Missouri Ethics Commission

COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C253309

INSTRUCTIONS ON REVERSE SIDE

1. DATE OF REPORT	OFFICE USE ONLY
3/31/2025	

2. FULL NAME OF COMMITTEE
71 Percent PAC

3. COMMITTEE MAILING ADDRESS
409 N 15th St

CITY / STATE / ZIP
Saint Louis MO 63103

4. COMMITTEE TELEPHONE NUMBER
(314) 399-8904

5. TREASURER'S NAME
Tom Platten

6. TREASURER'S MAILING ADDRESS
409 N 15th Street

CITY / STATE / ZIP
Saint Louis MO 63103

7. TREASURER'S TELEPHONE NUMBER
HOME: (314) 399-8904
WORK:

8. DEPUTY TREASURER'S NAME ☐ CHECK IF NO DEPUTY TREASURER
Maureen Gelzer

9. DEPUTY TREASURER'S MAILING ADDRESS
409 N 15th St Saint Louis MO 63103

CITY / STATE / ZIP

10. DEPUTY TREASURER'S TELEPHONE NUMBER
HOME: (314) 399-8904
WORK:

11. DATE OF ELECTION
4/8/2025

12. TYPE OF ELECTION (CHECK ONE)
○ PRIMARY ◉ GENERAL ○ SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT
FROM 1/19/2025 THROUGH 3/27/2025

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

☐ CHECK IF INCUMBENT

☐ REPUBLICAN ☐ DEMOCRAT ☐ _____

15. TYPE OF REPORT

☐ 15 DAYS AFTER CAUCUS NOMINATION
☐ COMMITTEE QUARTERLY REPORT
☐ Jan 15 ☐ Apr 15 ☐ Jul 15 ☐ Oct 15
☑ 8 DAYS BEFORE
☐ 30 DAYS AFTER ELECTION
☐ TERMINATION (ATTACH FORM CO-3)
☐ SEMIANNUAL DEBT REPORT
☐ Jan 15 ☐ Jul 15
☐ ANNUAL SUPPLEMENTAL, JAN 15
☐ 15 DAYS AFTER PETITION DEADLINE
☐ OTHER
☐ AMENDING PREVIOUS REPORT DATED
_____ — _____, 20 ____

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

ELECTRONICALLY FILED Mar 31 2025 12:30PM

TREASURER'S SIGNATURE

17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

ELECTRONICALLY FILED Mar 31 2025 12:30PM

CANDIDATE'S SIGNATURE

Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
71 Percent PAC	3/31/2025	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle
1. Total Receipts For This Election Previously Reported		$ 100.00
2. All Monetary Contributions Received This Period	$ 80,000.00	
3. All Loans Received This Period	+ 0.00	
4. Miscellaneous Receipts This Period	+ 0.00	
5. **Subtotal** Monetary Receipts This Period (Sum 2A + 3A + 4A)	$ 80,000.00	
6. In-kind Contributions Received This Period	+ 0.00	
7. **Total** All Receipts This Period (Sum 5A + 6A)	$ 80,000.00	
8. **Total All Receipts This Election** (Sum 1B + 7A)		$ 80,100.00

Expenditures	A. This Period	B. This Calendar Yr or Election Cycle
9. Total Expenditures for this election previously reported		$ 0.00
10. Expenditures made by cash or check this period	$ 77,897.24	
11. In-Kind Expenditures made this period	+ 0.00	
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00	
13. **Total** All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	$ 77,897.24	
14. **Total Expenditures This Election** (Sum 9B + 13A)		$ 77,897.24

Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle
15. Total Contributions Made For This Election Previously Reported		$ 0.00
16. All Contributions Made This Period (25A or 25B of CD3) A	0.00	⇦ Cash/Check
16. All Contributions Made This Period (25A or 25B of CD3) B	0.00	⇦ Credit Card
17. All In-Kind Contributions Made This Period	+ 0.00	
18. **Total** Contributions Made This Period (Sum 16A + 17A)	$ 0.00	
19. **Total All Contributions Made This Election** (Sum 15B + 18A)		$ 0.00

Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00	
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00	
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00	
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	$ 0.00	

Statement of Beginning and Ending Financial Condition

Money On Hand

24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	$ 100.00
25. Monetary Receipts this Period (From Item 5 - this page)	+ 80,000.00
26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check $ 77,897.24 b) Disbursements By Cash $ 0.00	- 77,897.24
27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	$ 2,202.76

