



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C171117

1. DATE OF REPORT  4/15/2020	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  CITY / STATE / ZIP Columbia MO 65205	4. COMMITTEE TELEPHONE NUMBER  (573) 864-5385
5. TREASURER'S NAME Nikki Krawitz	
6. TREASURER'S MAILING ADDRESS 901 Edgewood Ave  CITY / STATE / ZIP Columbia MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 874-3917  WORK:
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  CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 874-0692  WORK:
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 1/1/2020 THROUGH 3/31/2020	
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 checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input 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 Apr 15 2020 8:02AM _____ 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 Apr 15 2020 8:02AM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Baker For Missouri	4/15/2020	

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		\$ 42,996.00		
2. All Monetary Contributions Received This Period	\$ 48,568.00			
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)	\$ 48,568.00			
6. In-kind Contributions Received This Period	+ 826.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 49,394.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 92,390.00		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 3,820.77		
10. Expenditures made by cash or check this period	\$ 11,010.59			
11. In-Kind Expenditures made this period	+ 476.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 3,402.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 14,888.59			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 18,709.36		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 920.00 B 0.00	↔ Cash/Check ↔ Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 920.00			
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	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<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)	\$ 43,164.22
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 48,568.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 11,930.59 b) Disbursements By Cash \$ 0.00	- 11,930.59
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 79,801.63
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 3,402.00
			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)	\$ 3,402.00



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Baker For Missouri		2. REPORT DATE 4/15/2020	
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		+ \$ 40,476.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 40,476.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 39,650.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 826.00	
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		\$ 8,918.00	
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)		\$ 826.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 48,568.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 48,568.00	



# MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Baker For Missouri	DATE 4/15/2020
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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: Anne Fitzsimmons CITY / STATE: 509 Westmount Ave Columbia MO 65203 EMPLOYER: University of Missouri -- Physician <input type="checkbox"/> COMMITTEE:	3/15/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Auben Galloway CITY / STATE: 2407 Lynnwood Dr Columbia MO 65203 EMPLOYER: Callahan & Galloway -- Attorney <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barry Aycok CITY / STATE: PO Box 456 Parma MO 63870 EMPLOYER: self -- entrepreneur <input type="checkbox"/> COMMITTEE:	3/27/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles O'Reilly Jr CITY / STATE: 2831 S Ingram Rd Springfield MO 65804 EMPLOYER: Not Employed -- Retired <input type="checkbox"/> COMMITTEE:	1/30/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chester Edwards CITY / STATE: 1215 E Nifong Blvd Columbia MO 65201 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 750.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Connie Burkhardt CITY / STATE: 12 Huntleigh Downs Frontenac MO 63131 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	3/27/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Mehr CITY / STATE: 714 Ingleside Dr Columbia MO 65201 EMPLOYER: University of Missouri -- physician <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Mehr CITY / STATE: 714 Ingleside Dr Columbia MO 65201 EMPLOYER: None -- retired <input type="checkbox"/> COMMITTEE:	3/31/2020 ----- \$ 1,000.00	\$ 1,000.00 <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 4/15/2020
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Doris Littrell CITY / STATE: 920 Timberhill Rd Columbia MO 65201 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Doris Littrell CITY / STATE: 920 Timberhill Rd Columbia MO 65201 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Horwitz CITY / STATE: 2608 Vistaview Ter Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/16/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Rippetto CITY / STATE: 23 N. 9th St Columbia MO 65201 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	3/30/2020 ----- \$ 600.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Franklin City Labor Political Committee Franklin City Labor Political Committee CITY / STATE: PO Box 21 Union MO 63084 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ila Irwin CITY / STATE: 2405 Lynwood Dr Columbia MO 65203 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	3/31/2020 ----- \$ 576.00	\$ 476.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: James Dobry CITY / STATE: 5902 Screaming Eagle Lane Columbia MO 65201 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	3/31/2020 ----- \$ 1,000.00	\$ 1,000.00 <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: none -- Retired <input type="checkbox"/> COMMITTEE:	1/21/2020 ----- \$ 150.00	\$ 150.00 <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 4/15/2020
---	-------------------

