



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

N7260721

Missouri Ethics Commission

|                           |                                                                                                                                                                                  |                                                     |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. REPORT DATE<br>8/10/26 | 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>AUG 10 2026<br>Received by Email |
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| 3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)<br>Health Forward Foundation                                                                                                                                           |                                                |                                                                               |                                                                    |                                                               |                 |                     |
| 4. MAILING ADDRESS<br>ADDRESS: 2300 Main St #304<br>CITY / STATE / ZIP: Kansas City, MO 64108                                                                                                                            |                                                |                                                                               |                                                                    | 5. TELEPHONE NUMBER<br>816 241-7006                           |                 |                     |
| 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>8/04/2026                              |                 |                     |
| 8. TYPE OF REPORT (CHECK ONE)<br><input type="checkbox"/> INITIAL REPORT <input checked="" 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. <input type="checkbox"/> OPP. <input type="checkbox"/> | SCHEDULE OF EXPENDITURES<br>12. PAYEE NAME AND ADDRESS             | 13. NATURE AND PURPOSE OF EXPENDITURE                         | 14. DATE MADE   | 15. AMOUNT          |
| Amendment 4 and Amendment 5                                                                                                                                                                                              |                                                | <input checked="" type="checkbox"/>                                           | GPS Impact 220 SE 6th St #330, Des Moines, IA 50309                | Social media ads (Contracts/payments pending. Date incurred.) | 7/17/2026       | \$12,800            |
| Amendment 4, Amendment 5, KCMO Questions 1 and 3                                                                                                                                                                         |                                                | <input checked="" type="checkbox"/>                                           | The Next Page KC 1216 Brooklyn Avenue, Kansas City, Missouri 64127 | Sponsored ad (Contracts/payments pending. Date incurred.)     | 6/19/2026       | \$6,500             |
|                                                                                                                                                                                                                          |                                                |                                                                               |                                                                    |                                                               |                 |                     |
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| 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)                                                                                                                                                                            |                                                |                                                                               |                                                                    |                                                               |                 | \$ 19300            |
| 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><i>M. Dylant Macklin, Health Forward Found.</i>                                                                                                  |                                                |                                                                               |                                                                    |                                                               | DATE<br>8/10/26 |                     |