

N240181 1. REPORT DATE	2. FUNCTION OF REPORT (C INDEPENDENT EXPEN STATEMENT (S-1) INTERNAL DISSEMINA REPORT (S-2)										
REPORT (S-2) Received by Mall											
	5. TELEPHONE NUMBER 314-837-3165										
CAUCUS	7. DATE OF ELECTION Nov. 5, 2024										
ELECTION	ADDITIONAL REPORT	OTHER									
SCHEDULE OF EXPENDITURES PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT								
t. Louis Review rchbishop May Dr. Louis, MO 63119	Oct 21, 2024 Newspaper ad: Vote No on Am. 3	11/13/24	1300								

NON-COMMITTEE EXPENDITURE REPORT INSTRUCTIONS ON REVERSE SIDE							INDEPENDENT EXPEN STATEMENT (S-1) INTERNAL DISSEMINA	TION ORNOV	1 8 2024	
3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) St. Ferdinand Church										
ADDRESS: 1765 Charbonier Road 5. TELEPHONE NUMBER										
CITY / STATE / ZIP: Florissant, MO 63031							314-837-3165			
6. TYPE OF ELECTION (CHECK ONE)							7. DATE OF ELECTION			
PRIMARY GENERAL SPECIAL CAUCUS							Nov. 5, 2024			
8. TYPE OF REPORT (CHECK ONE)										
INITIAL REPORT REPORT WITHIN 14 DAYS OF ELECTION ADDITIONAL REPORT OTHER										
O NAME OF CANDIDATE	10. OFFICE SOUGHT		HECK NE		HEDULE OF		13. NATURE AND			
9. NAME OF CANDIDATE OR BALLOT MEASURE	AND/OR POLITICAL		!		ENDITURES YEE NAME AND		PURPOSE OF	14. DATE MADE	15. AMOUNT	
	SUBDIVISION	SUPP OPP		ADDRESS			EXPENDITURE	WIADE		
Amendment 3	N.A.		!	C4 1	ouis Review		0.1.04.0004		And the second s	
Amendment 5	IN.A.			ĺ	buis Review bishop May Dr		Oct 21, 2024	11/13/24		
			1		iis, MO 63119		Newspaper ad:	113129		
			W	St. Lot	115, 1410 03 1 19	'	Vote No on Am. 3	Ck 20974	1300	
			: 						WALLEY WALLEY	
			! !							
			!							
									i	
			i i						A9.	
						.				
			:							
	No.						100-lhoo tu			
			!							
		į								
		1	¦							
	÷		.			l				
		إ								
_				· · · · · · · · · · · · · · · · · · ·						
·		i							·	
		1								
				-						
		ĺ								
		l I								
		i								
						\dashv				
		1								
		1	i					ŀ		
		i					İ			
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$									1300	
17. VERIFICATION:	CERTIFY THAT TH	IIS R	EPO	RT IS TRU	E AND COMP	PLE	TE M.E.C	C. ID NO.		
SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT DATE										
(1 8 (10 1/10 A 0 1/10 1/10)										
Luga INA	ALANOUAL	4X						11131	31	
MO 300-0697 (10-06) S-1 OR S-2										