

N269210



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

|                                   |                                                                                                                                                                                     |                                                                |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. REPORT DATE<br><b>10.20.26</b> | 2. FUNCTION OF REPORT (CHECK ONE)<br><input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) OR<br><input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2) | Missouri Ethics Commission<br>OCT 21 2026<br>Received by Email |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|

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

|                                                                                            |                                     |
|--------------------------------------------------------------------------------------------|-------------------------------------|
| 4. MAILING ADDRESS<br>ADDRESS: P.O. Box 33009<br>CITY / STATE / ZIP: Kansas City, MO 64114 | 5. TELEPHONE NUMBER<br>573-424-1689 |
|--------------------------------------------------------------------------------------------|-------------------------------------|

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| 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>August 4, 2026 |
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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<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                             | State Senator                                  |                             | 40 North Advocacy, LLC<br>7157 Camp Hill Rd<br>Ft. Washington, PA 19034 | Data for Mailing                      | 10.19.26      | \$663.32   |
| David Dimmitt                          | State Representative                           |                             | 40 North Advocacy, LLC<br>7157 Camp Hill Rd<br>Ft. Washington, PA 19034 | Data for Mailing                      | 10.19.26      | \$233.24   |
| Demetrius Upchurch, Sr.                | State Representative                           |                             | 40 North Advocacy, LLC<br>7157 Camp Hill Rd<br>Ft. Washington, PA 19034 | Data for Mailing                      | 10.19.26      | \$206.36   |
|                                        |                                                |                             |                                                                         |                                       |               |            |
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| 16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) | \$ 1,102.92 |
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17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. \_\_\_\_\_

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| SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT<br>/s/ Alixandra S. Cossette | DATE |
|---------------------------------------------------------------------------------------------------|------|