Indebtedness

28. Outstanding Indebtedness at the beginning of this period	$ 0.00
29. Loans Received This Period	+ 0.00
30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
31. Payments Made on Loans This Period	- 0.00
32. Debt Forgiven on Loans This Period	- 0.00
33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	$ 0.00

MISSOURI ETHICS COMMISSION

CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE	2. REPORT DATE
71 Percent PAC	3/31/2025

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN $100 TO A COMMITTEE. **3. NAME, ADDRESS AND OCCUPATION** (LIST COMMITTEES FIRST)	4. DATE RECEIVED / AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: ☐ COMMITTEE:	$	$ ☐ MONETARY ☐ IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE:	$	$ ☐ MONETARY ☐ IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE:	$	$ ☐ MONETARY ☐ IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE:	$	$ ☐ MONETARY ☐ IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: ☐ COMMITTEE:	$	$ ☐ MONETARY ☐ IN-KIND

6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)	$ 0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES	+ $ 80,000.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)	$ 80,000.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS **MONETARY** CONTRIBUTIONS	$ 80,000.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS **IN-KIND** CONTRIBUTIONS	$ 0.00
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)	AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A	$ 0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING $25 OR LESS	$ 0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING $100 OR LESS	$ 0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING $100 OR LESS	$ 0.00

C. LOANS RECEIVED 15. NAME AND ADDRESS OF LENDER	16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN $100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:		$
NAME: ADDRESS: CITY / STATE:		$

18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)	$ 0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES	$ 0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)	$ 0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)	$ 0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)	$ 80,000.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)	$ 80,000.00

MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: 71 Percent PAC

DATE: 3/31/2025

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than $100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN $100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Gary Grewe CITY / STATE: 9109 Watson Road Saint Louis MO 63126 EMPLOYER: GJ Grewe -- Brokerage & Development Principal ☐ COMMITTEE:	2/25/2025 $ 10,000.00	$ 10,000.00 ☑ MONETARY ☐ IN-KIND
NAME: ADDRESS: Robert Clark CITY / STATE: 8039 Park Drive Saint Louis MO 63117 EMPLOYER: Clayco -- Founder and Executive Chairman ☐ COMMITTEE:	2/25/2025 $ 10,000.00	$ 10,000.00 ☑ MONETARY ☐ IN-KIND
NAME: ADDRESS: Robert Brinkman CITY / STATE: 5 Barn Road Defiance MO 63341 EMPLOYER: Brinkman CM -- CEO ☐ COMMITTEE:	2/25/2025 $ 25,000.00	$ 25,000.00 ☑ MONETARY ☐ IN-KIND
NAME: ADDRESS: Richard Arnoldy CITY / STATE: 418 Yorkshire Place Saint Louis MO 63119 EMPLOYER: retired -- retired ☐ COMMITTEE:	3/6/2025 $ 10,000.00	$ 10,000.00 ☑ MONETARY ☐ IN-KIND
NAME: ADDRESS: Scott Bitney CITY / STATE: 1725 Warson Estates Saint Louis MO 63124 EMPLOYER: LOCATION -- Principal ☐ COMMITTEE:	3/6/2025 $ 2,500.00	$ 2,500.00 ☑ MONETARY ☐ IN-KIND
NAME: ADDRESS: Ian Silberman CITY / STATE: 9211 Ladue Road Saint Louis MO 63124 EMPLOYER: LOCATION -- Principal ☐ COMMITTEE:	3/6/2025 $ 2,500.00	$ 2,500.00 ☑ MONETARY ☐ IN-KIND
NAME: ADDRESS: Brinkmann Constructors CITY / STATE: 16650 Chesterfield Grove Road Chesterfield MO 63005 EMPLOYER: ☐ COMMITTEE:	3/11/2025 $ 15,000.00	$ 15,000.00 ☑ MONETARY ☐ IN-KIND
NAME: ADDRESS: Gerald Kerr CITY / STATE: 900 Fox Ridge Road Frontenac MO 63131 EMPLOYER: Gateway Studios and Production Services -- Vice Chairman ☐ COMMITTEE:	3/18/2025 $ 5,000.00	$ 5,000.00 ☑ MONETARY ☐ IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS --

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
Instructions on Reverse Side

