



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C141090

1. DATE OF REPORT  4/13/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends For Chuck Basye	
3. COMMITTEE MAILING ADDRESS PO Box 114	4. COMMITTEE TELEPHONE NUMBER  (573) 356-3405
CITY / STATE / ZIP Rocheport MO 65279	
5. TREASURER'S NAME ROSA ROBB	
6. TREASURER'S MAILING ADDRESS 4105 BLUE HOLLOW	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 875-2530 WORK: (573) 350-6206
CITY / STATE / ZIP COLUMBIA MO 65203	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER PAMELA ANDERSON	
9. DEPUTY TREASURER'S MAILING ADDRESS 305 OAKRIDGE COURT COLUMBIA MO 65203	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 449-6360 WORK: (573) 310-3038
CITY / STATE / ZIP	
11. DATE OF ELECTION	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/1/2020 THROUGH 3/31/2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Charles Basye 15000 West Hwy 40  Rocheport MO 65279  (573) 698-2906  State Representative  Missouri House of Representatives  <input type="checkbox"/> CHECK IF INCUMBENT  <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input 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 13 2020 8:56AM _____ 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 13 2020 8:56AM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

Friends For Chuck  
Basye

Date of Report

4/13/2020

Office Use Only

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		\$ 199,514.78		
2. All Monetary Contributions Received This Period	\$ 4,050.00			
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)	\$ 4,050.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 4,050.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 203,564.78		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 200,452.21		
10. Expenditures made by cash or check this period	\$ 5,832.45			
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)	\$ 5,832.45			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 206,284.66		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 7,919.53		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 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)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 7,919.53		
<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)	\$ 21,912.80
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 4,050.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 5,832.45 b) Disbursements By Cash \$ 0.00	- 5,832.45
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 20,130.35
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 9.00
			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)	\$ 9.00



