



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C171117

1. DATE OF REPORT  7/27/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Baker For Missouri	
3. COMMITTEE MAILING ADDRESS PO Box 8031	4. COMMITTEE TELEPHONE NUMBER  (573) 864-5385
CITY / STATE / ZIP Columbia MO 65205	
5. TREASURER'S NAME Nikki Krawitz	
6. TREASURER'S MAILING ADDRESS 901 Edgewood Ave	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 874-3917  WORK:
CITY / STATE / ZIP Columbia MO 65203	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Sarah Bantz	
9. DEPUTY TREASURER'S MAILING ADDRESS 1228 Ridge Rd. Columbia MO 65203	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 874-0692  WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION 8/4/2020	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2020 THROUGH 7/23/2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Judy Baker 3075 South Rangeline Road  Columbia MO 65201  (573) 864-5385  State Senator  Missouri State Senate  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" 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 27 2020 4:03PM _____ 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 27 2020 4:03PM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Baker For Missouri	7/27/2020	

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		\$ 167,857.00		
2. All Monetary Contributions Received This Period	\$ 16,636.83			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 8.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 16,644.83			
6. In-kind Contributions Received This Period	+ 118.67			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 16,763.50			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 184,620.50		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 41,880.10		
10. Expenditures made by cash or check this period	\$ 7,548.57			
11. In-Kind Expenditures made this period	+ 118.67			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 7,667.24			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 49,547.34		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 920.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	← Cash/Check		
	B 0.00	← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 920.00		
<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	+ 1,000.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 1,000.00			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 135,182.81
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 16,644.83
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 8,548.57 b) Disbursements By Cash \$ 0.00	- 8,548.57
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 143,279.07
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 6,143.50
			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)	\$ 6,143.50



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Baker For Missouri		2. REPORT DATE 7/27/2020	
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: <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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 16,755.50	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 16,755.50	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 16,636.83	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 118.67	
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			
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)		\$ 118.67	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 16,636.83	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 16,636.83	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Baker For Missouri	DATE 7/27/2020
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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: Alexander Antal CITY / STATE: 3206 Kohler Cir Columbia MO 65203 EMPLOYER: State of Missouri -- Policy Advisor <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Beverly Smull CITY / STATE: 4418 W Rockhampton Cir Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill Stuby CITY / STATE: 4711 Silver Cliff Dr 11/19 Columbia MO 65203 EMPLOYER: Univ. of MO -- Counselor <input type="checkbox"/> COMMITTEE:	7/18/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bonnie J. Trickey CITY / STATE: 708 Silverton Ct Columbia MO 65203 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	7/12/2020 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bruce Alspaugh CITY / STATE: 2815 Skyview Rd Columbia MO 65202 EMPLOYER: CompuLink Ltd. -- Software Developer <input type="checkbox"/> COMMITTEE:	7/11/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bryant Liddle CITY / STATE: 4050 State Road Jj Fulton MO 65251 EMPLOYER: Not employed -- Retired <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 450.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Candace Galen CITY / STATE: 505 S Glenwood Ave Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 150.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Candace Iveson CITY / STATE: 6430 E Palmer Rd Columbia MO 65202 EMPLOYER: University of MO -- Instructor <input type="checkbox"/> COMMITTEE:	7/17/2020 ----- \$ 200.00	\$ 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 Baker For Missouri	DATE 7/27/2020
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Charles Bentley CITY / STATE: 542 N Sequoia St Columbia MO 65201 EMPLOYER: Self -- Medicaid Consultant <input type="checkbox"/> COMMITTEE:	7/11/2020 ----- \$ 85.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Hite CITY / STATE: 119 S Gore Ave Saint Louis MO 63119 EMPLOYER: Sugar creek -- Attorney <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cydney Mayfield CITY / STATE: 12402 Highway 135 Pilot Grove MO 65276 EMPLOYER: Mayfield Law Office LLC -- Attorney <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 125.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Allen CITY / STATE: 3706 Shadow Glen Ct Columbia MO 65203 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 700.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David B. Cosgrove CITY / STATE: 527 Newport Ave Webster Groves MO 63119 EMPLOYER: Cosgrove Law Group LLC -- Attorney <input type="checkbox"/> COMMITTEE:	7/16/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Deanna Ronchetti CITY / STATE: 25 Eastwood Dr Saint Joseph MO 64506 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	7/11/2020 ----- \$ 650.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donald Baker CITY / STATE: 6210 Bridle Bend Dr Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/17/2020 ----- \$ 1,950.00	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donald B. Asbee CITY / STATE: 7281 E Zumwalt Rd Hartsburg MO 65039 EMPLOYER: Asbee Metal Studio -- Sculptor <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 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 Baker For Missouri	DATE 7/27/2020
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**INSTRUCTIONS**