**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: Joanne Fulton CITY / STATE: 1400 Stonehaven Rd Columbia MO 65203 EMPLOYER: self -- mental health therapist <input type="checkbox"/> COMMITTEE:	3/12/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Briscoe II CITY / STATE: 1803 Brandeis Ct. Columbia MO 65203 EMPLOYER: Convergence Financial -- Financial Advisor <input type="checkbox"/> COMMITTEE:	3/9/2020 ----- \$ 600.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joseph Gorman CITY / STATE: 1214 Danforth Drive Columbia MO 65201 EMPLOYER: Paternity Testing Corporation -- Lawyer <input type="checkbox"/> COMMITTEE:	1/13/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joseph Muscato CITY / STATE: 607 Randy Ln Columbia MO 65201 EMPLOYER: Missouri Cancer Associates -- Physician <input type="checkbox"/> COMMITTEE:	3/3/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joseph Pereles CITY / STATE: 13456 Maple Ridge Court St. Louis MO 63141 EMPLOYER: Drury Southwest Inc. -- Senior Advisor <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 500.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joseph Pereles CITY / STATE: 13456 Maple Ridge Court Saint Louis MO 63141 EMPLOYER: Drury Southwest -- Senior Advisor <input type="checkbox"/> COMMITTEE:	1/16/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judith Miles CITY / STATE: 6300 North Route E Columbia MO 65202 EMPLOYER: University of Missouri Health Care -- Physician <input type="checkbox"/> COMMITTEE:	3/24/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathryn Allen CITY / STATE: 4801 S Vineyard Way Columbia MO 65203 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	3/14/2020 ----- \$ 250.00	\$ 250.00 <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 4/15/2020
---	-------------------

**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.

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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: Kathryn Digges CITY / STATE: 7 Bingham Rd Columbia MO 65203 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 1,250.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathy Ritter CITY / STATE: 2611 Vistaview Terrace Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/14/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kenneth Butler CITY / STATE: 1000 W Botner Rd Columbia MO 65202 EMPLOYER: Capital Partnerships -- Consultant <input type="checkbox"/> COMMITTEE:	3/8/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Gunn CITY / STATE: 17 Larkdale Dr Ladue MO 63124 EMPLOYER: Paladin Energy Strategies -- Commissioner <input type="checkbox"/> COMMITTEE:	3/13/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laura T Cohen CITY / STATE: 410 N. Newstead #2E St. Louis MO 63108 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	3/18/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lee Russell CITY / STATE: 3456 Woodrail Terrace Columbia MO 65203 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	3/27/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Cupp CITY / STATE: 913 Leland Ridge Road Columbis MO 65203 EMPLOYER: Not Employed -- retired <input type="checkbox"/> COMMITTEE:	3/13/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Haus CITY / STATE: 4030 B Cleveland Ave St Louis MO 63110 EMPLOYER: International Institute of St Louis -- Refugee Coordinator <input type="checkbox"/> COMMITTEE:	3/30/2020 ----- \$ 1,000.00	\$ 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 4/15/2020
---	-------------------

### 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.	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: Marcia Mellitz CITY / STATE: 824 Payson Drive Olivette MO 63132 EMPLOYER: Self-employed -- Consultant <input type="checkbox"/> COMMITTEE:	3/30/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Sable CITY / STATE: 228 East Parkway Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 950.00	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Ann Shaw CITY / STATE: 400 W Green Meadows Rd Columbia MO 65203 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	3/28/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Natalie Krawitz CITY / STATE: 901 Edgewood Ave Columbia MO 65203 EMPLOYER: Not Employed -- retired <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pamela Gainor CITY / STATE: 1030 Bourn Avenue Columbia MO 65203 EMPLOYER: Self Employed -- artist <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patricia McIntosh Coles CITY / STATE: 1805 Chapel Wood Rd Columbia MO 65203 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 350.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peggy Griswold CITY / STATE: 2608 Arrowhead Estates Rd Lake Ozark MO 65049 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	3/24/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter Mueser CITY / STATE: 5401 W Route K Columbia MO 65203 EMPLOYER: University of Missouri -- Economist <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 150.00	\$ 150.00 <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 4/15/2020
---	-------------------

