



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C141090

1. DATE OF REPORT 1/11/2020	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 CITY / STATE / ZIP Rocheport MO 65279	4. COMMITTEE TELEPHONE NUMBER (573) 356-3405
5. TREASURER'S NAME ROSA ROBB	
6. TREASURER'S MAILING ADDRESS 4105 BLUE HOLLOW CITY / STATE / ZIP COLUMBIA MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 875-2530 WORK: (573) 350-6206
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 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 449-6360 WORK: (573) 310-3038
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 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 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 11 2020 3:19PM _____ 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 11 2020 3:19PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends For Chuck Basye	1/11/2020	

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		\$ 191,216.53		
2. All Monetary Contributions Received This Period	\$ 8,298.25		Money On Hand	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 8,298.25		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 20,714.77
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 8,298.25
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 8,298.25		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 7,100.22
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 199,514.78	a) Disbursements By Check \$ 7,100.22 b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 193,351.99	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 21,912.80
10. Expenditures made by cash or check this period	\$ 7,100.22		Indebtedness	
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. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 7,100.22		28. Outstanding Indebtedness at the beginning of this period	\$ 9.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 200,452.21	29. Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 7,919.53	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		31. Payments Made on Loans This Period	- 0.00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 7,919.53	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 9.00
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. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			



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 1/11/2020	
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:			
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		+ \$ 8,298.25	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 8,298.25	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 8,298.25	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
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		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 8,298.25	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 8,298.25	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 1/11/2020
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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: Buff Chance CITY/STATE: 1501 Fox Run Dr Columbia MO 65202 EMPLOYER: Property Management <input type="checkbox"/> COMMITTEE:	10/1/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Hammer CITY/STATE: 2209 Iris Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/11/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Heather Hargrove CITY/STATE: 102 Lexibelle Columbia MO 65201 EMPLOYER: Stoney Creek Inn <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michelle Ribauda CITY/STATE: 1408 Keegan Court Columbia MO 65203 EMPLOYER: Columbia SEPTA <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Dempsey CITY/STATE: 3503 Topanga Dr Columbia MO 65203 EMPLOYER: Peak Sport and Spine <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Association of Anesthetists PAC CITY/STATE: 205 E Capital Jefferson City MO 65101 <input type="checkbox"/> COMMITTEE:	10/3/2019 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Grow Missouri PAC CITY/STATE: 308 E High Street Jefferson City MO 65101 <input type="checkbox"/> COMMITTEE:	10/3/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Build St Louis PAC CITY/STATE: 10104 Old Olive Str Rd St Louis MO 63141 <input type="checkbox"/> COMMITTEE:	10/1/2019 ----- \$ 325.00	\$ 325.00 <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 Friends For Chuck Basye	DATE 1/11/2020
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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: HSLF of Missouri PAC CITY/STATE: 132 Westwood's Drive EMPLOYER: Liberty MO 64068 <input type="checkbox"/> COMMITTEE:	11/11/2019 \$ 750.00	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: ML Hobbs CITY/STATE: 3018 S Scott Blvd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	10/11/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ben Ross CITY/STATE: 205 Paw Paw Way EMPLOYER: Columbia MO 65203 Engineer <input type="checkbox"/> COMMITTEE:	10/8/2019 \$ 400.00	\$ 400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Coatney CITY/STATE: 4691 E Hwy 24 EMPLOYER: Moberly MO 65270 Retired <input type="checkbox"/> COMMITTEE:	11/21/2019 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joe Powell CITY/STATE: 13413 W Hwy 40 EMPLOYER: Rocheport MO 65270 Retired <input type="checkbox"/> COMMITTEE:	11/11/2019 \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AMEC PAC CITY/STATE: PO Box 1645 EMPLOYER: Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE:	12/3/2019 \$ 600.00	\$ 250.00 <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:	12/3/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Griggs CITY/STATE: 6420 N Hwy VV EMPLOYER: Columbia MO 65202 Carpet Store <input type="checkbox"/> COMMITTEE:	12/3/2019 \$ 100.00	\$ 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 Friends For Chuck Basye	DATE 1/11/2020
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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.

