



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C171117

1. DATE OF REPORT  1/15/2020	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 checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: 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 10/1/2019 THROUGH 12/31/2019	
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 checked="" type="checkbox"/> Jan 15 <input 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 Jan 15 2020 9:36AM 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 Jan 15 2020 9:36AM CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Baker For Missouri	1/15/2020	

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		\$ 0.00		
2. All Monetary Contributions Received This Period	\$ 41,586.00			
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)	\$ 41,586.00			
6. In-kind Contributions Received This Period	+ 1,410.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 42,996.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 42,996.00		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 0.00		
10. Expenditures made by cash or check this period	\$ 3,820.77			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 3,820.77			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 3,820.77		
<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 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)		\$ 0.00		
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<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)	\$ 5,398.99
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 41,586.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 3,820.77 b) Disbursements By Cash \$ 0.00	- 3,820.77
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 43,164.22
			<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)	+ 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)	\$ 0.00



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Baker For Missouri		2. REPORT DATE 1/15/2020	
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		+ \$ 33,280.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 33,280.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 31,870.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 1,410.00	
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		\$ 99.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 22.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 9,595.00	
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)		\$ 1,410.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 41,586.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 41,465.00	



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Baker For Missouri	DATE 1/15/2020
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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)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Andrea Routh CITY / STATE: 308B 58th Street Holmes Beach FL 34217 EMPLOYER: Self Employed -- Non profit executive consultant <input type="checkbox"/> COMMITTEE:	11/18/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrea Routh CITY / STATE: 308B 58th Street Holmes Beach FL 34217 EMPLOYER: Self Employed -- Consultant <input type="checkbox"/> COMMITTEE:	12/11/2019 ----- \$ 400.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Shchroeder CITY / STATE: 609 W. Main Union MO 63084 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	10/29/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Anna Forder CITY / STATE: 4501 Lindell Blvd Saint Louis MO 63108 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/31/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara & Handy Williamson CITY / STATE: 200 Wild Ginger Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill Sheals CITY / STATE: 408 W Broadway Columbia MO 65203 EMPLOYER: Murrays Restaurant -- Owner <input type="checkbox"/> COMMITTEE:	12/7/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bonnie Trickey CITY / STATE: 708 Silverton Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/5/2019 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brady and Ann Deaton CITY / STATE: 1901 Chapel Wood Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/31/2019 ----- \$ 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 1/15/2020
---	-------------------