### 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.

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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: Pipefitters Local 533 Volunteer Political Fund Pipefitters Local 533 CITY / STATE: Volunteer Political Fund 8600 Hillcrest Rd Kansas City MO 64138 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rachel Brekhus CITY / STATE: 703 Hilltop Columbia MO 65201 EMPLOYER: Univ of MO -- Librarian <input type="checkbox"/> COMMITTEE:	3/16/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Speidel CITY / STATE: 3633 Charlotte St. Kansas City MO 64109 EMPLOYER: SwissRe -- Business analyst <input type="checkbox"/> COMMITTEE:	3/27/2020 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Blake Jr CITY / STATE: 2322 Meadow Lark Ln Columbia MO 65201 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robin Blount CITY / STATE: 1705 Riverside Place Columbia MO 65203 EMPLOYER: Boone Hospital -- physician <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Keithahn CITY / STATE: 6575 S Arrowhead Lake Dr Columbia MO 65203 EMPLOYER: University of Missouri -- Physician <input type="checkbox"/> COMMITTEE:	3/14/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steven Hackley CITY / STATE: 2218 N. Lake of the Woods Road Columbia MO 65202 EMPLOYER: Univ. of Missouri Columbia -- Professor <input type="checkbox"/> COMMITTEE:	3/16/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steven Zweig CITY / STATE: 4200 E. Richland Rd Columbia MO 65201 EMPLOYER: University of Missouri -- faculty <input type="checkbox"/> COMMITTEE:	3/29/2020 ----- \$ 500.00	\$ 500.00 <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 4/15/2020
---	-------------------

### 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.

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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: Todd Patterson CITY/STATE: 911 Main Street #2601 EMPLOYER: Kansas City MO 64105 Public Progress -- Government Relations <input type="checkbox"/> COMMITTEE:	3/2/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Travis Morrison CITY/STATE: PO Box 30 EMPLOYER: West Plains MO 65775 Stewart-Morrison Redi-Mix Inc. -- CEO <input type="checkbox"/> COMMITTEE:	3/25/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wayne Brekhus CITY/STATE: 703 Hilltop Drive EMPLOYER: West Plains MO 65201 University of Missouri -- Professor of Sociology <input type="checkbox"/> COMMITTEE:	1/24/2020 ----- \$ 325.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wayne Goode CITY/STATE: 16 Aberdeen PL EMPLOYER: St Louis MO 63105 Retired -- former MO senator <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Winifred Colwill CITY/STATE: 1417 N Countryshire Dr EMPLOYER: Columbia MO 65202 none -- retired <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Midwest States UAW CAP CITY/STATE: 721 Dunn Rd EMPLOYER: Hazelwood MO 63042 none -- none <input type="checkbox"/> COMMITTEE:	3/4/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pipefitters Local 533 Volunteer Political Fund CITY/STATE: 8600 Hillcrest Rd EMPLOYER: Kansas City MO 64138 none -- none <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 2,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Locke CITY/STATE: 6925 Cornell EMPLOYER: St Louis MO 63130 Self employed -- consultant <input type="checkbox"/> COMMITTEE:	2/22/2020 ----- \$ 150.00	\$ 150.00 <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 4/15/2020
---	-------------------