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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: William Rajewski CITY / STATE: 10121 Rte E Harrisburg MO 65256 EMPLOYER: Perry Legend <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Butler CITY / STATE: 1000 W Botner Rd Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jack Bragg CITY / STATE: 5800 Thornbrook Way Columbia MO 65203 EMPLOYER: Doctor <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Hammer CITY / STATE: 2209 Iris Columbia MO 65202 EMPLOYER: Retiredd <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 150.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Zullo CITY / STATE: 8451 S Stanley Poe Rd Columbia MO 65203 EMPLOYER: Peak Sports <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 90.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pam Anderson CITY / STATE: 305 Oakridge Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pam Anderson CITY / STATE: 305 Oakridge Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Taylor Burks CITY / STATE: 4905 Shadow Circle Columbia MO 65203 EMPLOYER: State of Missoouri <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 120.00	\$ 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 1/11/2020
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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: Dale Roberts CITY / STATE: 5820 Eagle Lake Dr Ashland MO 65010 EMPLOYER: CPOA Executive Director <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leannna Clayton CITY / STATE: PO Box 1918 Columbia MO 65205 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 495.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: C Ben Basye CITY / STATE: 3812 Ivanhoe Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 750.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dennis Bogle CITY / STATE: 5803 Screaming Eagle Ln Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 201.07	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary and Donna Hennigh CITY / STATE: 1816 Oakcliff Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Fred Parry CITY / STATE: 709 W Broadway Columbia MO 65203 EMPLOYER: Boone Co Commission <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wilma Levy CITY / STATE: 4902 Garden Grove Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 85.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sue Vandeloecht CITY / STATE: 8356 N Phillipe Hallsville MO 65255 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 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 1/11/2020
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: DR Ken Willett CITY / STATE: 1601 Chapel Hill Rdd EMPLOYER: Columbia MO 65203 Dental Surgeon <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randall Miles CITY / STATE: 6500 W Gillespie Bridge Rd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Mendenhall CITY / STATE: PO Box 69 EMPLOYER: Columbia MO 65205 Property Management <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 90.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Allen Schlep CITY / STATE: 3900 Sherman Ct EMPLOYER: Columbia MO 65203 Columbia College <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 130.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Walsh CITY / STATE: 6676 American Setter Dr EMPLOYER: Ashland MO 65010 Congresswoman Vicki Hartzler <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 135.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Phil Hanson CITY / STATE: 801 Canterbury EMPLOYER: Columbia MO 65203 Hanson & Co CPA <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim Meyer CITY / STATE: 104 Sea Eagle Dr EMPLOYER: Columbia MO 65203 Realtor <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jason Gatz CITY / STATE: 5803 Morning Star Ct EMPLOYER: Columbia MO 65203 Midway USA <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 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 1/11/2020
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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	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: Cheri Reisch CITY/STATE: 115 E Street EMPLOYER: Hallsville MO 65255 State Legislator <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 60.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: June Ann Humphrey CITY/STATE: 3908 Amaryllis Ct EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 55.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rosa Robb CITY/STATE: 4105 Blue Hollow Dr EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Fries CITY/STATE: 6501 Gilpin Rd EMPLOYER: Ashland MO 65010 Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 150.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Baker CITY/STATE: 800 S Cedar Lake EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Zweifel CITY/STATE: 520 E Sacketts Rd EMPLOYER: Columbia MO 65202 University of Missouri <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 50.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Morrow CITY/STATE: 3906 Buffington Dr EMPLOYER: Columbia MO 65203 Boone Hospital <input type="checkbox"/> COMMITTEE:	12/17/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Patient Advisory Council PAC CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE:	11/1/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">--</div>
(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 1/11/2020
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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: Ford Motor Co Civic Action Fund CITY/STATE: 8129 NE Hwy 69 EMPLOYER: Claycomo MO 64119 <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 750.00	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Society of Anesthesiologists PAC CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE:	12/3/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Larry McDaniel CITY/STATE: 4200 Farout EMPLOYER: Columbia MO 65203 Coyote Hill <input type="checkbox"/> COMMITTEE:	12/6/2019 ----- \$ 48.25	\$ 48.25 <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

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 1/11/2020	
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			+ 396.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 396.00
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			+ 6,704.22
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 6,704.22
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 7,100.22
16. Amount of Line 15 Above which was Paid Out This Period			\$ 7,100.22
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
C. Contributions Made (Regardless of Amount)		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