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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. 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: Doug W Burnett CITY / STATE: 21875 S Mount Pl Hartsburg MO 65309 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ed Hanson CITY / STATE: 1106 Vintage Dr Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 50.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ed Hanson CITY / STATE: 1106 Vintage Dr Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/14/2020 ----- \$ 60.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Edward Coe CITY / STATE: 206 Heather Ln Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/9/2020 ----- \$ 900.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Edward Coe CITY / STATE: 206 Heather Ln Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/19/2020 ----- \$ 1,000.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elke Boyd CITY / STATE: 2004 N Parklawn Ct Columbia MO 65202 EMPLOYER: GER -- Engineer <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Rippetto CITY / STATE: 806 West Blvd S Columbia MO 65203 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	7/17/2020 ----- \$ 1,709.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Garnet Lavon Payne CITY / STATE: 110 E Alhambra Dr Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/12/2020 ----- \$ 119.00	\$ 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 Baker For Missouri	DATE 7/27/2020
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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.	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: Gary Fennewald CITY/STATE: 1316 Willowcreek Ln Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George W. Hulett CITY/STATE: PO Box 956 Columbia MO 65205 EMPLOYER: Hulett Heating & Air Cond. -- Business owner <input type="checkbox"/> COMMITTEE:	7/17/2020 ----- \$ 1,500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Hallie Holland CITY/STATE: 905 W Green Meadows Rd Columbia MO 65203 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	7/6/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Houston Roberts CITY/STATE: 3002 Frederick Ave Saint Joseph MO 64506 EMPLOYER: St. Joseph Youth Alliance -- Youth Employment Specialist <input type="checkbox"/> COMMITTEE:	7/1/2020 ----- \$ 129.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jack Magruder CITY/STATE: 20675 Willis Way Kirksville MO 63501 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jackie Schneider CITY/STATE: 1315 Duval Ct Columbia MO 65203 EMPLOYER: self -- teacher <input type="checkbox"/> COMMITTEE:	7/1/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jaime R. Torres CITY/STATE: 268 E Broadway Apt A1304 New York NY 10002 EMPLOYER: Urban Health Plan -- consultant <input type="checkbox"/> COMMITTEE:	7/13/2020 ----- \$ 575.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Harmon CITY/STATE: 813 E Normal St Kirksville MO 63501 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	7/17/2020 ----- \$ 20.00	\$ 5.00 <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 Baker For Missouri	DATE 7/27/2020
---	-------------------

**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. 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: James R. Dowd CITY/STATE: 3 Whitfield Ln Saint Louis MO 63124 EMPLOYER: James R. Dowd Attorney & Counselor at Law LLC -- Attorney <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 2,500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James R. Dowd CITY/STATE: 3 Whitfield Ln Saint Louis MO 63124 EMPLOYER: James R. Dowd Attorney & Counselor at Law LLC -- Attorney <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 2,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jan Swaney CITY/STATE: 4008 Curt Dr Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/11/2020 ----- \$ 600.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanne L Sebaugh CITY/STATE: 3609 Holly Hills Ct Columbia MO 65203 EMPLOYER: N/A -- N/A <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joanne M. Boulton CITY/STATE: 6416 Cecil Ave Saint Louis MO 63105 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joe F Donaldson CITY/STATE: 1001 Pheasant Run Columbia MO 65201 EMPLOYER: University of Missouri -- professor <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Rader CITY/STATE: 6106 Ivory Ln Columbia MO 65201 EMPLOYER: My House Nightclub & Sports Bar -- Owner <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Harper CITY/STATE: 2813 Burrwood Dr Columbia MO 65203 EMPLOYER: Encorpe Inc. -- Owner/software development <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 350.00	\$ 200.00 <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 Baker For Missouri	DATE 7/27/2020
---	-------------------