### 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)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Chester Edwards CITY / STATE: 1215 E Nifong Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/5/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Teeter CITY / STATE: 107 E Ridgeley Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/17/2019 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Rohlfing CITY / STATE: 141 County Rd 300 Fayette MO 65248 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Constance Hyman CITY / STATE: 108 Haywood Court Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 175.00	\$ 175.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Curtis Cunningham CITY / STATE: 3807 Triple Crown Dr Columbia MO 65202 EMPLOYER: USDA -- Administrator <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cynthia Hayes CITY / STATE: 23668 Gooches Mill Road Boonville MO 65233 EMPLOYER: Cynergy Health -- Physician <input type="checkbox"/> COMMITTEE:	12/20/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Hilliard CITY / STATE: 46 Wildwood Drive Pacific MO 63069 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 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: Retired <input type="checkbox"/> COMMITTEE:	12/9/2019 \$ 1,000.00	\$ 1,000.00 <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 1/15/2020
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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)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Denise Pinkerton CITY / STATE: 1600 Keegan Court Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dolores Shearon CITY / STATE: 8010 Jackson St. Omaha NE 68114 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	12/31/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don & Patricia Karst CITY / STATE: 1140 Key Largo Cir Port Orange FL 32128 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/13/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don & Sharon Ginsburg CITY / STATE: 3605 Holly Hills Ct Columbia MO 65203 EMPLOYER: ReMax/Boone Realty -- Realtor <input type="checkbox"/> COMMITTEE:	11/14/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donald Baker CITY / STATE: 6210 Bridle Bend Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	11/17/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donald Baker CITY / STATE: 6210 Bridle Bend Columbia MO 65201 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	12/3/2019 \$ 750.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donald Hanks CITY / STATE: 215 N Bridge St Smithville MO 64089 EMPLOYER: Self Employed -- Realtor <input type="checkbox"/> COMMITTEE:	12/24/2019 \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donna Ross CITY / STATE: 1323 Cedar Grove Blvd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/5/2019 \$ 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 1/15/2020
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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: Edward Mitchell CITY / STATE: 19349 Monroe Rd 971 EMPLOYER: Holliday MO 65258 Self Employed -- Farming <input type="checkbox"/> COMMITTEE:	12/7/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Edward Hammill CITY / STATE: 1117 E. Main Street EMPLOYER: Perry MO 63462 Self Employed -- Farmer <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Endsley Jones CITY / STATE: 7214 Greenway Ave EMPLOYER: St. Louis MO 63130 UMSL -- Professor <input type="checkbox"/> COMMITTEE:	11/4/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Geoffrey Jolley CITY / STATE: 124 Lawn Ave EMPLOYER: Kansas City MO 64123 LISE -- Executive Director <input type="checkbox"/> COMMITTEE:	12/11/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Hulett CITY / STATE: P. O. Box 956 Columbia MO 65205 EMPLOYER: Hulett Heating & Air Cond. -- Business owner <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gracia Backer CITY / STATE: 2885 State Road TT New Bloomfield MO 65063 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/27/2019 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harold Beach CITY / STATE: 144 Highway B Leonard MO 65451 EMPLOYER: Self Employed -- Farming <input type="checkbox"/> COMMITTEE:	12/7/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jaime Torres CITY / STATE: 268 E Broadway A1304 A1304 New York NY 10002 EMPLOYER: Urban Health Plan -- consultant <input type="checkbox"/> COMMITTEE:	11/4/2019 ----- \$ 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 1/15/2020
---	-------------------

**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: James Preston Sr CITY / STATE: 1804 Princeton Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/26/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Preston Jr CITY / STATE: 4908 Hampstead Gate Jefferson City MO 65109 EMPLOYER: University of Missouri -- Development <input type="checkbox"/> COMMITTEE:	12/7/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Dowd CITY / STATE: 3 Whitfield lane St Louis MO 63124 EMPLOYER: Onder Law -- Atty of Counsel <input type="checkbox"/> COMMITTEE:	12/20/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Janet Thompson CITY / STATE: 8300 N Wagon Trail Rd Columbia MO 65202 EMPLOYER: Boone County -- Commissioner <input type="checkbox"/> COMMITTEE:	11/16/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanette Oxford CITY / STATE: 2910 Lemp Ave St. Louis MO 63118 EMPLOYER: Empower Missouri -- Director <input type="checkbox"/> COMMITTEE:	12/19/2019 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Murrell CITY / STATE: 1400 Torrey Pines Dr Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	11/5/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Murrell CITY / STATE: 1400 Torrey Pines Dr Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	12/19/2019 ----- \$ 400.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Jones CITY / STATE: 2409 Lynnwood Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 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 1/15/2020
---	-------------------

**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Jon Hagler CITY / STATE: 3310 N Farm Rd 231 EMPLOYER: Strafford MO 65757 AgXplore -- Business <input type="checkbox"/> COMMITTEE:	12/6/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joseph Parks CITY / STATE: 1840 E Highway 163 EMPLOYER: Columbia MO 65201 National Council for Behavioral Health -- Physician <input type="checkbox"/> COMMITTEE:	12/6/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judith Stallman CITY / STATE: 2305 Topaz Dr EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	11/26/2019 ----- \$ 240.00	\$ 240.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karen Miller CITY / STATE: 300 West Broadway EMPLOYER: Columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	11/22/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karl Kruse CITY / STATE: 2405 Lynwood Dr EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	12/5/2019 ----- \$ 600.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Katheryn Digges CITY / STATE: 7 Bingham Rd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	11/7/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathryn Digges CITY / STATE: 7 Bingham Rd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 750.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kellie Campbell CITY / STATE: 4803 Thornbrook Ridge EMPLOYER: Columbia MO 65203 Federal Govt -- Administrator <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 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 1/15/2020
---	-------------------

