



Missouri Ethics Commission

|                                  |                                                                                                                                                                                           |                                                                  |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. REPORT DATE<br><b>7/22/26</b> | 2. FUNCTION OF REPORT (CHECK ONE)<br><input type="checkbox"/> INDEPENDENT EXPENDITURE<br>STATEMENT (S-1) OR<br><input checked="" type="checkbox"/> INTERNAL DISSEMINATION<br>REPORT (S-2) | OFFICE USE ONLY<br><b>AUG 03 2026</b><br><b>Received by Mail</b> |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                                                                                                                                                  |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)<br>AFK-LIO                                                                                                                     |                                     |
| 4. MAILING ADDRESS<br>ADDRESS: 815 16th Street N.W.<br>CITY / STATE / ZIP: Washington, DC, 20006                                                                                 | 5. TELEPHONE NUMBER<br>202-637-5000 |
| 6. TYPE OF ELECTION (CHECK ONE)<br><input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS | 7. DATE OF ELECTION<br>11/3/2026    |

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)                                                                                                                                                                                          | \$                                                                 | 3,410.75 |
| 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                                                               |          |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">X</div> </div> | <div style="font-size: 2em; font-family: cursive;">7/22/2026</div> |          |

| 9. Name of Candidate or Ballot Measure | 10. Office Sought And/Or Political Subdivision | 11. Supp/Opp | 12. Payee Name and Address                           | 13. Nature and Purpose of Expenditure | 14. Expenditure Date | 15. Amount |
|----------------------------------------|------------------------------------------------|--------------|------------------------------------------------------|---------------------------------------|----------------------|------------|
| Amendment 4                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/13/2026            | 60.00      |
| Amendment 5                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/13/2026            | 60.00      |
| Amendment 4                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/14/2026            | 15.00      |
| Amendment 5                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/14/2026            | 15.00      |
| Amendment 4                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/15/2026            | 606.00     |
| Amendment 5                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/15/2026            | 606.00     |
| Amendment 4                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/16/2026            | 498.00     |
| Amendment 5                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/16/2026            | 498.00     |
| Amendment 4                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/19/2026            | 30.00      |
| Amendment 5                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/19/2026            | 30.00      |
| Amendment 4                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/20/2026            | 496.37     |
| Amendment 5                            | Statewide                                      | Oppose       | Mosaic<br>4801 Viewpoint Place<br>Cheverly, MD 20781 | Mail                                  | 7/20/2026            | 496.36     |
|                                        |                                                |              |                                                      | <b>Total</b>                          |                      | 3,410.73   |



N16/015

1. REPORT DATE

7/27/26

2. FUNCTION OF REPORT (CHECK ONE) Missouri Ethics Commission

## INDEPENDENT EXPENDITURE

☐ STATEMENT (S-1)  
☒ INTERNAL DISSEMINATION  
REPORT (S-2)

OR

AUG 03 2026

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

AFH-CIO

Received by Mail

4. MAILING ADDRESS

4. MAILING ADDRESS  
ADDRESS: 815 16th Street N.W.  
CITY / STATE / ZIP: Washington, DC 20006

CITY / STATE / ZIP:

5. TELEPHONE NUMBER

202-637-5000

6. TYPE OF ELECTION (CHECK ONE)

☐ PRIMARY

 GENERAL

 SPECIAL

CAUCUS

|                     |
|---------------------|
| 7. DATE OF ELECTION |
|---------------------|

11/3/2026

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

|   |   |   |
|---|---|---|
| S | K | K |
|---|---|---|

ATTACHED

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)

|    |           |
|----|-----------|
| \$ | 71,886.76 |
|----|-----------|

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 \_\_\_\_\_

7/27/2026

MO 300-0697 (10-06)

S-1 OR S-2

