



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C141090

1. DATE OF REPORT 9/3/2020	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 8/4/2020	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/24/2020 THROUGH 8/29/2020	
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 type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input checked="" 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 checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED September 1, 2020
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 Sep 3 2020 9:33AM _____ 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 Sep 3 2020 9:33AM _____ CANDIDATE'S SIGNATURE



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: C141090

This form is to be used when amending a previously filed Campaign Finance Disclosure Report.

1. Name of Committee		2. Date of Report
Friends For Chuck Basye		9/3/2020
3. Type and Date of Previously Filed Report		
09/03/2020 AMENDED 30 Day After Primary Election-8/4/2020		
4. Reason for Amendment		
Error duplicate entry		
5. Amendment Detail		
<div>View Supplemental Form(s)</div>		



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

C141090

MEC ID #: _____

5. Amendment Detail - Continued

Itemized Contributions Received
Deleted-Cooper Co Republican Committee

Itemized Contributions Received
Deleted-Steve Walsh

Itemized Contributions Received
Deleted-Terri Black

Itemized Contributions Received
Deleted-Ross Mutrux



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends For Chuck Basye	9/3/2020	

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		\$ 217,735.78		
2. All Monetary Contributions Received This Period	\$ 13,860.51		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)	\$ 13,860.51		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 29,165.59
6. In-kind Contributions Received This Period	+ 100.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 13,860.51
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 13,960.51		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 6,951.87
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 231,696.29	a) Disbursements By Check \$ 6,951.87 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		\$ 211,420.42	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 36,074.23
10. Expenditures made by cash or check this period	\$ 6,951.87		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)	\$ 6,951.87		28. Outstanding Indebtedness at the beginning of this period	\$ 9.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 218,372.29	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 9/3/2020	
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"/> 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		+ \$ 13,960.51	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 13,960.51	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 13,860.51	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 100.00	
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)		\$ 100.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 13,860.51	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 13,860.51	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 9/3/2020
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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: Tom Mendhall CITY / STATE: PO Box 69 Columbia MO 65205 EMPLOYER: Real Estate <input type="checkbox"/> COMMITTEE:	8/3/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Patton CITY / STATE: 222 W Green Meadows Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/4/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gordon Evans CITY / STATE: 206 N Sunset Lane Raymore MO 64083 EMPLOYER: FAA <input type="checkbox"/> COMMITTEE:	8/4/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Howard Fleming CITY / STATE: 2283 E Hwy 24 Moberly MO 65270 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/4/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herb Sheetz CITY / STATE: 6025 State Rt A Higbee MO 65257 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/1/2020 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sue Vandeloecht CITY / STATE: 8356 Phillipe Hallsville MO 65255 EMPLOYER: Columbia Public School <input type="checkbox"/> COMMITTEE:	8/4/2020 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Greg and Karen Frink CITY / STATE: 283 State Rt A Fayette MO 65248 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	8/3/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Frink CITY / STATE: 747 County Rd 434 Fayette MO 65248 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	8/4/2020 ----- \$ 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 9/3/2020