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: John B Coffman CITY / STATE: 871 Tuxedo Blvd EMPLOYER: Saint Louis MO 63119 Self -- Attorney <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 150.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Cannon Harris CITY / STATE: 321 W 7th St EMPLOYER: Fulton MO 65251 Harris Municipal Advisors -- Finance <input type="checkbox"/> COMMITTEE:	7/16/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jon Turner CITY / STATE: 1595 E Lakecrest Dr EMPLOYER: Ozark MO 65721 Missouri State University -- Assistant Professor <input type="checkbox"/> COMMITTEE:	7/16/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joseph Pereles CITY / STATE: 13456 Maple Ridge Ct EMPLOYER: Saint Louis MO 63141 Drury Southwest Inc. -- Senior Advisor <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 700.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kai Cooper CITY / STATE: 3615 172nd Ave NE EMPLOYER: Bellevue WA 98008 None -- Retired <input type="checkbox"/> COMMITTEE:	7/19/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kara Potter CITY / STATE: 2516 Grandview Cir EMPLOYER: Columbia MO 65203 Missouri State Teachers Association -- Digital Strategist <input type="checkbox"/> COMMITTEE:	7/18/2020 ----- \$ 60.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kate Watson CITY / STATE: 1200 W Worstell Ln EMPLOYER: Columbia MO 65202 State of Missouri -- Program Manager <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 44.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Katherine Canterbury CITY / STATE: 600 Manor Dr EMPLOYER: Columbia MO 65203 self -- reseller <input type="checkbox"/> COMMITTEE:	7/11/2020 ----- \$ 125.00	\$ 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 Baker For Missouri	DATE 7/27/2020
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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Kelley Lucero CITY/STATE: 407 Sanford Ave Columbia MO 65203 EMPLOYER: CMCA -- Community Organizer <input type="checkbox"/> COMMITTEE:	7/21/2020 \$ 50.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kelly McKerrrow CITY/STATE: 2 Lakeside Dr Perryville MO 63775 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/14/2020 \$ 3.22	\$ 3.22 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Rowe CITY/STATE: 417 Los Altos Way Santa Fe NM 87501 EMPLOYER: K Rowe Investments LLC -- Managing Member <input type="checkbox"/> COMMITTEE:	7/10/2020 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kyle Kerns CITY/STATE: 632 Aqua Ridge Dr Saint Louis MO 63129 EMPLOYER: Edward Jones -- Accountant <input type="checkbox"/> COMMITTEE:	7/10/2020 \$ 1.61	\$ 1.61 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leah Sanchez CITY/STATE: 2448 NW Westover Rd Unit 202 Portland OR 97210 EMPLOYER: Not employed <input type="checkbox"/> COMMITTEE:	7/9/2020 \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lee Anne Quatrano CITY/STATE: 7395 Pershing Ave Apt B Saint Louis MO 63130 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/21/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leela Jashmani CITY/STATE: PO Box 10183 Columbia MO 65205 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/11/2020 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Randall CITY/STATE: 200 Bingham Rd Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/23/2020 \$ 1,590.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> 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 Baker For Missouri	DATE 7/27/2020
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Lucy F Lee CITY / STATE: 6208 Signature Rdg Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marc J. PhD Linit CITY / STATE: 401 S Glenwood Ave Columbia MO 65203 EMPLOYER: University of Missouri -- Educator <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 94.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Wyn CITY / STATE: 3317 Indiana Ave Saint Louis MO 63118 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 15.00	\$ 3.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Wyn CITY / STATE: 3317 Indiana Ave Saint Louis MO 63118 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/22/2020 ----- \$ 18.00	\$ 3.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Wyn CITY / STATE: 3317 Indiana Ave Saint Louis MO 63118 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/9/2020 ----- \$ 12.00	\$ 3.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Martha Kinnan John CITY / STATE: 2011 N Country Club Dr Columbia MO 65201 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 70.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Neal CITY / STATE: 7270 Northmoor Dr Saint Louis MO 63105 EMPLOYER: Self -- Writer <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Creger CITY / STATE: 107 W Thurman St Columbia MO 65202 EMPLOYER: Barneshealthcare management -- apn <input type="checkbox"/> COMMITTEE:	7/16/2020 ----- \$ 100.00	\$ 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 Baker For Missouri	DATE 7/27/2020
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Mary Slotsky Muscato CITY/STATE: 607 Randy Ln Columbia MO 65201 EMPLOYER: Missouri Cancer Associates -- physician <input type="checkbox"/> COMMITTEE:	7/18/2020 ----- \$ 8.00	\$ 5.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Wolff CITY/STATE: 77 Aberdeen Pl Saint Louis MO 63105 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	7/1/2020 ----- \$ 200.00	\$ 200.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Ugarte CITY/STATE: 1505 Windsor St Columbia MO 65201 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 238.00	\$ 10.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pamela Huffstutter CITY/STATE: 5917 Green Gate Ln Columbia MO 65201 EMPLOYER: Self Employed -- Business Owner <input type="checkbox"/> COMMITTEE:	7/18/2020 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peggy Placier CITY/STATE: 209 S Greenwood Ave Columbia MO 65203 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 50.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: R Mesimer CITY/STATE: 6818 N Elm St Pleasant Valley MO 64068 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 35.00	\$ 35.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Raymond Katz CITY/STATE: 79 Frances Ave Larkspur CA 94939 EMPLOYER: self -- dentist <input type="checkbox"/> COMMITTEE:	7/18/2020 ----- \$ 10.00	\$ 10.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rick Shang CITY/STATE: 2705 Wyoming St Saint Louis MO 63118 EMPLOYER: Vulpes -- CEO <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 500.00	\$ 500.00  <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 Baker For Missouri	DATE 7/27/2020
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NAME: ADDRESS: Robert Rothschild Jr CITY / STATE: 6340 Clayton Rd Apt 406 Saint Louis MO 63117 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	7/2/2020 ----- \$ 750.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Leigh Jr. Blake CITY / STATE: 2322 Meadow Lark Ln Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 1,750.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert O Weagley CITY / STATE: 1701 Oakwood Ct Columbia MO 65203 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	7/18/2020 ----- \$ 75.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robin Mabry-Hubbard CITY / STATE: 819 S Prairie St Bethalto IL 62010 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/13/2020 ----- \$ 89.00	\$ 14.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ron Carter CITY / STATE: 1244 Sunset Dr Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/12/2020 ----- \$ 750.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rosemary Christensen CITY / STATE: 4107 Baurichter Dr Columbia MO 65203 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	7/19/2020 ----- \$ 335.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rosemary Feraldi CITY / STATE: 401 Angels Rest Way Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/11/2020 ----- \$ 50.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ruth Ehresman CITY / STATE: 1950 Withnell Ave Saint Louis MO 63118 EMPLOYER: Vision for Children at Risk -- Social worker <input type="checkbox"/> COMMITTEE:	7/16/2020 ----- \$ 250.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> 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 Baker For Missouri	DATE 7/27/2020
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Sandy E Ollar CITY/STATE: 1251 W Covered Bridge Rd Columbia MO 65203 EMPLOYER: Self <input type="checkbox"/> COMMITTEE:	7/19/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shari Hamilton CITY/STATE: 4809 Chilton Ct Columbia MO 65203 EMPLOYER: IDEXX -- Veterinarian <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sharon Blumenthal CITY/STATE: 5436 Matilija Ave Sherman Oaks CA 91401 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	7/9/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Rooney CITY/STATE: 307 Saint Joseph St Apt C Columbia MO 65201 EMPLOYER: University of Missouri -- Psychologist <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Even CITY/STATE: 4200 E Richland Rd Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/14/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Suzanne Burgoyne CITY/STATE: 103 Tracy Dr Columbia MO 65203 EMPLOYER: University of Missouri -- professor <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 25.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sydell Shayer CITY/STATE: 709 Champeix Ln Saint Louis MO 63141 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry Moore CITY/STATE: 333 E 1st St Apt C Mountain View MO 65548 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	7/19/2020 ----- \$ 15.00	\$ 15.00 <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

