th St Unit 202 Des Moines, IA 50309	Online Communications	11/5/24	\$679.49
Adam Schnelting	State Senate		GPS Impact 112 SE 4th St Unit 202 Des Moines, IA 50309	Online Communications	11/5/24	\$933.16

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 8,353.32

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 	DATE 11/6/24
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