NAME OF COMMITTEE Friends For Chuck Basye		DATE 1/11/2020
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
CC City Broilers		\$ 80.00
Bank Service charges and statement fees		\$ 30.00
Boone Co Cattlemen		\$ 50.00
Missouri Health care or AA		\$ 25.00
Higbee Fair Board		\$ 80.00
Missouri Farm Bureau		\$ 22.00
Bundled charges		\$ 9.00
Cooper Co Republicans		\$ 100.00
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye		REPORT DATE 1/11/2020	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Sams Club ADDRESS: 101 Conley Rd CITY/STATE: Columbia MO 65201	10/11/2019	Food for event \$	\$ <input checked="" type="checkbox"/> PAID 649.79 <input type="checkbox"/> INCURRED
NAME: Panera CO ADDRESS: 2300 Bernadette Dr CITY/STATE: Columbia MO 65203	10/11/2019	Food for event \$	\$ <input checked="" type="checkbox"/> PAID 180.05 <input type="checkbox"/> INCURRED
NAME: Rocheport PO ADDRESS: 200 Central Street CITY/STATE: Rocheport MO 65279	11/12/2019	Postage \$	\$ <input checked="" type="checkbox"/> PAID 110.00 <input type="checkbox"/> INCURRED
NAME: FedEx ADDRESS: 25 S 6th St CITY/STATE: Columbia MO 65201	11/7/2019	Flyers/announcements \$	\$ <input checked="" type="checkbox"/> PAID 103.15 <input type="checkbox"/> INCURRED
NAME: Shakespeares ADDRESS: 3911 Peachtree Dr CITY/STATE: Columbia MO 65203	12/3/2019	Food for event \$	\$ <input checked="" type="checkbox"/> PAID 507.41 <input type="checkbox"/> INCURRED
NAME: CC City Broilers ADDRESS: 1401 Forum Blvd CITY/STATE: Columbia MO 65203	12/23/2019	Food for event \$	\$ <input checked="" type="checkbox"/> PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Enterprise Rental ADDRESS: 210 E Texas Ave CITY/STATE: Columbia MO 65202	11/18/2019	Rental Car \$	\$ <input checked="" type="checkbox"/> PAID 213.82 <input type="checkbox"/> INCURRED
NAME: Coyote Hill ADDRESS: 9501 W Coyote Hill Rd CITY/STATE: Harrisburg MO 65256	11/11/2019	Donation \$	\$ <input checked="" type="checkbox"/> PAID 1,000.00 <input type="checkbox"/> INCURRED
NAME: Missouri Alumni Assoc ADDRESS: 123 Reynolds Alumni Center CITY/STATE: Columbia MO 65201	12/17/2019	Event donation \$	\$ <input checked="" type="checkbox"/> PAID 150.00 <input type="checkbox"/> INCURRED
NAME: Boone CO Cattlemen ADDRESS: 2306 Bluff Creek CITY/STATE: Columbia MO 65201	11/1/2019	Donation \$	\$ <input checked="" type="checkbox"/> PAID 1,000.00 <input type="checkbox"/> INCURRED
NAME: Columbia Pachyderms ADDRESS: Unkown CITY/STATE: Columbia MO 65201	10/3/2019	Event donaations \$	\$ <input checked="" type="checkbox"/> PAID 660.00 <input type="checkbox"/> INCURRED
NAME: Welcome Home ADDRESS: 2120 Business Loop 70 E CITY/STATE: Columbia MO 65201	11/1/2019	Donations \$	\$ <input checked="" type="checkbox"/> PAID 1,050.00 <input type="checkbox"/> INCURRED
NAME: Cooper CO Republicans ADDRESS: 17010 W Hwy 87 CITY/STATE: Boonville MO 65233	10/21/2019	Donations \$	\$ <input checked="" type="checkbox"/> PAID 180.00 <input type="checkbox"/> INCURRED
NAME: The Sharing Fund ADDRESS: UNKNOWN CITY/STATE: St Louis MO 63102	11/13/2019	Donation \$	\$ <input checked="" type="checkbox"/> PAID 250.00 <input type="checkbox"/> INCURRED
NAME: The Healing Box Project ADDRESS: PO Box 66 CITY/STATE: Gravois Mills MO 65037	10/7/2019	Donation \$	\$ <input checked="" type="checkbox"/> PAID 250.00 <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)			\$ --