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NAME OF COMMITTEE Baker For Missouri	DATE 7/27/2020
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Thomas Keefe CITY/STATE: 111 Tecumseh Ln EMPLOYER: Loudon TN 37774 None -- Retired <input type="checkbox"/> COMMITTEE:	7/9/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas D Carver CITY/STATE: 901 E Saint Louis St EMPLOYER: Springfield MO 65806 Self -- Lawyer <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Dean Andes CITY/STATE: 509 Florence Ave EMPLOYER: Columbia MO 65203 Stephens College -- Professor <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Verna Adwell Rhodes CITY/STATE: 3750 Miller Dr Apt 1217 EMPLOYER: Columbia MO 65201 retired -- retired <input type="checkbox"/> COMMITTEE:	7/16/2020 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vicki Curby CITY/STATE: 1201 S Rustic Rd EMPLOYER: Columbia MO 65201 None -- Retired <input type="checkbox"/> COMMITTEE:	7/16/2020 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vicky Trippe CITY/STATE: 616 E Loren St EMPLOYER: Springfield MO 65807 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Walter Imam CITY/STATE: PO Box 182 EMPLOYER: Salisbury MO 65281 Self -- Self employed <input type="checkbox"/> COMMITTEE:	7/14/2020 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Warren Bartlett Tichenor CITY/STATE: 3710 Shadow Glen Ct EMPLOYER: Columbia MO 65203 State Tax Commission -- Chief Hearing Officer <input type="checkbox"/> COMMITTEE:	7/9/2020 ----- \$ 650.00	\$ 200.00 <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

