

N250185



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

1. REPORT DATE: 03/28/25

2. FUNCTION OF REPORT (CHECK ONE)  
 INDEPENDENT EXPENDITURE STATEMENT (S-1)  
 OR  
 INTERNAL DISSEMINATION REPORT (S-2)

OFFICE USE ONLY  
 RECEIVED  
 MAR 28 2025  
 BY: FAX

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

4. MAILING ADDRESS  
 ADDRESS: 281 Shrum Rock Lane  
 CITY / STATE / ZIP: Cape Girardeau

5. TELEPHONE NUMBER  
573-579-4487

6. TYPE OF ELECTION (CHECK ONE)  
 PRIMARY  GENERAL  SPECIAL  CAUCUS

7. DATE OF ELECTION  
April 8, 2025

8. TYPE OF REPORT (CHECK ONE)  
 INITIAL REPORT  REPORT WITHIN 14 DAYS OF ELECTION  ADDITIONAL REPORT  OTHER

9. NAME OF CANDIDATE OR BALLOT MEASURE	10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION	11. CHECK ONE		12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT	
		SUPP	OPP					
Proposition Fire and Life Safety	Gordonville Fire Protection District, Cape Gir. County	✓		Michael Gentry 281 Shrum Rock Lane, Cape Girardeau MO 63701	Door Hangers for Informative printed material	1/17/25	\$132.78	
Proposition Fire and Life Safety	Gordonville Fire Protection District, Cape Gir. County	✓		Michael Gentry 281 Shrum Rock Lane, Cape Girardeau MO 63701	Vote Yes Yard Signs	1/17/25	\$112.25	
Proposition Fire and Life Safety	Gordonville Fire Protection District, Cape Gir. County	✓		Kristy Bleicroth 4218 Bloomfield Rd Cape Gir. Mo 63701	Vote Yes Yard Signs	1/17/25	\$25.00	
Proposition Fire and Life Safety	Gordonville Fire Protection District, Cape Gir. County	✓		Kristy Bleicroth 4218 Bloomfield Rd Cape Gir. Mo 63701	Vote Yes Yard Signs	2/6/25	\$175.68	
Proposition Fire and Life Safety	Gordonville Fire Protection District, Cape Gir. County	✓		Steve Corzine 465 Carolina Place Jackson MO 63755	Flyers for informative printed material	2/22/25	\$65.53	
16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)							\$	\$511.24

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: 03/28/25

573-579-4487