**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.

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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: Robert Rothschild Jr. CITY / STATE: 6340 Clayton Rd. Unit 406 St. Louis MO 63117 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	2/15/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vickie Park CITY / STATE: 2620 Westbrook Way Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/22/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Branson Wood III CITY / STATE: 123 El Rancho Dr Hannibal MO 63401 EMPLOYER: self -- Attorney <input type="checkbox"/> COMMITTEE:	2/29/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rickert Althaus CITY / STATE: 1549 County Rd. 400 North Congerville IL 61729 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	2/4/2020 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Charton CITY / STATE: 5808 South Bethel Church Road Columbia MO 65203 EMPLOYER: Charton Communications & Consulting -- Consultant <input type="checkbox"/> COMMITTEE:	2/20/2020 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: IUEC IUEC Local No. 3 CITY / STATE: 5916 Wilson Ave St Louis MO 63110 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	2/22/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Nester CITY / STATE: 725 Eunice Ave. Saint Louis MO 63119 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	2/25/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Clyne CITY / STATE: 3116 Newton Street Denver CO 80211 EMPLOYER: Aggregate Wealth Mgmt. -- Financial Advisor <input type="checkbox"/> COMMITTEE:	2/19/2020 ----- \$ 1,000.00	\$ 1,000.00 <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 4/15/2020
---	-------------------

**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.

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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: Helen Wade CITY / STATE: 6390 S. Sabine Columbia MO 65203 EMPLOYER: Self -- Attorney <input type="checkbox"/> COMMITTEE:	2/27/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Roberts CITY / STATE: 721 Middle Polo Dr St Louis MO 63105 EMPLOYER: None -- Retired <input type="checkbox"/> COMMITTEE:	2/22/2020 ----- \$ 2,650.00	\$ 2,650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Blake Jr CITY / STATE: 2322 Meadow Lark Lane Columbia MO 65201 EMPLOYER: none -- retired <input type="checkbox"/> COMMITTEE:	2/6/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shirley Breeze CITY / STATE: 138 Kings Dr Florissant MO 63034 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	2/3/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Schroeder CITY / STATE: 609 West Main St Union MO 63084 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	3/5/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Schroeder CITY / STATE: 609 West Main St Union MO 63084 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	3/15/2020 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Schroeder CITY / STATE: 609 West Main St Union MO 63084 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	3/24/2020 ----- \$ 200.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Schroeder CITY / STATE: 609 West Main St Union MO 63084 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	3/30/2020 ----- \$ 250.00	\$ 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 4/15/2020
---	-------------------

### INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: ADDRESS: Contessa Brundridge CITY/STATE: 720 Olive St Apt 2011 St Louis MO 63101 EMPLOYER: Jackson Lewis P.C. -- Attorney <input type="checkbox"/> COMMITTEE:	3/1/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Contessa Brundridge CITY/STATE: 720 Olive St Apt 2011 St Louis MO 63101 EMPLOYER: Jackson Lewis -- Attorney <input type="checkbox"/> COMMITTEE:	3/31/2020 ----- \$ 200.00	\$ 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:	3/13/2020 ----- \$ 100.00	\$ 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:	3/30/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Edward Coe CITY/STATE: 206 Heather Ln Columbia MO 65203 EMPLOYER: none -- not employed <input type="checkbox"/> COMMITTEE:	3/19/2020 ----- \$ 400.00	\$ 100.00 <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 -- Retired <input type="checkbox"/> COMMITTEE:	1/19/2020 ----- \$ 100.00	\$ 100.00 <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:	3/9/2020 ----- \$ 300.00	\$ 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: None -- Retired <input type="checkbox"/> COMMITTEE:	2/9/2020 ----- \$ 150.00	\$ 50.00 <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 4/15/2020
---	-------------------

**INSTRUCTIONS**

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NAME: ADDRESS: Edward Coe CITY / STATE: 206 Heather Ln Columbia MO 65203 EMPLOYER: none -- Retired <input type="checkbox"/> COMMITTEE:	2/19/2020 ----- \$ 250.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jan Swaney CITY / STATE: 4008 Curt Drive Columbia MO 65203 EMPLOYER: Not Employed -- retired <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jan Swaney CITY / STATE: 4008 Curt Drive Columbia MO 65203 EMPLOYER: Not Employed -- retired <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kenneth Schneeberger CITY / STATE: 605 Thilly Ave Columbia MO 65203 EMPLOYER: University of Missouri -- Educator <input type="checkbox"/> COMMITTEE:	1/15/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kenneth Schneeberger CITY / STATE: 605 Thilly Ave Columbia MO 65203 EMPLOYER: University of Missouri -- Educator <input type="checkbox"/> COMMITTEE:	2/6/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lonnie Thompson CITY / STATE: 4307 Glen Eagle Dr Columbia MO 65203 EMPLOYER: USI Insurance -- Sales <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lonnie Thompson CITY / STATE: 4307 Glen Eagle Drive Columbia MO 65203 EMPLOYER: USI Insurance Services -- Sales <input type="checkbox"/> COMMITTEE:	3/31/2020 ----- \$ 175.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marianne Fues CITY / STATE: 707 Kingsbury Pl Columbia MO 65203 EMPLOYER: Jefferson City Public Schools -- librarian <input type="checkbox"/> COMMITTEE:	3/14/2020 ----- \$ 200.00	\$ 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 4/15/2020
---	-------------------