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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Martha Klemme CITY/STATE: 505 Sable Ct Columbia MO 65270 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/12/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randolph Co Republican Committee CITY/STATE: 2457 County Rd 1330 EMPLOYER: Moberly MO 65270 <input checked="" type="checkbox"/> COMMITTEE:	8/10/2020 \$ 750.00	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dennis Smith CITY/STATE: 3705 Hwy NN Moberly MO 65270 EMPLOYER: Physician <input type="checkbox"/> COMMITTEE:	8/17/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stuart R Basye CITY/STATE: 4830 Chadwick St Peters MO 63304 EMPLOYER: Basye Flooring <input type="checkbox"/> COMMITTEE:	8/5/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kent Willett CITY/STATE: 1601 Chapel Hill Rd Columbia MO 65203 EMPLOYER: Doctor Dental Surgery <input type="checkbox"/> COMMITTEE:	8/7/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Hobbs CITY/STATE: 3018 S Scott Blvd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/7/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Baker CITY/STATE: 800 S Cedar Lake Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/7/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Venable CITY/STATE: 2815 E Desert Ln Phoenix AZ 85042 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/5/2020 \$ 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 9/3/2020
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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: Randall Miles CITY / STATE: 8005 W 150 N EMPLOYER: Waynetown IN 47990 Retired <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dewey Crepeau CITY / STATE: 212 Bright Star Dr EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	8/11/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Langworthy CITY / STATE: 4412 Shoram Ct EMPLOYER: Columbia MO 6520 MU CAFNR <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Truelove CITY / STATE: 4802 Marble Cedars Dr EMPLOYER: Columbia MO 65203 Veteran Affairs <input type="checkbox"/> COMMITTEE:	8/10/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rita Thackeray CITY / STATE: 7403 W County Hill Rd EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	8/9/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rita Thackeray CITY / STATE: 7403 W County Hill Rd EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	8/16/2020 ----- \$ 75.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Akin CITY / STATE: 2100 S Johnmeyer Ln EMPLOYER: Columbia MO 65203 Construction Company <input type="checkbox"/> COMMITTEE:	8/13/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Dowell CITY / STATE: 1505 Canton Dr EMPLOYER: Columbia MO 65203 Alzheimer's Assoc <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 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 9/3/2020
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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: Judy Hall CITY/STATE: 2837 County Rd 1205 EMPLOYER: Moberly MO 65270 Retired <input type="checkbox"/> COMMITTEE:	8/11/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joe and Hope Burkart CITY/STATE: 12000 Amber Lane EMPLOYER: Rocheport MO 65279 Farmer <input type="checkbox"/> COMMITTEE:	8/15/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Thomas CITY/STATE: 15572 County Rd 1015 EMPLOYER: Madison MO 65263 Farmer <input type="checkbox"/> COMMITTEE:	8/12/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Butler CITY/STATE: 1000 W Botner Rd EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	8/8/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mo Optometric PAC CITY/STATE: 13308 U Hwy EMPLOYER: Boonville MO 65233 <input checked="" type="checkbox"/> COMMITTEE:	8/24/2020 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cooper Co Republican Committee CITY/STATE: 13308 U Hwy EMPLOYER: Boonville MO 65233 <input checked="" type="checkbox"/> COMMITTEE:	8/24/2020 ----- \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jennifer Bukowsky CITY/STATE: 2140 E Bluebird Ln EMPLOYER: Columbia MO 65201 Attorney <input type="checkbox"/> COMMITTEE:	8/21/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michelle Motley CITY/STATE: 13400 W Rocheport Gravel EMPLOYER: Rocheport MO 65279 Retired <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 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 9/3/2020
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INSTRUCTIONS

