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ADDRESS:

PRIMARY

9. NAME OF CANDIDATE

OR BALLOT MEASURE

Frank White, Jr.

**Democracy in Action** 4. MAILING ADDRESS

## MISSOURI ETHICS COMMISSION NON-COMMITTEE EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

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

P.O. Box 410069

GENERAL

10. OFFICE SOUGHT

AND/OR POLITICAL

SUBDIVISION

recall effort

CITY / STATE / ZIP: Kansas City, MO 64141

6. TYPE OF ELECTION (CHECK ONE)

8. TYPE OF REPORT (CHECK ONE)

INITIAL REPORT

| . REPORT DATE | 2. FUNCTION OF REPORT (CHECK                        | ONE) |  |  |
|---------------|---|------|--|--|
|               | INDEPENDENT EXPENDITURE                             |      |  |  |
|               | STATEMENT (S-1)                                     | OR   |  |  |
| 1/28/2025     | STATEMENT (S-1) INTERNAL DISSEMINATION REPORT (S-2) |      |  |  |
| 112012020     | REPORT (S-2)  |      |  |  |

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|---|--------|-------------------|---------------|--|---|--|------------------|-------------------|---|
| ETHICS COMMISSION TTEE EXPENDITURE REPORT ON REVERSE SIDE  1. REPORT DATE 1/28/2025 |        |                   |               |  | FUNCTION OF REPORT (C  INDEPENDENT EXPEN STATEMENT (S-1) INTERNAL DISSEMINA' REPORT (S-2) | Missouri Ethics Commission OFFICE USE ONLY OFFICE USE ONLY JAN 29 2025 Received by Engal |                  |                   |   |
| ITY MAKING EXPE   | :NDITU | JKE(S             | )             |  |   |  |                  |                   | (A))  |
| 410069  |        |                   |               |  | 5.  | . TELEPHONE NUMBER   |                  |                   |   |
| City, MO 64141<br>CONE)   |        |                   | <del></del>   |  | 7.  | 913<br>DATE OF ELECTION  | -214-6722        |                   | i i i i i i i i i i i i i i i i i i i   |
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| ONE) REPORT W   |        |                   |               | <u>,</u>   | A   | DDITIONAL REPORT   | OTHER            |                   |   |
| OFFICE SOUGHT<br>D/OR POLITICAL<br>SUBDIVISION                                      |        | JECK<br>NE<br>OPP | EXF<br>12. PA | HEDULE OF<br>PENDITURES<br>YEE NAME ANI<br>ADDRESS | כ   | 13. NATURE AND<br>PURPOSE OF<br>EXPENDITURE  | 14. DATE<br>MADE | 15. AMOUNT        |   |
| recall effort   |        |                   | 510           | oefficient<br>00 Main St.<br>MO 64112              |   | Paid petitionors   |                  |                   |   |
|   | •      |                   |               |  |   |  | 01/24/2025       | 25000             |   |
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| RES MADE (TO  | TAL (  | COLU              | JMN 15)       | <del>,,, , , , , , , , , , , , , , , , , , </del>  | *********   | 1  | \$               | 25000             |   |

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) N240182 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 01/28/2025 MO 300-0697 (10-06) S-1 OR S-2