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends For Chuck Basye		2. REPORT DATE 4/13/2020	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 4,050.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 4,050.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 4,050.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 4,050.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 4,050.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 4/13/2020
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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: Carol Fresenburg CITY / STATE: 9320 S Constien EMPLOYER: Columbia MO 65203 RETIRED <input type="checkbox"/> COMMITTEE:	1/2/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Beth Brown CITY / STATE: 3600 Mamba Dr EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	2/16/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herb Sheetz CITY / STATE: 6025 State Route A EMPLOYER: Higbee MO 65257 Retired <input type="checkbox"/> COMMITTEE:	3/7/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laura Crane CITY / STATE: 1906 Dartmouth EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/8/2020 ----- \$ 55.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy and Pat Miles CITY / STATE: 8005 W 150N EMPLOYER: Waynestown IN 47990 Retired <input type="checkbox"/> COMMITTEE:	3/9/2020 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Callis CITY / STATE: 6304 Normandy EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/9/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dewey Crepeau CITY / STATE: 212 Bright Star EMPLOYER: Columbia MO 65203 RETIRED <input type="checkbox"/> COMMITTEE:	3/9/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ruth Hellstern CITY / STATE: 13800 Metcalf Ave EMPLOYER: Overland Park KS 66223 Retired <input type="checkbox"/> COMMITTEE:	3/9/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 4/13/2020
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: C Ben Basye CITY / STATE: 3812 Ivanhoe Blvd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/9/2020 \$ 850.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joe and Pat Powell CITY / STATE: 13413 W Highway 40 EMPLOYER: Rocheport MO 65279 Retired <input type="checkbox"/> COMMITTEE:	3/9/2020 \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Larry Neill CITY / STATE: 2804 Foxdale EMPLOYER: Jefferson City MO 65109 Retired <input type="checkbox"/> COMMITTEE:	3/10/2020 \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Greg and Karen Frink CITY / STATE: 283 Route State A EMPLOYER: Fayette MO 65248 Farmer <input type="checkbox"/> COMMITTEE:	3/10/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Hobbs CITY / STATE: 3018 S Scott Blvd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/10/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Patton III CITY / STATE: 222 W Green Meadows Rd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/10/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Spilman CITY / STATE: 119 W Adam Street EMPLOYER: Higbee MO 65257 Retired <input type="checkbox"/> COMMITTEE:	3/10/2020 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Witte CITY / STATE: 334 Morningside Lane EMPLOYER: Fayette MO 65248 Retired <input type="checkbox"/> COMMITTEE:	3/10/2020 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 4/13/2020
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### INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Chris Rohlfing CITY / STATE: 141 County Rd 300 Fayette MO 65248 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	3/10/2020 ----- \$ 25.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: June Ann Humphrey CITY / STATE: 3908 Amaryllis Columbia MO 65203 EMPLOYER: RETIRED <input type="checkbox"/> COMMITTEE:	3/10/2020 ----- \$ 80.00	\$ 25.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kay and Tim Ernst CITY / STATE: 32 Monivea Pl Pleasant Hill CA 94523 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 100.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lowell and Doris Smith CITY / STATE: 3071 Hwy 240 Fayette MO 65248 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Skip McKnelly CITY / STATE: 1527 Fox Moor Ct Jefferson City MO 65109 EMPLOYER: Medical Doctor <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Thomas CITY / STATE: 15572 County Road 1015 Madison MO 65263 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	3/11/2020 ----- \$ 490.00	\$ 250.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Baker CITY / STATE: 800 S Cedar Lake Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/12/2020 ----- \$ 200.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Willett CITY / STATE: 1601 Chapel Hill Rd Columbia MO 65203 EMPLOYER: Dentist <input type="checkbox"/> COMMITTEE:	3/13/2020 ----- \$ 350.00	\$ 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 Friends For Chuck Basye	DATE 4/13/2020
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**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Bill and Pat Brune CITY / STATE: 9350 NW Hillsboro EMPLOYER: Parkville MO 64153 FAA <input type="checkbox"/> COMMITTEE:	3/14/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Taylor CITY / STATE: 4702 Shale Oaks Ave EMPLOYER: Columbia MO 65203 RETIRED <input type="checkbox"/> COMMITTEE:	3/14/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Basye CITY / STATE: 3503 Gardenia EMPLOYER: Yorba Linda CA 92886 AERA ENERGY <input type="checkbox"/> COMMITTEE:	3/15/2020 ----- \$ 450.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Frech CITY / STATE: 4800 Log Providence Rd EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	3/16/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patty Donovan CITY / STATE: 5758 Amberly Dr EMPLOYER: Bradenton FL 34208 Retired <input type="checkbox"/> COMMITTEE:	3/16/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Dowell CITY / STATE: 1505 Canton Drive EMPLOYER: Columbia MO 65203 Alzheimer's Association <input type="checkbox"/> COMMITTEE:	3/16/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Howard Fleming CITY / STATE: PO Box 68 EMPLOYER: Moberly MO 65270 Farmer <input type="checkbox"/> COMMITTEE:	3/17/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Theresa Salzbrenner CITY / STATE: 205 Renee EMPLOYER: Ashland MO 65010 Retired <input type="checkbox"/> COMMITTEE:	3/16/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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





# MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 4/13/2020
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## INSTRUCTIONS

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Gary Middendorf CITY / STATE: 2451 N Rt J EMPLOYER: Rocheport MO 65279 Retired <input type="checkbox"/> COMMITTEE:	3/17/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jimmie and Vicki Coy CITY / STATE: 4180 N Hwy PP EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carl and Crystal Mittelhauser CITY / STATE: 412 Cressa Circle EMPLOYER: Cocoa FL 32926 Retired <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Martha Ballew CITY / STATE: 1512 State Rt W EMPLOYER: Fayette MO 65248 Retired <input type="checkbox"/> COMMITTEE:	3/20/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rachael Thomas CITY / STATE: 1013 Cedar Ridge Circle EMPLOYER: Roach MO 65787 US Army Reserves <input type="checkbox"/> COMMITTEE:	3/23/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dr Jack Bragg CITY / STATE: 5800 Thornbrook Pkwy EMPLOYER: Columbia MO 65203 Physican <input type="checkbox"/> COMMITTEE:	3/24/2020 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Perry CITY / STATE: 17500 N Oak Grove School Rd EMPLOYER: Sturgeon MO 65284 Retired <input type="checkbox"/> COMMITTEE:	3/26/2020 ----- \$ 60.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Betsy Phillips CITY / STATE: 2670 E Buffalo EMPLOYER: Columbia MO 65202 RETIRED <input type="checkbox"/> COMMITTEE:	3/31/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 4/13/2020
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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: Garry Johnson CITY / STATE: 312 Oakridge Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/27/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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



