

## MISSOURI ETHICS COMMISSION

| N25019         | ,<br>                        |                                |          |  |  |
|----------------|------------------------------|--------------------------------|----------|--|--|
| 1. REPORT DATE | 2. FUNCTION OF REPORT (CHECK | FUNCTION OF REPORT (CHECK ONE) |          |  |  |
|                | INDEPENDENT EXPENDITURE      | ics Commission                 |          |  |  |
|                | STATEMENT (S-1)              | OR                             |          |  |  |
| 11/4/2025      | INTERNAL DISSEMINATION       | NOV                            | 0.7 2025 |  |  |
| 1 1/-T/2.U2.U  | REPORT (S-2)                 | IAOA                           | P / ZUZD |  |  |

| NON-COMMITTEE EXPENDITURE REPORT INSTRUCTIONS ON REVERSE SIDE 11/4/20    |  |                             |                      |  | STATEMENT (S-1) INTERNAL DISSEMINAT REPORT (S-2) | OR NOV           | 0 7 2025   |  |
|--|--|-----------------------------|----------------------|--|--|------------------|------------|--|
| 3. NAME OF PERSON OR<br>David Rhodus                                     | Receiv   | Received by Mail            |                      |  |  |                  |            |  |
| 4. MAILING ADDRESS   |  |                             |                      |  |  |                  |            |  |
| ADDRESS: 2021  | 5. TELEPHONE NUMBER  |                             |                      |  |  |                  |            |  |
| CITY/STATE/ZIP: Liber  | ty, MO 64068   |                             | -589-5759            |  |  |                  |            |  |
| 6. TYPE OF ELECTION (C   | CAUCUS   | 7. DATE OF ELECTION         |                      |  |  |                  |            |  |
| 8. TYPE OF REPORT (CH<br>INITIAL REPORT                                  |  | ITHIN 14 DA                 | YS OF ELE            | CTION  | ADDITIONAL REPORT                                | OTHER            |            |  |
| 9. NAME OF CANDIDATE<br>OR BALLOT MEASURE                                | 10. OFFICE SOUGHT<br>AND/OR POLITICAL<br>SUBDIVISION   | 11.CHECK<br>ONE<br>SUPP OPP | <b>EXI</b><br>12. PA | HEDULE OF<br>PENDITURES<br>YEE NAME AND<br>ADDRESS | 13. NATURE AND<br>PURPOSE OF<br>EXPENDITURE      | 14. DATE<br>MADE | 15. AMOUNT |  |
| Annexation Excelsior Springs,  |  |                             | Excelsion            | USPS<br>or Springs. , MO                           | Postage<br>for postcards                         |                  |            |  |
| МО   |  |                             |                      |  |  | 10/31/25         | 156.35     |  |
| Annexation   |  | !                           |                      | USPS   | Postage  | 10/01/20         | 130.33     |  |
| Excelsior Springs,   |  |                             | Excelsion            | or Springs. , MO                                   | · ·  |                  |            |  |
| MO   |  |                             |                      |  |  |                  |            |  |
|  | Control of the Contro |                             |                      |  |  | 10/31/25         | 670.85     |  |
|  |  |                             |                      |  |  |                  |            |  |
|  |  |                             |                      |  |  |                  |            |  |
|  |  |                             | ·                    |  |  |                  |            |  |
|  |  |                             |                      |  |  |                  | ·          |  |
|  |  |                             |                      |  |  |                  |            |  |
|  | - No. Germand Cons.  |                             |                      |  | · · · · · · · · · · · · · · · · · · ·            | NONE CO.         |            |  |
| 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 827.3                   |  |                             |                      |  |  |                  |            |  |
| 17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. |  |                             |                      |  |  |                  |            |  |
| SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT     |  |                             |                      |  |  | DATE             |            |  |
| ( ) aux ( thu  |  |                             |                      |  |  | 11/3/25          |            |  |