Office Use Only

1. Name of Committee	2. Report Date
71 Percent PAC	3/31/2025

A. Expenditures of $100 or Less by Category (List Payments to Campaign Workers in Section B Below) 3. Category of Expenditure	4. Amount Paid or Incurred This Period
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)	$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages	+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)	$ 0.00

B. Itemized Expenditures All Over $100 And All Payments To Campaign Workers 8. Name and Address of Recipient	9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amount This Period
Name: Address: City / State:			$ ☐ Paid ☐ Incurred
Name: Address: View Supplemental Form(s) City / State:			$ ☐ Paid ☐ Incurred
Name: Address: City / State:			$ ☐ Paid ☐ Incurred
12. Subtotal: This Page (Sum Column 11)			$ 0.00
13. Subtotal: Any Attached Pages			+ 77,897.24
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			$ 77,897.24
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			$ 77,897.24
16. Amount of Line 15 Above which was Paid Out This Period			$ 77,897.24
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			$ 0.00

C. Contributions Made (Regardless of Amount) 20. Name and Address of Candidate or Committee	21. Date	22. Amount
Name: Address: City / State:		$ ☐ Monetary ☐ In-Kind
Name: Address: City / State:		$ ☐ Monetary ☐ In-Kind
Name: Address: City / State:		$ ☐ Monetary ☐ In-Kind
23. Subtotal: This Page (Sum Column 22)		$ 0.00
24. Subtotal: Any Attached Pages		$ 0.00
25. Total: Monetary Contributions Made This Period	A. By Cash / Check	$ 0.00
	B. By Credit Card	$ 0.00
26. If Committee Made Any Loans This Period, List Amount		$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)		$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount		$ 0.00

MISSOURI ETHICS COMMISSION

ITEMIZED EXPENDITURES OVER $100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: 71 Percent PAC

REPORT DATE: 3/31/2025

ITEMIZED EXPENDITURES ALL OVER $100 AND ALL PAYMENTS TO CAMPAIGN WORKERS NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/14/2025	mailing $	$ 6,020.50 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/14/2025	list fees $	$ 145.00 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/14/2025	digital advertising $	$ 3,000.00 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/19/2025	mailing $	$ 18,433.32 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/19/2025	mail list $	$ 415.00 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/20/2025	mailing $	$ 6,020.50 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/21/2025	digital advertising $	$ 4,609.10 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/21/2025	digital advertising $	$ 12,000.00 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/25/2025	mailing $	$ 6,020.50 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/25/2025	mailing $	$ 18,433.32 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Lois MO 63103	3/25/2025	digital advertising $	$ 2,000.00 ☑ PAID ☐ INCURRED
NAME: ADDRESS: Show Me Victories LLC 409 N 15th Street CITY / STATE: Saint Louis MO 63103	3/25/2025	compliance $	$ 800.00 ☑ PAID ☐ INCURRED
NAME: ADDRESS: CITY / STATE:		$	$ ☐ PAID ☐ INCURRED
NAME: ADDRESS: CITY / STATE:		$	$ ☐ PAID ☐ INCURRED
NAME: ADDRESS: CITY / STATE:		$	$ ☐ PAID ☐ INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER $100 AND ALL PAYMENTS TO CAMPAIGN WORKERS **(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)**			$ --

MISSOURI ETHICS COMMISSION

DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE	2. REPORT DATE
71 Percent PAC	3/31/2025

DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A. CANDIDATES

3. CANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE SUPP.	5. CHECK ONE OPP.	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: ADDRESS: CITY STATE ZIP:					$
NAME: View Attached Form(s) ADDRESS: CITY STATE ZIP:					$
NAME: ADDRESS: CITY STATE ZIP:					$
NAME: ADDRESS: CITY STATE ZIP:					$

B. BALLOT MEASURES

8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9. ELECTION DATE	10. CHECK ONE SUPP.	10. CHECK ONE OPP.	11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
BALLOT MEASURE: POLITICAL SUBDIVISION:				$	$
BALLOT MEASURE: POLITICAL SUBDIVISION:				$	$
BALLOT MEASURE: POLITICAL SUBDIVISION:				$	$

MISSOURI ETHICS COMMISSION

DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

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1. NAME OF COMMITTEE	2. REPORT DATE
71 Percent PAC	3/31/2025

DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A. CANDIDATES

3. CANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE SUPP.	5. CHECK ONE OPP.	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: Alisha Sonnier ADDRESS: 2825 Winnebago Street CITY STATE ZIP: Saint Louis MO 63118	7th Ward Alderman		✔	3/14/2025	$ 3,010.25
NAME: Tishaura Jones ADDRESS: 5525 Cabanne CITY STATE ZIP: Saint Louis MO 63156	Mayor		✔	3/14/2025	$ 3,010.25
NAME: Alisha Sonnier ADDRESS: 2825 Winnebago Street CITY STATE ZIP: Saint Louis MO 63118	7th Ward Alderman		✔	3/14/2025	$ 1,000.00
NAME: Tishaura Jones ADDRESS: 5525 Cabanne CITY STATE ZIP: Saint Louis MO 63156	Mayor		✔	3/14/2025	$ 1,000.00
NAME: Cedric Redmon ADDRESS: 3023 Iowa Avenue CITY STATE ZIP: Saint Louis MO 63118	7th Ward Alderman	✔		3/14/2025	$ 1,000.00
NAME: Donna Baringer ADDRESS: 5942 Bishops Place CITY STATE ZIP: Saint Louis MO 63109	Comptroller	✔		3/19/2025	$ 9,216.66
NAME: Cara Spencer ADDRESS: 3407 South Jefferson CITY STATE ZIP: Saint Louis MO 63118	Mayor	✔		3/19/2025	$ 9,216.66
NAME: Alisha Sonnier ADDRESS: 2825 Winnebago Street CITY STATE ZIP: Saint Louis MO 63118	7th Ward Alderman		✔	3/20/2025	$ 3,010.25

MISSOURI ETHICS COMMISSION

DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE	2. REPORT DATE
71 Percent PAC	3/31/2025

DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A. CANDIDATES

3. CANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE SUPP.	5. CHECK ONE OPP.	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: Tishaura Jones ADDRESS: 5525 Cabanne CITY STATE ZIP: Saint Louis MO 63156	Mayor		✔	3/20/2025	$ 3,010.25
NAME: Laura Keys ADDRESS: 4541 Athlone Avenue CITY STATE ZIP: Saint Louis MO 63115	11th Ward Alderman	✔		3/21/2025	$ 4,609.10
NAME: Cara Spencer ADDRESS: 3407 South Jefferson CITY STATE ZIP: Saint Louis MO 63118	Mayor	✔		3/21/2025	$ 8,000.00
NAME: Donna Baringer ADDRESS: 5942 Bishops Place CITY STATE ZIP: Saint Louis MO 63109	Comptroller	✔		3/21/2025	$ 4,000.00
NAME: Cedric Redmon ADDRESS: 3023 Iowa Avenue CITY STATE ZIP: Saint Louis MO 63118	7th Ward Alderman	✔		3/25/2025	$ 6,020.50
NAME: Darlene Green ADDRESS: PO Box 300155 CITY STATE ZIP: Saint Louis MO 63130	Comptroller		✔	3/25/2025	$ 6,144.44
NAME: Tishaura Jones ADDRESS: 55 Cabanne CITY STATE ZIP: Saint Louis MO 63156	Mayor		✔	3/25/2025	$ 6,144.44
NAME: Cara Spencer ADDRESS: 3407 South Jefferson CITY STATE ZIP: Saint Louis MO 63118	Mayor	✔		3/25/2025	$ 6,144.44

MISSOURI ETHICS COMMISSION

DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE	2. REPORT DATE
71 Percent PAC	3/31/2025

DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A. CANDIDATES

3. CANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE SUPP.	5. CHECK ONE OPP.	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: Laura Keys ADDRESS: 4541 Athlone Avenue CITY STATE ZIP: Saint Louis MO 63115	11th Ward Alderman	✔		3/25/2025	$ 2,000.00
NAME: ADDRESS: CITY STATE ZIP:					$
NAME: ADDRESS: CITY STATE ZIP:					$
NAME: ADDRESS: CITY STATE ZIP:					$
NAME: ADDRESS: CITY STATE ZIP:					$
NAME: ADDRESS: CITY STATE ZIP:					$
NAME: ADDRESS: CITY STATE ZIP:					$

MISSOURI ETHICS COMMISSION

INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

NAME OF COMMITTEE: 71 Percent PAC

DATE: 3/31/2025

ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Show Me Victories LLC 409 N 15th Street Saint Louis MO 63105	3/25/2025	compliance	800.00	800.00
TOTAL ALL PAGES ➡				800.00

FORM CD-8