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Kit Wagar CITY / STATE: 5523 Crestwood Drive Kansas City MO 64110 EMPLOYER: US Department of Health & Human Services -- Health Policy <input type="checkbox"/> COMMITTEE:	12/27/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Haus CITY / STATE: 4030B Cleveland Ave St Louis MO 63110 EMPLOYER: State of Missouri -- Coordinator <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lynn Griswold CITY / STATE: 2608 Arrowhead Estates Rd Lake Ozark MO 65049 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/28/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marilyn Simpson CITY / STATE: 6821 Shelby 401 Clarence MO 63437 EMPLOYER: Self Employed -- Farming <input type="checkbox"/> COMMITTEE:	12/7/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Sable CITY / STATE: 228 East Parkway Dr. Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	12/12/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marty McCormick CITY / STATE: 107 Foxwood Ct Columbia MO 65203 EMPLOYER: University of Missouri Health Care -- Strategic Planning <input type="checkbox"/> COMMITTEE:	12/1/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Still CITY / STATE: 2000 S Country Club Dr Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/16/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Matt Kitzi CITY / STATE: 705 Old Hawthorne Drive East Columbia MO 65201 EMPLOYER: Armstrong Teasdale LLP -- Attorney <input type="checkbox"/> COMMITTEE:	12/23/2019 ----- \$ 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 1/15/2020
---	-------------------

**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Nancy Toalson CITY/STATE: 3803 Ivanhoe Blvd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	11/16/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Smith CITY/STATE: 4901 State Line Rd EMPLOYER: Kansas City MO 64112 KC Health Kids -- Nonprofit Manager <input type="checkbox"/> COMMITTEE:	12/11/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Natalie Krawitz CITY/STATE: 901 Edgewood EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	11/1/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Callow CITY/STATE: 1517 Washington Ave EMPLOYER: St. Louis MO 63103 Public Eye Inc. -- publicist <input type="checkbox"/> COMMITTEE:	11/5/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Wallace CITY/STATE: 2208 Yuma Dr. EMPLOYER: Columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	11/25/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard King CITY/STATE: 109 W Parkway Dr EMPLOYER: Columbia MO 65203 Self Employed -- Business Owner <input type="checkbox"/> COMMITTEE:	12/31/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Churchill CITY/STATE: 1119 Northshore Dr EMPLOYER: Columbia MO 65203 University of Missouri -- Physician <input type="checkbox"/> COMMITTEE:	12/19/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Gafke CITY/STATE: 325 East Dripping Springs Road EMPLOYER: Columbia MO 65202 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	12/13/2019 ----- \$ 300.00	\$ 300.00 <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 1/15/2020
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Ronald Harstad CITY / STATE: 108 Haywood Court Columbia MO 65203 EMPLOYER: CyberAdjust LLC -- Founder & CEO <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 175.00	\$ 175.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rush Robinson CITY / STATE: 12302 Rule Hill Ct Columbia MO 63043 EMPLOYER: University of Missouri -- Teacher <input type="checkbox"/> COMMITTEE:	11/30/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sarah Catlin CITY / STATE: 2264 Country Lane Columbia MO 65201 EMPLOYER: Self Employed -- Consultant <input type="checkbox"/> COMMITTEE:	11/22/2019 ----- \$ 380.00	\$ 380.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sherry Wyatt CITY / STATE: 1002 Danforth Drive Columbia MO 65201 EMPLOYER: University Hospital -- RN <input type="checkbox"/> COMMITTEE:	11/24/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Skip Walther CITY / STATE: 2209 Yuma Dr. Columbia MO 65203 EMPLOYER: Walther Antel & Stamper -- Attorney <input type="checkbox"/> COMMITTEE:	12/5/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steven Renne CITY / STATE: 465 County Road 267 Armstrong MO 65230 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/11/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: SY Trimble CITY / STATE: 11830 State Route BB Rolla MO 65401 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/20/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: TA Skaggs CITY / STATE: 5800 N Grand Ave Gladstone MO 64118 EMPLOYER: Rural Hospital Association <input type="checkbox"/> COMMITTEE:	12/11/2019 ----- \$ 200.00	\$ 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 1/15/2020
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NAME: ADDRESS: Teresa Maledy CITY / STATE: 215 W. Brandon Road Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	12/23/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tim Harlan CITY / STATE: 511 S Glenwood Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/27/2019 ----- \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Timothy McBride CITY / STATE: 4 Spoede Hills Dr Saint Louis MO 63141 EMPLOYER: Washington University -- Professor <input type="checkbox"/> COMMITTEE:	10/31/2019 ----- \$ 419.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Victoria R Wilson CITY / STATE: 3201 Blackberry Lane Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/10/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Victoria R Wilson CITY / STATE: 3201 Blackberry Lane Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/10/2019 ----- \$ 550.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: WB & RE Tichenor CITY / STATE: 3710 Shadow Glen Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/17/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Bondeson CITY / STATE: 913 Leland Ridge Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/5/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William & Doyne McKenzie CITY / STATE: 710 Thilly Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/18/2019 ----- \$ 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 1/15/2020
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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: IUPAT CITY / STATE: 7234 Parkway Drive EMPLOYER: Hanover MD 21076 <input type="checkbox"/> COMMITTEE:	12/18/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Victoria R Wilson CITY / STATE: 3201 Blackberry Lane EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	12/5/2019 ----- \$ 700.00	\$ 150.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Ila Irwin CITY / STATE: 2405 Lynnwood drive EMPLOYER: Columbia MO 65203 MO Health Connection -- Administration <input type="checkbox"/> COMMITTEE:	12/31/2019 ----- \$ 1,360.00	\$ 1,260.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C171117

