



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C201108

1. DATE OF REPORT  7/6/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Citizens for Tim Taylor	
3. COMMITTEE MAILING ADDRESS PO Box 544	4. COMMITTEE TELEPHONE NUMBER  (660) 888-0995
CITY / STATE / ZIP Boonville MO 65233	
5. TREASURER'S NAME Matt Hudson	
6. TREASURER'S MAILING ADDRESS 114 County Road 302	7. TREASURER'S TELEPHONE NUMBER HOME: (660) 672-9828  WORK:
CITY / STATE / ZIP Fayette MO 65248	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Brenda Harriman	
9. DEPUTY TREASURER'S MAILING ADDRESS 15150 Highway 135 Pilot Grove MO 65276	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (660) 815-1487  WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2020 THROUGH 6/30/2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Tim Taylor 13220 Old Palestine Rd.  Bunceton MO 65237  (660) 888-0995  State Representative  Missouri House of Representatives  <input type="checkbox"/> CHECK IF INCUMBENT  <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> 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 Jul 6 2020 4:50PM _____ 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 Jul 6 2020 4:50PM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Citizens for Tim Taylor	7/6/2020	

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		\$ 5,140.00		
2. All Monetary Contributions Received This Period	\$ 4,555.00		<b>Money On Hand</b>	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 4,555.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 1,251.86
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 4,555.00
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 4,555.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 4,883.80
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 9,695.00	a) Disbursements By Check \$ 3,583.80 b) Disbursements By Cash \$ 1,300.00	
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 923.06
9. Total Expenditures for this election previously reported		\$ 3,888.14	<b>Indebtedness</b>	
10. Expenditures made by cash or check this period	\$ 4,883.80			
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		28. Outstanding Indebtedness at the beginning of this period	\$ 3,000.00
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 4,883.80		29. Loans Received This Period	+ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 8,771.94	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	31. Payments Made on Loans This Period	- 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card	32. Debt Forgiven on Loans This Period	- 0.00
17. All In-Kind Contributions Made 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
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 3,000.00
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	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. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for Tim Taylor		2. REPORT DATE 7/6/2020	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> 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:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 4,555.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 4,555.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 4,555.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (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	
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	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)		\$ 4,555.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 4,555.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Tim Taylor	DATE 7/6/2020
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**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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Mary Carolyn Foreman CITY / STATE: 907 Shamrock Terrace Boonville MO 65233 EMPLOYER: Taylor's Bake Shop -- Barista <input type="checkbox"/> COMMITTEE:	4/1/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Phillip Templemire CITY / STATE: 224 Alpine Drive Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/8/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patrick Hanna CITY / STATE: 600 3rd Street Boonville MO 65233 EMPLOYER: Self-employed -- Advertising/Art <input type="checkbox"/> COMMITTEE:	4/8/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leo Stock CITY / STATE: 1202 6th Street Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/8/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marie Ries CITY / STATE: 11744 F Highway Bunceton MO 65237 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/8/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Jenkins CITY / STATE: 12190 Highway 5 Boonville MO 65233 EMPLOYER: City of Columbia -- Firefighter <input type="checkbox"/> COMMITTEE:	4/8/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Litton CITY / STATE: 13679 Rosedown Court Boonville MO 65233 EMPLOYER: Kent Feeds -- Sales Rep <input type="checkbox"/> COMMITTEE:	4/9/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Horne CITY / STATE: PO Box 432 Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/9/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Citizens for Tim Taylor	DATE 7/6/2020
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Matthew Maxwell CITY/STATE: 1510 Arrowhead Trail Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/11/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephanie Young CITY/STATE: 13308 U Highway Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/11/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Wrenn CITY/STATE: 1550 Jefferson Drive Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/11/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dolores Stegner CITY/STATE: 10999 Hwy 135 Pilot Grove MO 65276 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/11/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Tilman CITY/STATE: 13395 Oak Alley Court Boonville MO 65233 EMPLOYER: City of Columbia -- Firefighter <input type="checkbox"/> COMMITTEE:	4/11/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pamela Jaeger CITY/STATE: 11490 Ferry Road Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/13/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Oneal CITY/STATE: 13285 Old Palestine Rd. Bunceton MO 65237 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/13/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ray Sanchez CITY/STATE: 304 Main Street Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/13/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Citizens for Tim Taylor	DATE 7/6/2020
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**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Jeanette Heaton CITY / STATE: 5236 A Highway EMPLOYER: Bunceton MO 65237 Retired <input type="checkbox"/> COMMITTEE:	4/13/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tim Kueckelhan CITY / STATE: 14444 Joe Town Road EMPLOYER: Boonville MO 65233 Self-employed -- Farmer <input type="checkbox"/> COMMITTEE:	4/17/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Dee CITY / STATE: 1116 Sonya EMPLOYER: Boonville MO 65233 City of Columbia -- Equipment Operator <input type="checkbox"/> COMMITTEE:	4/18/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Todd Snapp CITY / STATE: 804 Krohn EMPLOYER: Boonville MO 65233 Self-employed -- Hardware store <input type="checkbox"/> COMMITTEE:	4/18/2020 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sandra Moore CITY / STATE: 915 Seventh Street Terrace EMPLOYER: Boonville MO 65233 Imhoff's Hometown Appliance -- Sales Rep <input type="checkbox"/> COMMITTEE:	4/17/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Phillip Sears CITY / STATE: 511 Main Street EMPLOYER: Boonville MO 65233 Self-employed -- Realtor <input type="checkbox"/> COMMITTEE:	4/18/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Julie Thacher CITY / STATE: 715 High Street EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	4/18/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judy Lammers CITY / STATE: 17183 Rankin Mill Lane EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	4/22/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Citizens for Tim Taylor	DATE 7/6/2020
--	------------------

