



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

| | | |
|----------------------------------|---|-----------------------|
| 1. REPORT DATE August 5, 2010 | 2. FUNCTION OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) OR <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2) | OFFICE USE ONLY SA |
|----------------------------------|---|-----------------------|

3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S)
 Missouri Hospital Association N081011

4. MAILING ADDRESS
 ADDRESS: P.O. Box 60
 CITY / STATE / ZIP: Jefferson City

5. TELEPHONE NUMBER
 573/893-3700

6. TYPE OF ELECTION (CHECK ONE)
 PRIMARY GENERAL SPECIAL CAUCUS

7. DATE OF ELECTION
 August 3, 2010

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 | | 12. PAYEE NAME AND ADDRESS | 13. NATURE AND PURPOSE OF EXPENDITURE | 14. DATE MADE | 15. AMOUNT |
|--|--|---------------|-----|---|--|---------------|------------|
| | | SUPP | OPP | | | | |
| Proposition C | State Ballot Initiative | | ✓ | Gold Communications 1617 West 6th, Suite B Austin, TX 78703 | Production and Postage for direct mail | 08/05/2010 | \$461.37 |
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MISSOURI ETHICS COMMISSION
 AUG 05 2010
 HAND DELIVERED

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15) \$ 461.37

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 DATE
[Signature] August 5, 2010