REPORT DATE

1/15/2020

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

Baker For Missouri

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

Bier Station  
120 E Gregory Blvd  
Kansas City MO 64114

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

General Ask and Personal Ask

4. DATE OF ACTIVITY OR EVENT

12/11/2019

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Ilalyn Irwin  
2405 Lynnwood drive  
Columbia MO 65203

5. NUMBER OF PARTICIPANTS

30

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 99.00

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 1,090.00

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 1,189.00

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

Pass the jar collection.

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

Rental

\$ 297.75

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 297.75





**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Baker For Missouri		2. Report Date 1/15/2020	
<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			+ 1,196.19
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 1,196.19
<b>B. Itemized Expenditures All Over \$100</b> <b>And All Payments To Campaign Workers</b>		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 2,624.58
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,624.58
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 3,820.77
16. Amount of Line 15 Above which was Paid Out This Period			\$ 3,820.77
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE Baker For Missouri		DATE 1/15/2020
<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		
Printing and Copying		\$ 136.05
Online donation fee		\$ 702.37
Bank Fees		\$ 65.00
Marketing		\$ 28.17
Postage		\$ 105.00
Supplies		\$ 159.60
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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 1/15/2020	
<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: Marks Quick Printing Inc ADDRESS: 9567 Page Ave CITY/STATE: St Louis MO 63132	10/22/2019	campaign materials \$	\$ 989.92 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Marks Quick Printing Inc ADDRESS: 9567 Page Ave CITY/STATE: St Louis MO 63132	11/12/2019	campaign materials \$	\$ 426.80 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Bier Station ADDRESS: 120 E Gregory Blvd CITY/STATE: Kansas City MO 64114	12/11/2019	facility rental \$	\$ 297.75 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Shakespeare's Pizza ADDRESS: 3911 Peachtree Dr CITY/STATE: Columbia MO 65203	11/15/2019	food \$	\$ 248.50 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Fast Yeti Tees ADDRESS: 2703 E Broadway Ste 226 CITY/STATE: Columbia MO 65201	11/22/2019	printing and copying \$	\$ 166.93 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: MailChimp ADDRESS: 675 Ponce de Leon Ave NE Suite 5000 CITY/STATE: Atlanta GA 30308	12/9/2019	marketing \$	\$ 129.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: US Postal Service ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	11/4/2019	postage \$	\$ 110.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Cody Atkinson ADDRESS: 6131 Holmes St. CITY/STATE: Kansas City MO 64110	12/30/2019	Campaign Worker \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Sam's Club ADDRESS: 101 Conley Rd CITY/STATE: Columbia MO 65201	10/16/2019	Supplies \$	\$ 105.68 <input checked="" 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)			\$ --