### 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.

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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: Marianne Fues CITY / STATE: 707 Kingsbury Pl Columbia MO 65203 EMPLOYER: Jefferson City Public Schools -- Librarian <input type="checkbox"/> COMMITTEE:	2/5/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rosemary Christensen CITY / STATE: 4107 Baurichter Drive Columbia MO 65203 EMPLOYER: Not Employed -- retired <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 100.00	\$ 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: none -- Retired <input type="checkbox"/> COMMITTEE:	3/25/2020 ----- \$ 125.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Timothy McBride CITY / STATE: 4 Spoede Hills Drive Saint Louis MO 63141 EMPLOYER: Washington University -- Professor <input type="checkbox"/> COMMITTEE:	3/12/2020 ----- \$ 250.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Timothy McBride CITY / STATE: 4 Spoede Hills Dr St. Louis MO 63141 EMPLOYER: Washington University -- Professor <input type="checkbox"/> COMMITTEE:	2/6/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Timothy McBride CITY / STATE: 4 Spoede Hills Dr St. Louis MO 63141 EMPLOYER: Washington University -- Professor <input type="checkbox"/> COMMITTEE:	2/25/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Timothy Harlan CITY / STATE: 511 S Glenwood Ave Columbia MO 65203 EMPLOYER: Harlan Still & Koch -- Attorney <input type="checkbox"/> COMMITTEE:	2/29/2020 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Pauley CITY / STATE: PO Box 382 Hallsville MO 65255 EMPLOYER: Self Employed -- Insurance sales <input type="checkbox"/> COMMITTEE:	3/31/2020 ----- \$ 350.00	\$ 350.00 <input type="checkbox"/> MONETARY <input checked="" 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**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Baker For Missouri		2. Report Date 4/15/2020	
A. Expenditures of \$100 or Less by Category (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			+ 1,569.27
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 1,569.27
B. Itemized Expenditures All Over \$100 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			+ 12,843.32
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 12,843.32
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 14,412.59
16. Amount of Line 15 Above which was Paid Out This Period			\$ 11,010.59
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 3,402.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 476.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name: Missouri Democratic State		1/6/2020	\$ 850.00
Address: 4218 Roanoke Rd Suite 304			<input checked="" type="checkbox"/> Monetary
City / State: Kansas City MO 64111			<input type="checkbox"/> In-Kind
Name: Boone Democratic Central		2/19/2020	\$ 70.00
Address: 409 Vandiver Dr Bldg 5			<input checked="" type="checkbox"/> Monetary
City / State: Columbia MO 65202			<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)			\$ 920.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 920.00
		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)			\$ 920.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