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

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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: Jeffrey Donfeld CITY / STATE: 31665 Sea Level Dr EMPLOYER: Malibu CA 90265 Attorney <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 970.70	\$ 970.70 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Taylor CITY / STATE: 4702 Shale Oaks Ave EMPLOYER: Columbia MO 65203 Research Technician <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 96.80	\$ 96.80 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Mendenhall CITY / STATE: PO Box 69 EMPLOYER: Columbia MO 65205 Real Estate <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Greg Buckman CITY / STATE: 14601 N Route U EMPLOYER: Hallsville MO 65255 Insurance <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 240.00	\$ 240.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Greg Buckman CITY / STATE: 14601 N Route U EMPLOYER: Hallsville MO 65255 Insurance <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 340.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leslie Toalson CITY / STATE: 123 East St EMPLOYER: Hallsville MO 65255 Columbia College <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ryan Benedict CITY / STATE: 104 Filmore Ct EMPLOYER: Hallsville MO 65255 Marketing <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Todd Burke CITY / STATE: 11370 E JB Lane EMPLOYER: Hallsville MO 65255 Emergency Services <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 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 9/3/2020
--	------------------

INSTRUCTIONS

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Brenden Riddles CITY/STATE: 1535 W Peabody Rd Columbia MO 65202 EMPLOYER: Electriction <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Beaudry CITY/STATE: 11690 N Old #7 Columbia MO 65202 EMPLOYER: Physical Therapist <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Gabel CITY/STATE: 5901 E Bass Ln Columbia MO 65201 EMPLOYER: Unemployed <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rusty Plunkett CITY/STATE: 901 Audubon Dr Columbia MO 65201 EMPLOYER: RLP Consulting <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank Martin CITY/STATE: 5155 E Kemper Rd Hallsville MO 65255 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Hatfield CITY/STATE: 1118 Jefferson Rd Boonville MO 65233 EMPLOYER: General Contractor <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <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:	8/29/2020 ----- \$ 60.00	\$ 60.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: OJ Stone CITY/STATE: 10661 W Shalom Rocheport MO 65279 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 600.00	\$ 600.00 <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 9/3/2020
--	------------------

INSTRUCTIONS

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Ross Mutrux CITY/STATE: 6680 N Wagon Trail Rd Columbia MO 65202 EMPLOYER: Mutrux Automotive <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 160.00	\$ 160.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tony Lupo CITY/STATE: 2312 Sunflower Columbia MO 65202 EMPLOYER: University of Mo Professor <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 175.00	\$ 175.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Burkhart CITY/STATE: 11700 W Hwy 40 Rocheport MO 65279 EMPLOYER: Suburu <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Paulenko CITY/STATE: 505 Angels Rest Way Columbia MO 65205 EMPLOYER: Softward <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joan Rawson CITY/STATE: 1705 Blueridge Rd Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brent Voorheis CITY/STATE: 10877 N Rt J Harrisburg MO 65202 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <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:	8/29/2020 ----- \$ 160.00	\$ 100.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Gene Baumann CITY/STATE: 10411 Kings Lane Rocheport MO 65279 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 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 9/3/2020
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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: Dan Larkin CITY / STATE: 400 W Sexton Harrisburg MO 65256 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tony Lupo CITY / STATE: 2312 Sunflower Columbia MO 65202 EMPLOYER: University of Mo Professor <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 275.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Hale CITY / STATE: 2940 E Alfalfa Drive Columbia MO 65202 EMPLOYER: Self Employed <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terri Black CITY / STATE: 3868 Hwy 124 Harrisburg MO 65256 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herb Scheetz CITY / STATE: 6025 State Rt A Higbee MO 65257 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 400.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joseph Rich CITY / STATE: 2511 Spanish Rt A Columbia MO 65202 EMPLOYER: Optometrist -- ` <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Thomas CITY / STATE: 15572 Monroe Rd 1015 Madison MO 65263 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pat Campbell CITY / STATE: PO Box 236 Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 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 9/3/2020
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Jeff Brown CITY / STATE: 1840 B S Morley EMPLOYER: Moberly MO 65270 Scholastic <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 120.00	\$ 120.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary and Donna Hennigh CITY / STATE: 1816 Oakcliff Dr EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <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 V Hartzler <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale Roberts CITY / STATE: 5820 Eagle Lake Dr EMPLOYER: Ashland MO 65010 CPOA Exec Director <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Basye CITY / STATE: 3503 Gardenia Dr EMPLOYER: Yorba Linda CA 92886 Area Energy <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 400.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stewart R Basye CITY / STATE: 4820 Chadwick EMPLOYER: St Peters MO 63304 Basye Flooring <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 600.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Langworthy CITY / STATE: 4412 Shoram Ct EMPLOYER: Columbia MO 65203 MU CAFNR <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: C Ben Basye CITY / STATE: 3812 Ivanhoe Blvd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 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 9/3/2020
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Mindy and Robert Young CITY/STATE: 1684 State Rte H Fayette MO 65248 EMPLOYER: Farmer <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 100.00	\$ 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:	8/20/2020 ----- \$ 57.96	\$ 57.96 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wilma Levy CITY/STATE: 4902 Garden Grove Fr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: June Ann Humphrey CITY/STATE: 3908 Amaryllis Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rosa Robb CITY/STATE: 4105 Blue Hallow Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tristan Asbury CITY/STATE: 4481 Brown Station Rd Columbia MO 65202 EMPLOYER: Missouri Realtors Assn <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ross Mutrux CITY/STATE: 6680 N Wagon Trail Rd Columbia MO 65202 EMPLOYER: Mutrux Auto <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 570.00	\$ 410.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Trent Tiemann CITY/STATE: 23205 Monroe Rd 800 Thompson MO 65285 EMPLOYER: Unknown <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