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NAME OF COMMITTEE Baker For Missouri	DATE 7/27/2020
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Wayne C. Bartee CITY/STATE: 3033 E Carlisle Cir Springfield MO 65804 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	7/17/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: West Wilson CITY/STATE: 401 Cumberland Rd Bozeman MT 59715 EMPLOYER: WHA -- Ob/Gyn <input type="checkbox"/> COMMITTEE:	7/12/2020 ----- \$ 115.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William C Parks CITY/STATE: 2501 Limerick Ln Columbia MO 65203 EMPLOYER: self -- physician <input type="checkbox"/> COMMITTEE:	7/3/2020 ----- \$ 300.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Winifred Stedman Colwill CITY/STATE: 1417 N Countryshire Dr Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 800.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ironworkers CITY/STATE: 5850 Elizabeth Ave EMPLOYER: Saint Louis MO 63110 <input type="checkbox"/> COMMITTEE:	7/20/2020 ----- \$ 2,559.00	\$ 2,559.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Machinists District #9 PAC CITY/STATE: 12365 Saint Charles Rock Rd EMPLOYER: Bridgeton MO 63044 <input type="checkbox"/> COMMITTEE:	7/23/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Democratic State Committee CITY/STATE: 4218 Roanoke Rd Ste 304 EMPLOYER: Kansas City MO 64111 <input checked="" type="checkbox"/> COMMITTEE:	7/1/2020 ----- \$ 462.09	\$ 118.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: United Steelworkers Local 169G PAC CITY/STATE: PO Box 147 EMPLOYER: Ste Genevieve MO 63670 <input type="checkbox"/> COMMITTEE:	7/21/2020 ----- \$ 750.00	\$ 750.00 <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**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Baker For Missouri		2. Report Date 7/27/2020	
<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			+ 994.77
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 994.77
<b>B. Itemized Expenditures All Over \$100</b> And All Payments To Campaign Workers		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)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 6,553.80
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 6,553.80
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 7,548.57
16. Amount of Line 15 Above which was Paid Out This Period			\$ 7,548.57
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			\$ 118.67
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 Baker For Missouri		DATE 7/27/2020
<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		
Bank Fees	\$	360.19
Food	\$	185.26
Marketing	\$	150.00
Supplies	\$	114.41
Telephone	\$	14.99
Website	\$	69.92
Charity Contribution	\$	100.00
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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 Baker For Missouri		REPORT DATE 7/27/2020	
<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: Act Blue ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144	7/17/2020	Bank Fees \$ 115.68	\$ <input checked="" type="checkbox"/> PAID 115.68 <input type="checkbox"/> INCURRED
NAME: Ngp Van Inc Moto ADDRESS: 1445 New York Ave NW CITY/STATE: Washington DC 20005	7/2/2020	Marketing \$ 410.00	\$ <input checked="" type="checkbox"/> PAID 410.00 <input type="checkbox"/> INCURRED
NAME: B Line Engraving ADDRESS: 4050 State Road JJ CITY/STATE: Fulton MO 65251	7/6/2020	Marketing \$ 2,460.00	\$ <input checked="" type="checkbox"/> PAID 2,460.00 <input type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1601 Willow Rd CITY/STATE: Menlow Park CA 94025	7/21/2020	Marketing \$ 125.00	\$ <input checked="" type="checkbox"/> PAID 125.00 <input type="checkbox"/> INCURRED
NAME: EDP ADDRESS: 1816 Vandiver Dr. CITY/STATE: Columbia MO 65202	7/6/2020	Campaign Worker \$ 2,137.03	\$ <input checked="" type="checkbox"/> PAID 1,708.49 <input type="checkbox"/> INCURRED
NAME: One To One Print Shop ADDRESS: 1610 Paris Rd CITY/STATE: Columbia MO 65201	7/3/2020	Printing and Copying \$ 457.81	\$ <input checked="" type="checkbox"/> PAID 457.81 <input type="checkbox"/> INCURRED
NAME: Brown Printing ADDRESS: 411 Madison St. CITY/STATE: Jefferson City MO 65101	7/13/2020	Printing and Copying \$ 1,276.82	\$ <input checked="" type="checkbox"/> PAID 1,276.82 <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)			\$ --



Missouri Ethics Commission  
**ADDENDUM STATEMENT**

M.E.C. ID NO. C171117

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Receipt:

bank error

Amount: 8.00

Miscellaneous Disbursement:

Refund on accidental double contribution by donor.

Amount: 1000.00