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NAME OF COMMITTEE Baker For Missouri		DATE 4/15/2020
<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		
Marketing		\$ 178.00
Bank Fees		\$ 908.28
Postage		\$ 61.00
Supplies		\$ 170.94
Food		\$ 60.05
Filing Fees		\$ 100.00
Miscellaneous expense		\$ 91.00
		\$
		\$
		\$
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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 Baker For Missouri		REPORT DATE 4/15/2020	
<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: Sarah Catlin ADDRESS: 2264 Country Lane CITY/STATE: Columbia MO 65201	3/5/2020	Campaign Worker \$ 1,485.00	\$ <input checked="" type="checkbox"/> PAID 1,485.00 <input type="checkbox"/> INCURRED
NAME: Sarah Bantz ADDRESS: 1228 Ridge Rd CITY/STATE: Columbia MO 65203	3/17/2020	Campaign Worker \$ 5,000.00	\$ <input checked="" type="checkbox"/> PAID 5,000.00 <input type="checkbox"/> INCURRED
NAME: Sarah Bantz ADDRESS: 1228 Ridge Rd CITY/STATE: Columbia MO 65203	3/31/2020	Contract Services \$ 6,500.00	\$ <input type="checkbox"/> PAID 1,500.00 <input checked="" type="checkbox"/> INCURRED
NAME: Sarah Catlin ADDRESS: 2264 Country Lane CITY/STATE: Columbia MO 65201	3/31/2020	Contract Services \$ 3,387.00	\$ <input type="checkbox"/> PAID 1,902.00 <input checked="" type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1601 Willow Rd CITY/STATE: Menlo Park CA 94025	1/2/2020	Marketing \$ 230.00	\$ <input checked="" type="checkbox"/> PAID 220.00 <input type="checkbox"/> INCURRED
NAME: MailChimp ADDRESS: 675 Ponce De Leon Ave NE Suite 5000 CITY/STATE: Atlanta GA 30308	1/7/2020	Marketing \$ 245.10	\$ <input checked="" type="checkbox"/> PAID 116.10 <input type="checkbox"/> INCURRED
NAME: MailChimp ADDRESS: 675 Ponce De Leon Ave NE Suite 5000 CITY/STATE: Atlanta GA 30308	2/7/2020	Marketing \$ 361.20	\$ <input checked="" type="checkbox"/> PAID 116.10 <input type="checkbox"/> INCURRED
NAME: Ngp Van Inc Moto ADDRESS: 1445 New York Ave NW Suite 200 CITY/STATE: Washington DC 20005	3/6/2020	Marketing \$ 410.00	\$ <input checked="" type="checkbox"/> PAID 410.00 <input type="checkbox"/> INCURRED
NAME: MailChimp ADDRESS: 675 Ponce De Leon Ave NE Suite 5000 CITY/STATE: Atlanta GA 30308	3/9/2020	Marketing \$ 477.30	\$ <input checked="" type="checkbox"/> PAID 116.10 <input type="checkbox"/> INCURRED
NAME: US Postal Service ADDRESS: 501 E Walnut St CITY/STATE: Columbia MO 65201	2/26/2020	Postage \$ 494.40	\$ <input checked="" type="checkbox"/> PAID 279.40 <input type="checkbox"/> INCURRED
NAME: US Postal Service ADDRESS: 501 E Walnut St CITY/STATE: Columbia MO 65201	3/19/2020	Postage \$ 830.40	\$ <input checked="" type="checkbox"/> PAID 275.00 <input type="checkbox"/> INCURRED
NAME: Marks Quick Printing Inc ADDRESS: 9567 Page Ave CITY/STATE: St Louis MO 63132	2/4/2020	Printing and Copying \$ 649.73	\$ <input checked="" type="checkbox"/> PAID 649.73 <input type="checkbox"/> INCURRED
NAME: Marks Quick Printing Inc ADDRESS: 9567 Page Ave CITY/STATE: St Louis MO 63132	2/25/2020	Printing and Copying \$ 263.22	\$ <input checked="" type="checkbox"/> PAID 263.22 <input type="checkbox"/> INCURRED
NAME: Marks Quick Printing Inc ADDRESS: 9567 Page Ave CITY/STATE: St Louis MO 63132	3/19/2020	Printing and Copying \$ 221.71	\$ <input checked="" type="checkbox"/> PAID 221.71 <input type="checkbox"/> INCURRED
NAME: Judy Baker ADDRESS: 3075 Rangeline Rd CITY/STATE: Columbia MO 65201	2/28/2020	Travel and Meetings \$ 288.96	\$ <input checked="" type="checkbox"/> PAID 288.96 <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --