



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

Naheoaid

|                              |                                                                                                                                                                                  |                                                     |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. REPORT DATE<br>07/16/2026 | 2. FUNCTION OF REPORT (CHECK ONE)<br><input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1)<br><input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2) | OFFICE USE ONLY<br>JUL 17 2026<br>Received by Email |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

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| 3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)<br>MOCS Action                                                                                                                                                         |                                     |
| 4. MAILING ADDRESS<br>ADDRESS: PO Box 33009<br>CITY / STATE / ZIP: Kansas City, MO 64114                                                                                                                                 | 5. TELEPHONE NUMBER<br>573-424-1689 |
| 6. TYPE OF ELECTION (CHECK ONE)<br><input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS                                         | 7. DATE OF ELECTION<br>08/04/2026   |
| 8. TYPE OF REPORT (CHECK ONE)<br><input checked="" type="checkbox"/> INITIAL REPORT <input type="checkbox"/> REPORT WITHIN 14 DAYS OF ELECTION <input type="checkbox"/> ADDITIONAL REPORT <input type="checkbox"/> OTHER |                                     |

| 9. NAME OF CANDIDATE OR BALLOT MEASURE | 10. OFFICE SOUGHT AND/OR POLITICAL SUBDIVISION | 11. CHECK ONE<br>SUPP   OPP | SCHEDULE OF EXPENDITURES<br>12. PAYEE NAME AND ADDRESS             | 13. NATURE AND PURPOSE OF EXPENDITURE  | 14. DATE MADE | 15. AMOUNT  |
|----------------------------------------|------------------------------------------------|-----------------------------|--------------------------------------------------------------------|----------------------------------------|---------------|-------------|
| Steve Butz                             | SD 4                                           | ✓                           | 40 North Advocacy, LLC, 7157 Camp Hill Rd, Ft Washington, PA 19034 | Mail production, postage, and shipping | 06/29/2026    | \$13,177.00 |
| Marlene Terry                          | HD 66                                          | ✓                           | 40 North Advocacy, LLC, 7157 Camp Hill Rd, Ft Washington, PA 19034 | Mail production, postage, and freight  | 07/14/2026    | \$5,326.20  |
| Steve Butz                             | SD 4                                           | ✓                           | 40 North Advocacy, LLC, 7157 Camp Hill Rd, Ft Washington, PA 19034 | Mail production, postage, and freight  | 07/14/2026    | \$11,900.60 |
| Marlene Terry                          | HD 66                                          | ✓                           | 40 North Advocacy, LLC, 7157 Camp Hill Rd, Ft Washington, PA 19034 | Mail production, postage, and freight  | 07/14/2026    | \$5,351.20  |
|                                        |                                                |                             |                                                                    |                                        |               |             |
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| 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)                                           | \$ | \$35,755.00           |
| 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<br>/s/ Noah Devine |    | DATE<br>July 17, 2026 |