



NAME: NAUOZIS

1. REPORT DATE 7/24/2026	2. FUNCTION OF REPORT (CHECK ONE) ☒ INDEPENDENT EXPENDITURE STATEMENT (S-1) OR ☐ INTERNAL DISSEMINATION REPORT (S-2)	OFFICE USE ONLY JUL 24 2026 Received by Email
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Barbara Nyden	
4. MAILING ADDRESS ADDRESS: 3209 County Road 3900 CITY / STATE / ZIP: Willow Springs, Missouri 65793	5. TELEPHONE NUMBER 417-855-0505
6. TYPE OF ELECTION (CHECK ONE) ☒ PRIMARY ☐ GENERAL ☐ SPECIAL ☐ CAUCUS	7. DATE OF ELECTION August 4, 2026
8. TYPE OF REPORT (CHECK ONE) ☒ INITIAL REPORT ☐ REPORT WITHIN 14 DAYS OF ELECTION ☐ ADDITIONAL REPORT ☐ OTHER	

[illegible]

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)		\$
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 <i>Barbara Nyden</i>		DATE 7/24/2026