



Missouri Ethics Commission
OUT OF STATE COMMITTEE REPORT

M.E.C. ID NO. _____

1. DATE OF REPORT	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE		
3. TREASURER'S NAME		
4. TREASURER'S BUSINESS ADDRESS		5. TELEPHONE NUMBER
6. TREASURER'S HOME ADDRESS		7. TELEPHONE NUMBER
8. NAME AND ADDRESS OF AFFILIATED ENTITY (IF ANY)		
9. TYPE OF REPORT (CHECK ONE) ☐ INITIAL ☐ 8 DAYS BEFORE ELECTION ☐ CALENDAR QUARTER ☐ 30 DAYS AFTER ELECTION		10. ELECTION DATE
11. IS THIS COMMITTEE REQUIRED TO FILE REPORTS WITH FEDERAL ELECTION COMMISSION? ☐ YES ☐ NO		
12. IS THIS COMMITTEE REQUIRED TO FILE REPORTS WITH AGENCIES IN OTHER STATES? ☐ YES ☐ NO IF YES, ATTACH S3-SUPPLEMENTAL		
13. TOTAL DOLLAR AMOUNT OF ALL FUNDS RECEIVED IN THIS CALENDAR YEAR AS OF THE DATE OF THIS REPORT.		\$
14. TOTAL CONTRIBUTIONS RECEIVED IN THIS CALENDAR YEAR AS OF THE DATE OF THIS REPORT FROM PERSONS DOMICILED IN THE STATE OF MISSOURI		\$
15. SCHEDULE OF MISSOURI RESIDENTS WHO HAVE CONTRIBUTED AN AGGREGATE OF MORE THAN \$200 IN THIS CALENDAR YEAR AS OF THE DATE OF THIS REPORT.		
A. NAME AND ADDRESS OF CONTRIBUTOR	B. DATE(S) RECEIVED	C. AMOUNT
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
16. COMMITTEE TREASURER'S SIGNATURE		
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.		
_____ TREASURER'S SIGNATURE		

OUT OF STATE COMMITTEE REPORT INSTRUCTIONS

PURPOSE: In accordance with Section 130.049 RSMo, and Section 130.050 RSMo, Form S-3 is used to report the financial activities of certain committees domiciled outside the state of Missouri.

NOTE: Contributions and Expenditures by out-of-state committees shall be made no later than 30 days prior to the election.

WHO MUST FILE THIS FORM: Committees domiciled outside the state of Missouri who make contributions or expenditures in support of or in opposition to candidates or ballot measures in this state shall file a Statement of Organization and file Disclosure Reports if they meet either of the following conditions:

- 1) The total dollar amount of all contributions received from persons domiciled in this state exceeds 20% of all funds received by the committee in the preceding 12 months; or
- 2) The aggregate of all contributions and expenditures made to support or oppose candidates and ballot measures in this state exceeds \$1,500 in the current calendar year.

WHEN TO FILE: An initial report must be filed on or within 14 days prior to the date such a committee first makes a contribution to this state. Thereafter, reports must be filed within the following timeframe:

- 1) 8 days before an election for the period closing the 12th day before an election; and
- 2) 30 days after an election for the period closing the 25th day after an election.
- 3) 14th day following end of calendar quarter

CONTENT OF REPORT:

- Item 1:** Enter the date this report is being submitted.
- Item 2:** Enter the full name of the committee.
- Item 3:** Enter the name of the committee's treasurer.
- Item 4:** Enter the treasurer's business mailing address.
- Item 5:** Enter the treasurer's business telephone number.
- Item 6:** Enter the treasurer's home address.
- Item 7:** Enter the treasurer's home telephone number.
- Item 8:** Enter the name and address of any business, firm, labor union, trade or business or professional association, club, or other organization with which the committee is affiliated (if any).
- Item 9:** Check the type of report being filed.
- Item 10:** Enter the date of the election to which this report refers.
- Item 11:** Indicate whether or not the committee is required to file reports with the Federal Elections Commission.
- Item 12:** Indicate whether or not the committee is required to file reports relating to election activities with agencies in other states. If reports are filed with other agencies, complete form S-3 Supplemental Form.
- Item 13:** Enter the total dollar amount of all funds received by the committee in the current calendar year to date.
- Item 14:** Enter the total dollar amount the committee has received in contributions from persons domiciled in the state of Missouri during the current calendar year to date.
- Item 15:** Enter the name and address of each Missouri resident who has contributed an aggregate of more than \$200 during the current calendar year along with the date(s) and amount(s).
- Item 16:** The treasurer of the committee must verify the accuracy of this report.
- Item 17:** Enter the name and address of any contribution, regardless of state residency, along with the date and amount of the contribution for any contribution received during the reporting period.
- Item 18:** List all contributions made to Missouri candidates in the calendar year to date. Contributions listed on prior reports should not be repeated.

WHERE TO FILE: All Out of State Committee Reports should be sent to:

Missouri Ethics Commission
Post Office Box 1254
Jefferson City, Missouri 65102
800 / 392-8660

Important Notice: If the aggregate of contributions or expenditures in the current calendar year to support or oppose candidates and ballot measures in Missouri exceeds \$1500 a committee domiciled outside of Missouri shall be required to file a Committee Statement of Organization appoint a treasurer who shall be a resident of Missouri, have a single official fund depository within Missouri and file campaign finance disclosure reports as required by Chapter 130 RSMo.

**PAGE TWO
OUT OF STATE
COMMITTEE REPORT**

FULL NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
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17. SCHEDULE OF CONTRIBUTIONS RECEIVED DURING THIS REPORTING PERIOD REGARDLESS OF STATE RESIDENCY

A. NAME AND ADDRESS OF CONTRIBUTOR	B. DATE(S) RECEIVED	C. AMOUNT
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		

18. SCHEDULE OF CONTRIBUTIONS MADE TO MISSOURI COMMITTEES OR CANDIDATES REGARDLESS OF AMOUNT

A. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	B. DATE	C. AMOUNT
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
NAME: ADDRESS: CITY / STATE:		
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