**INSTRUCTIONS**

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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Mary Klenklen CITY / STATE: 302 Highland Drive Boonville MO 65233 EMPLOYER: Self-employed -- Realtor <input type="checkbox"/> COMMITTEE:	4/22/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Painter CITY / STATE: 12226 Highway 5 Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/23/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marilyn Stanaway CITY / STATE: 13800 Santa Fe Road Boonville MO 65233 EMPLOYER: Self-employed -- Farmer <input type="checkbox"/> COMMITTEE:	4/23/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeff Day CITY / STATE: 511 Roe Street Pilot Grove MO 65276 EMPLOYER: Self-employed -- Equipment Operator <input type="checkbox"/> COMMITTEE:	4/23/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Naumann CITY / STATE: 20285 Crab Orchard Road Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/1/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Derendinger CITY / STATE: 1008 Mission Drive Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/28/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Harris CITY / STATE: 13267 B Highway Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/2/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Florence Klusmeyer CITY / STATE: 13717 Santa Fe Road Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/8/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Citizens for Tim Taylor	DATE 7/6/2020
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### 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.

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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: Betty Sieckmann CITY / STATE: 14321 Santa Fe Road EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	5/14/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: GT Ted Litton CITY / STATE: 19251 CC Highway EMPLOYER: Blackwater MO 65322 Retired <input type="checkbox"/> COMMITTEE:	5/13/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patrick Hanna CITY / STATE: 600 3rd Street EMPLOYER: Boonville MO 65233 Self-employed -- Advertising/Art <input type="checkbox"/> COMMITTEE:	5/15/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: M Pat Holmes CITY / STATE: 210 8th Street EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	5/18/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Carolyn Foreman CITY / STATE: 907 Shamrock Terrace EMPLOYER: Boonville MO 65233 Taylor's Bake Shop -- Barista <input type="checkbox"/> COMMITTEE:	5/22/2020 ----- \$ 60.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stanley Serck CITY / STATE: 630 East Spring Street EMPLOYER: Boonville MO 65233 Self-employed -- Accountant <input type="checkbox"/> COMMITTEE:	5/26/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Pat Abele CITY / STATE: 510 Fourth Street EMPLOYER: Boonville MO 65233 Self-employed -- Realtor <input type="checkbox"/> COMMITTEE:	5/21/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Celeste Bowman CITY / STATE: 1001 Mission Drive EMPLOYER: Boonville MO 65233 SS Peter and Paul School -- Teacher <input type="checkbox"/> COMMITTEE:	5/30/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Citizens for Tim Taylor	DATE 7/6/2020
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### 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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Gail Sponaule CITY / STATE: 13188 Destrehan Ct. EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	5/29/2020 ----- \$ 25.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Janet Stegner CITY / STATE: 14789 Billingsville Rd. EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	6/2/2020 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Holtzclaw CITY / STATE: 13103 Destrehan Ct. EMPLOYER: Boonville MO 65233 Self-employed -- Realtor <input type="checkbox"/> COMMITTEE:	6/18/2020 ----- \$ 250.00	\$ 250.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gerlinde Miller CITY / STATE: PO Box 521 EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	6/19/2020 ----- \$ 25.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patrick Hanna CITY / STATE: 600 3rd Street EMPLOYER: Boonville MO 65233 Self-employed -- Advertising/Art <input type="checkbox"/> COMMITTEE:	6/22/2020 ----- \$ 300.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lisa Hackman CITY / STATE: 459 County Road 342 EMPLOYER: Franklin MO 65250 Retired <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lee Ann Barrett CITY / STATE: 1199 East Morgan EMPLOYER: Boonville MO 65233 Self-employed -- Optometrist <input type="checkbox"/> COMMITTEE:	6/25/2020 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Stevens CITY / STATE: 1317 Grace Lane EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	6/27/2020 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Citizens for Tim Taylor	DATE 7/6/2020
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**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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Missouri Realtors PAC CITY / STATE: PO Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Citizens for Tim Taylor		2. Report Date 7/6/2020	
<b>A. Expenditures of \$100 or Less by Category</b> (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			+ 107.71
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 107.71
<b>B. Itemized Expenditures All Over \$100</b> <b>And All Payments To Campaign Workers</b>		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 4,776.09
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 4,776.09
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 4,883.80
16. Amount of Line 15 Above which was Paid Out This Period			\$ 4,883.80
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
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> 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



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NAME OF COMMITTEE Citizens for Tim Taylor		DATE 7/6/2020
<b>EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> <b>(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)</b>		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Office supplies	\$	9.25
Advertising material	\$	95.46
Bank service charge	\$	3.00
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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	\$	
	\$	
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	\$	--



MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Tim Taylor		REPORT DATE 7/6/2020	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Deon's Otterville Inn ADDRESS: 203 East Highway A CITY/STATE: Otterville MO 65348	4/23/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 120.00 <input type="checkbox"/> INCURRED
NAME: Copies Etc. ADDRESS: 414 Main Street CITY/STATE: Boonville MO 65233	5/11/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 2,012.60 <input type="checkbox"/> INCURRED
NAME: Cross and Oberlie ADDRESS: 916 Byrd Avenue CITY/STATE: Neenah WI 54956	5/24/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 1,343.49 <input type="checkbox"/> INCURRED
NAME: Tint Shop ADDRESS: 17990 Boonslick Road CITY/STATE: Boonville MO 65233	6/22/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 1,300.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$ \$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> 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)			\$ --