



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C222307

1. DATE OF REPORT 4/15/2024	OFFICE USE ONLY
------------------------------------	-----------------

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Committee to Elect Michael Browning	
3. COMMITTEE MAILING ADDRESS 4431 Oakland Ave	4. COMMITTEE TELEPHONE NUMBER (314) 884-0707
CITY / STATE / ZIP Saint Louis MO 63110	
5. TREASURER'S NAME Sarah Mangapora	
6. TREASURER'S MAILING ADDRESS 4565 Arco Ave	7. TREASURER'S TELEPHONE NUMBER HOME: (859) 229-8035 WORK:
CITY / STATE / ZIP Saint Louis MO 63110	
8. DEPUTY TREASURER'S NAME ☒ CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) ☐ PRIMARY ☐ GENERAL ☐ SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/1/2024 THROUGH 3/31/2024	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Michael Browning 4431 Oakland Ave Saint Louis MO 63110 (314) 884-0707 Alderperson City of St. Louis ☐ CHECK IF INCUMBENT ☐ REPUBLICAN ☐ DEMOCRAT ☒ Non-Partisan	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 Apr 15 2024 4:30PM _____ 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 Apr 15 2024 4:30PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Committee to Elect Michael Browning	4/15/2024	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 18,856.66		
2. All Monetary Contributions Received This Period	\$ 515.00			
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)	\$ 515.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 515.00			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 19,371.66		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 31,177.30		
10. Expenditures made by cash or check this period	\$ 3,447.29			
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)	\$ 3,447.29			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 34,624.59		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 170.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← 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)		\$ 170.00		
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			
			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)	\$ 3,114.51
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 515.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 3,447.29 b) Disbursements By Cash \$ 0.00	- 3,447.29
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 182.22
			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 Committee to Elect Michael Browning		2. REPORT DATE 4/15/2024	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) 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
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		+ \$ 515.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 515.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 515.00	
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		16. DATE RECEIVED	
15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE:		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)		\$ 515.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 515.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Committee to Elect Michael Browning	DATE 4/15/2024
--	-------------------

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.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Scott Intagliata CITY / STATE: 5146 Waterman Blvd. EMPLOYER: Saint Louis MO 63108 ☐ COMMITTEE: Unico Inc. -- Marketing	1/1/2024 ----- \$ 275.00	\$ 25.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Sarah Mangapora CITY / STATE: 4565 Arco Avenue EMPLOYER: Saint Louis MO 63110 ☐ COMMITTEE: Tarlton Corporation -- Project Manager	1/17/2024 ----- \$ 70.00	\$ 10.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Mariah West CITY / STATE: 225 W 7th Ave. EMPLOYER: Cheyenne WY 82001 ☐ COMMITTEE: WUSTL -- Research Admin	1/21/2024 ----- \$ 80.00	\$ 10.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Ann Mandelstamm CITY / STATE: 4525 Lindell Blvd. #304 EMPLOYER: Saint Louis MO 63108 ☐ COMMITTEE: Not Employed -- Not Employed	1/23/2024 ----- \$ 120.00	\$ 15.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Deneen Dickler CITY / STATE: 97 Old Jaffrey Rd. EMPLOYER: Rindge NH 03461 ☐ COMMITTEE: Not Employed -- Not Employed	1/26/2024 ----- \$ 100.00	\$ 20.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Scott Intagliata CITY / STATE: 5146 Waterman Blvd. EMPLOYER: Saint Louis MO 63108 ☐ COMMITTEE: Unico Inc. -- Marketing	2/1/2024 ----- \$ 300.00	\$ 25.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: William Sharpless CITY / STATE: 4463 Westminster Pl. EMPLOYER: Saint Louis MO 63108-1812 ☐ COMMITTEE: Not Employed -- Not Employed	2/12/2024 ----- \$ 100.00	\$ 100.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Sarah Mangapora CITY / STATE: 4565 Arco Avenue EMPLOYER: Saint Louis MO 63110 ☐ COMMITTEE: Tarlton Corporation -- Project Manager	2/17/2024 ----- \$ 80.00	\$ 10.00 ☒ MONETARY ☐ IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

--

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Committee to Elect Michael Browning	DATE 4/15/2024
--	-------------------

