

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	

Statement of Limited Activity Report

1.	Statement Information						
	Date:	MEC ID					
	Date of Election	Type of Election (Primary/General/Special)	From Time Period Covered by t	Through			
	Is this a Candidate Committee?	P □ Yes □ No					
	If yes, include: Name of Candidate		Office Sought		Political Party		
_			Office Jought		Tollical Farty		
2.	Committee Information						
	Committee Name						
	Committee's Mailing Address, City, State, & Zip						
	Committee's Phone Number	Other Phone Number	Committee's Official Ema	ail Addross			
		Other Phone Number	Committee's Official Effic	all Address			
3.	Treasurer Information						
	Treasurer Name						
	Treasurer's Mailing Address, City, State, & Zip						
	Treasurer's Phone Number	Other Phone Number	Treasurer's Email Addres	SS.			
4.	Deputy Treasurer Information		rreasurer s Email Address				
	p						
	Deputy Treasurer Name						
	Deputy Treasurer's Mailing Address, City, State,	, & Zip					
	Deputy Treasurer's Phone Number	Other Phone Number	Deputy Treasurer's Email	l Address			
5.	Type of Report						
	Indicate which report this State	Indicate which report this Statement is being filed for in lieu of a Full Disclosure Report:					
	☐ 40 Day Before Election						
	☐ 8 Day Before Election F	Report	Quarterly Election Rep	☐ April 15			
	□ 30 Day After Election R□ 15 Day After Caucus No		☐ July 15	☐ October 15			
	□ 15 Day After Caucus No	omination Report L	15 Day After Petition F	Report			
6.	Signature(s)						
	☐ I certify that neither the aggregate amount of contributions received nor the aggregate amount of expenditures made						
	Committee exceeded five hundred dollars (\$500) since the last Full Disclosure Report was filed, nor has a single contributor						
	contributed more than three h	undred dollars (\$300) during	his reporting period.				
	Committee Treasurer's Signature		Candidate (Candidate Co	ommittees Only)			

Statement of Limited Activity Instructions:

Filed in place of a Full Disclosure Report for those reporting periods during which a committee has little or no financial activity.

NOTES:

- A. Any contribution received or expenditure made which is not disclosed because a Statement of Limited Activity Report is filed instead of a Full Disclosure Report must be carried over and included in the next Full Disclosure Report filed by the committee.
- B. A committee can file a Statement of Limited Activity Report (instead of a Full Disclosure Report) for any reporting period only:
 - a. If Contributions received are \$500 or less since the last Full Disclosure Report was filed;
 - b. If Expenditures made are \$500 or less since the last Full Disclosure Report was filed;
 - c. If no single contributor contributed more than \$300 during the reporting period.
- C. A committee **cannot** file a Statement of Limited Activity Report:
 - a. For two (2) or more consecutive reporting period if either contributions received or expenditures made during those reporting periods exceed \$500;
 - b. For the 30 Day After Election Report, if the committee has a deficit (debt) of more than \$5,000;
 - c. For any report filed after the 30 Day After Election Report, if the committee has a deficit (debt) of more than \$1,000.
- D. To aid in record-keeping and reporting, MEC recommends filing all committees file a Full Disclosure Report at least once per year.

1. Statement Information:

- a. Enter date and MEC ID (if known).
- b. Enter date of election, type of election (primary/general/special) and time period (opening and closing dates) covered by this statement. The time period for a Statement of Limited Activity Report begins the day after the committee's last filed report ended. The time period for a Full Disclosure Report begins the day after the last filed Full Disclosure Report (not Statement of Limited Activity Report) ended.
- c. If a candidate committee, select yes and enter name of candidate, political subdivision (state representative district, county, city, etc.) and office sought, and political party of candidate.

2. Committee Information:

- a. Enter full name of the committee, as it is registered.
- b. Enter committee's mailing address, city, state and zip code.
- c. Enter committee's phone number(s) (including area codes), and email address.

3. Treasurer Information:

- a. Enter treasurer's name.
- b. Enter treasurer's mailing address, city, state and zip code.
- c. Enter treasurer's phone number(s) (including area codes), and email address.

4. Deputy Treasurer Information (if one has been appointed):

- a. Enter deputy treasurer's name.
- b. Enter deputy treasurer's mailing address, city, state and zip code.
- c. Enter deputy treasurer's phone number(s) (including area codes), and email address.

5. Type of Report:

a. Indicate which report this Statement is being filed for in lieu of a Full Disclosure Report. If this is for a Quarterly Report, indicate which quarterly report.

6. Signature(s):

- a. Check the certification box.
- b. Treasurer's signature is required for all committees.
- c. Candidate's signature also required for candidate committees.