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

Office Use Only

1. Name of Committee Friends For Chuck Basye		2. Report Date 4/13/2020	
<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			+ 105.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 105.00
<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			+ 5,727.45
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 5,727.45
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 5,832.45
16. Amount of Line 15 Above which was Paid Out This Period			\$ 5,832.45
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



0
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NAME OF COMMITTEE Friends For Chuck Basye		DATE 4/13/2020
<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		
Govenor Prayer Breakfast	\$	35.00
Filing Fee	\$	50.00
Service and check fees	\$	20.00
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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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 Friends For Chuck Basye		REPORT DATE 4/13/2020	
<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: Fredrick Enterprises, Inc ADDRESS: PO Box 723 CITY/STATE: Columbia MO 65205	3/6/2020	Mailing services \$	\$ <input checked="" type="checkbox"/> PAID 126.45 <input type="checkbox"/> INCURRED
NAME: MO Right To Life/ Randolph Co Chapter ADDRESS: 201 W Rollins CITY/STATE: Moberly MO 65270	3/12/2020	Donation \$	\$ <input checked="" type="checkbox"/> PAID 100.00 <input type="checkbox"/> INCURRED
NAME: Lincoln Days Raffle Event ADDRESS: UNKNOWN CITY/STATE: MOBERLY MO 65270	3/12/2020	DONATION \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: Rocheport PO ADDRESS: 200 Central Street CITY/STATE: Rocheport MO 65279	2/22/2020	Stamps and PO Box renewal \$	\$ <input checked="" type="checkbox"/> PAID 156.00 <input type="checkbox"/> INCURRED
NAME: Cooper Co Republicans ADDRESS: Zion Lutheran School Gym CITY/STATE: Moberly MO 65270	2/20/2020	Donation /dinner \$	\$ <input checked="" type="checkbox"/> PAID 100.00 <input type="checkbox"/> INCURRED
NAME: CAFNR Founding Day ADDRESS: Jessie Hall 801 Conley CITY/STATE: Columbia MO 65211	2/24/2020	Luncheon \$	\$ <input checked="" type="checkbox"/> PAID 40.00 <input type="checkbox"/> INCURRED
NAME: 2nd Annual Fisher House Trivia Night ADDRESS: 2525 N Stadium Blvd CITY/STATE: Columbia MO 65202	1/6/2020	Table donation \$	\$ <input checked="" type="checkbox"/> PAID 350.00 <input type="checkbox"/> INCURRED
NAME: WhiteTails Unlimited ADDRESS: Holiday Inn Stadium 2200 I70 Dr SW CITY/STATE: Columbia MO 65203	1/7/2020	Sponsor/table \$	\$ <input checked="" type="checkbox"/> PAID 540.00 <input type="checkbox"/> INCURRED
NAME: WhiteTails Unlimited ADDRESS: 10051 N Rt Z CITY/STATE: Centralia MO 65240	2/29/2020	Sponsor/donation \$	\$ <input checked="" type="checkbox"/> PAID 2,975.00 <input type="checkbox"/> INCURRED
NAME: HRCC ADDRESS: 100 E High St, Jefferson CITY/STATE: Jefferson City MO 65101	1/7/2020	Donation \$	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: Boonslick Historical Society ADDRESS: PO. Box 426 CITY/STATE: Boonville MO 65233	1/26/2020	Prayer Breakfast \$	\$ <input checked="" type="checkbox"/> PAID 150.00 <input type="checkbox"/> INCURRED
NAME: Higbee Fair ADDRESS: PO Box 81 CITY/STATE: Higbee MO 65257	1/26/2020	Fair/Event \$	\$ <input checked="" type="checkbox"/> PAID 240.00 <input type="checkbox"/> INCURRED
NAME: Missouri Women Legislatures ADDRESS: 201 W. Capitol Ave CITY/STATE: Jefferson City MO 65101	3/2/2020	Donation \$	\$ <input checked="" type="checkbox"/> PAID 250.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
<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)			\$ --