



# MISSOURI ETHICS COMMISSION

CONTRIBUTION OF MORE THAN \$5,000.00 RECEIVED BY ANY COMMITTEE FROM ANY SINGLE DONOR - TO BE FILED WITHIN 48 HOURS OF RECEIVING THE CONTRIBUTION

MEC ID: C000824

|                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE<br>21st Century St. Louis PAC                                                                                                                                                                                                                                                                          |                  | DATE<br>11/13/2024                                                                               |
| <b>INSTRUCTIONS</b>                                                                                                                                                                                                                                                                                                      |                  |                                                                                                  |
| <b>PURPOSE:</b> The purpose of this form is to report within 48 hours the receipt of a single contribution of more than \$5,000.00 received from any single contributor. This information should also be included in the next full disclosure report filed by your committee. Required Pursuant To Section 130.044 RSMo. |                  |                                                                                                  |
| 1. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)                                                                                                                                                                                                                                                                  | 2. DATE RECEIVED | 3. AMOUNT RECEIVED<br>(CHECK IF MONETARY OR IN-KIND)                                             |
| NAME: Andrew C. Taylor<br>ADDRESS: Executive Chairman of Enterprise Mobility<br>CITY / STATE: P.O. Box 16620<br>EMPLOYER: Saint Louis, MO 63105<br><input type="checkbox"/> COMMITTEE:                                                                                                                                   | 11/12/2024       | \$ 25,000.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                                                                                                                   |                  | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                  |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                                                                                                                   |                  | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                  |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                                                                                                                   |                  | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                  |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                                                                                                                   |                  | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                  |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                                                                                                                   |                  | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                  |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                                                                                                                   |                  | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                  |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                                                                                                                   |                  | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                  |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                                                                                                                   |                  | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                  |