

Nile/D22



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

1. REPORT DATE 5/12/2026	2. FUNCTION OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) OR <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	OFFICE USE ONLY MAY 12 2026 Received by Email
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
AMERICANS FOR PROSPERITY

4. MAILING ADDRESS
ADDRESS: **4201 WILSON BLVD, STE 1000**
CITY / STATE / ZIP: **ARLINGTON, VA 22203**

5. TELEPHONE NUMBER
(703) 224-3200

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

7. DATE OF ELECTION
8/4/2026

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 SUPP OPP	SCHEDULE OF EXPENDITURES 12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Mike Jones	SD-34	✓ ✓	Targeted Victory LLC 2311 Wilson Blvd, Ste 200 Arlington, VA 22201	Digital Ad Production	5/11/2026	1,000.00
Mike Jones	SD-34	✓	In Pursuit Of LLC 4201 Wilson Blvd, Ste 900 Arlington, VA 22203	Digital Ad Placement	5/11/2026	11,000.00
Mike Jones	SD-34	✓	Ted Prill dba KAP Print 220 Quinn Dr., Dripping Springs, TX 78620	Mailer Printing and Production	5/11/2026	4,894.70
Mike Jones	SD-34	✓	USPS, 470 L'Enfant Plaza SW #604, Washington, DC 20024	Mailer Postage	5/11/2026	2,521.73
Chris Dinkins	HD-144	✓	Ted Prill dba KAP Print 220 Quinn Dr., Dripping Springs, TX 78620	Mailer Printing and Production	5/11/2026	2,056.58
Chris Dinkins	HD-144	✓	USPS, 470 L'Enfant Plaza SW #604, Washington, DC 20024	Mailer Postage	5/11/2026	608.63
Curtis Trent	SD-20	✓	Targeted Victory LLC 2311 Wilson Blvd, Ste 200 Arlington, VA 22201	Digital Ad Production	5/12/2026	1,000.00
Curtis Trent	SD-20	✓	In Pursuit Of LLC 4201 Wilson Blvd, Ste 900 Arlington, VA 22203	Digital Ad Placement	5/12/2026	7,600.00

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ **30,681.64**

17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. **N/A**

SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT *[Signature]* DATE **5/12/26**