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.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Mariah West CITY / STATE: 225 w 7th Ave. EMPLOYER: Cheyenne WY 82001 WUSTL -- Research Admin ☐ COMMITTEE:	2/21/2024 ----- \$ 90.00	\$ 10.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Ann Mandelstamm CITY / STATE: 4525 Lindell Blvd. #304 EMPLOYER: Saint Louis MO 63108 Not Employed -- Not Employed ☐ COMMITTEE:	2/23/2024 ----- \$ 135.00	\$ 15.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Deneen Dickler CITY / STATE: 97 Old Jaffrey Rd. EMPLOYER: Rindge NH 03461 Not Employed -- Not Employed ☐ COMMITTEE:	2/26/2024 ----- \$ 120.00	\$ 20.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Dennis Lane CITY / STATE: 4466 West Pine Blvd. EMPLOYER: Saint Louis MO 63108 Not Employed -- Not Employed ☐ COMMITTEE:	2/29/2024 ----- \$ 50.00	\$ 25.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Scott Intagliata CITY / STATE: 5146 Waterman Blvd. EMPLOYER: Saint Louis MO 63108 Unico Inc. -- Marketing ☐ COMMITTEE:	3/1/2024 ----- \$ 325.00	\$ 25.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: John Cooper CITY / STATE: 4466 West Pine Blvd. Apt 22D EMPLOYER: Saint Louis MO 63108 Washington Univ -- Professor ☐ COMMITTEE:	3/1/2024 ----- \$ 100.00	\$ 100.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Sarah Mangapora CITY / STATE: 4565 Arco Ave. EMPLOYER: Saint Louis MO 63110 Tarlton Corporation -- Project Manager ☐ COMMITTEE:	3/17/2024 ----- \$ 90.00	\$ 10.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Mariah West CITY / STATE: 225 West 7th Ave. EMPLOYER: Cheyenne WY 82001 WUSTL -- Research Admin ☐ COMMITTEE:	3/21/2024 ----- \$ 100.00	\$ 10.00 ☒ MONETARY ☐ IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

--

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Committee to Elect Michael Browning	DATE 4/15/2024
--	-------------------

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.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Ann Mandelstamm CITY / STATE: 4525 Lindell Blvd. #304 Saint Louis MO 63108 EMPLOYER: Not Employed -- Not Employed ☐ COMMITTEE:	3/23/2024 ----- \$ 150.00	\$ 15.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Deneen Dickler CITY / STATE: 97 Old Jaffrey Rd. Rindge NH 03461 EMPLOYER: Not Employed -- Not Employed ☐ COMMITTEE:	3/26/2024 ----- \$ 140.00	\$ 20.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Rodney Uhrig CITY / STATE: 4466 West Pine Blvd. 11F Saint Louis MO 63108 EMPLOYER: Rabo Diversified Services -- Banker ☐ COMMITTEE:	3/30/2024 ----- \$ 25.00	\$ 25.00 ☒ MONETARY ☐ IN-KIND
NAME: ADDRESS: Michaele Hymes CITY / STATE: 2160 Mason Lake Dr. Ballwin MO 63011 EMPLOYER: Not Employed -- Not Employed ☐ COMMITTEE:	3/30/2024 ----- \$ 50.00	\$ 25.00 ☒ 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

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 Committee to Elect Michael Browning		2. Report Date 4/15/2024	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)		4. Amount Paid or Incurred This Period	
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)		\$ 0.00	
6. Subtotal: Non-Itemized Expenditures Any Attached Pages		+ 164.41	
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)		\$ 164.41	
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	
8. Name and Address of Recipient		9. Date	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		+ 3,282.88	
14. Total: Itemized Expenditures This Period (Sum 12 + 13)		\$ 3,282.88	
15. Total: Monetary Expenditures This Period (Sum 7 + 14)		\$ 3,447.29	
16. Amount of Line 15 Above which was Paid Out This Period		\$ 3,447.29	
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)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
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	



4

FORM CD 3 SUP A



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Committee to Elect Michael Browning		REPORT DATE 4/15/2024	
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: Meyers Okohson Political Consulting ADDRESS: 6780 Southwest Avenue CITY/STATE: Saint Louis MO 63143	2/20/2024	Campaign & Finance Management \$	\$ ☒ PAID 897.35 ☐ INCURRED
NAME: Meyers Okohson Political Consulting ADDRESS: 6780 Southwest Avenue CITY/STATE: Saint Louis MO 63143	3/7/2024	Campaign & Finance Management \$	\$ ☒ PAID 126.56 ☐ INCURRED
NAME: Meyers Okohson Political Consulting ADDRESS: 6780 Southwest Avenue CITY/STATE: Saint Louis MO 63143	3/15/2024	Campaign & Finance Management \$	\$ ☒ PAID 800.00 ☐ INCURRED
NAME: Meyers Okohson Political Consulting ADDRESS: 6780 Southwest Avenue CITY/STATE: Saint Louis MO 63143	3/21/2024	Campaign & Finance Management \$	\$ ☒ PAID 226.59 ☐ INCURRED
NAME: Meyers Okohson Political Consulting ADDRESS: 6780 Southwest Avenue CITY/STATE: Saint Louis MO 63143	1/23/2024	Campaign & Finance Management \$	\$ ☒ PAID 1,103.60 ☐ INCURRED
NAME: Meyers Okohson Political Consulting ADDRESS: 6780 Southwest Avenue CITY/STATE: Saint Louis MO 63143	2/7/2024	Campaign & Finance Management \$	\$ ☒ PAID 128.78 ☐ INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ ☐ PAID ☐ INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ ☐ PAID ☐ INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ ☐ PAID ☐ INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ ☐ PAID ☐ INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ ☐ 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)			\$ --