N240152

Missouri Ethics Commission

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

1. REPORT DATE	2. FUNCTION OF REPORT (CHECK ONE)	OFFICE USE ONLY
	☑ INDEPENDENT EXPENDITURE STATEMENT (S-1) OR ☐ INTERNAL DISSEMINATION REPORT (S-2)	JUL 31 2026 Received by Email

3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
Missouri Workers Power

4. MAILING ADDRESS
ADDRESS: PO Box 63002
CITY / STATE / ZIP: St. Louis, MO 63163

5. TELEPHONE NUMBER
816-209-4522

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

7. DATE OF ELECTION
TBD

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	11. CHECK ONE OPP	SCHEDULE OF EXPENDITURES 12. PAYEE NAME AND ADDRESS	13. NATURE AND PURPOSE OF EXPENDITURE	14. DATE MADE	15. AMOUNT
Public Vote IP	Kansas City	✔		Staff Payroll	Staff hours on public vote IP	7/15/26	135.22

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) $ 135.22

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
Diana Martinez Quintana

DATE
7/31/26