--

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 9/3/2020
--	------------------

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. 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: John Pekkala CITY / STATE: 4350 N Rte E EMPLOYER: Columbia MO 65202 Unknown <input type="checkbox"/> COMMITTEE:	8/25/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jamey Preul CITY / STATE: 4701 N Rt E EMPLOYER: Columbia MO 65202 Goodwill <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank Ham CITY / STATE: 2710 Rollins EMPLOYER: Columbia MO 65203 Realtor <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Musgraves CITY / STATE: 6403 Upper Bridle Bend Dr EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Lindholm CITY / STATE: 4501 S Old Mill Creek Rd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alan Wessler CITY / STATE: 2702 Malibu Ct EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Yelich CITY / STATE: 463 Los Robles EMPLOYER: Laguna Beach CA 92651 Brooks Street <input type="checkbox"/> COMMITTEE:	8/15/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Udel Gibler CITY / STATE: 1 Haven Way EMPLOYER: Hopedale MA 01747 Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

--

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 9/3/2020
--	------------------

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)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Kim Lanes CITY / STATE: PO Box 51 Harrisburg MO 65256 EMPLOYER: Coyote Hill <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marvin Earl CITY / STATE: PO Box 70 Fayette MO 65248 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alan Leslie CITY / STATE: 1513 Sylvan Lane Columbia MO 65202 EMPLOYER: Eurofins <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 48.25	\$ 48.25 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kristin Marema CITY / STATE: 1309 Georgetown Ct Columbia MO 65203 EMPLOYER: Octapharma <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 96.80	\$ 96.80 <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

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 9/3/2020	
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			+ 247.95
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 247.95
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			+ 6,703.92
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 6,703.92
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 6,951.87
16. Amount of Line 15 Above which was Paid Out This Period			\$ 6,951.87
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



NAME OF COMMITTEE	DATE
Friends For Chuck Basye	9/3/2020

AMOUNT PAID OR
INCURRED THIS PERIOD

Staples	\$	79.84
Orscheln Farm and Home	\$	64.46
Service charge and statement fee	\$	10.00
Bundled item charges	\$	6.50
Dollar Tree	\$	35.96
Harbor Freight Tools	\$	51.19
	\$	
	\$	
	\$	
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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 9/3/2020	
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: Chef Jeff ADDRESS: 14157 Rt M CITY/STATE: Madison MO 65263	8/29/2020	Catering funding event \$	\$ <input checked="" type="checkbox"/> PAID 3,000.00 <input type="checkbox"/> INCURRED
NAME: Rocheport Post Office ADDRESS: 200 Central St CITY/STATE: Rocheport MO 65279	7/29/2020	Postage, etc \$	\$ <input checked="" type="checkbox"/> PAID 110.00 <input type="checkbox"/> INCURRED
NAME: Sams Club ADDRESS: 101 Conley Rd CITY/STATE: Columbia MO 65201	8/27/2020	Event supplies \$	\$ <input checked="" type="checkbox"/> PAID 174.77 <input type="checkbox"/> INCURRED
NAME: Hilton Hotel ADDRESS: 200 East Main Street CITY/STATE: Branson MO 65616	8/22/2020	Eveny \$	\$ <input checked="" type="checkbox"/> PAID 484.14 <input type="checkbox"/> INCURRED
NAME: Fed Ex ADDRESS: 25 S 6th CITY/STATE: Columbia MO 65201	7/28/2020	Printing \$	\$ <input checked="" type="checkbox"/> PAID 410.01 <input type="checkbox"/> INCURRED
NAME: HRCC ADDRESS: 100 E High Street CITY/STATE: Jefferson City MO 65101	8/22/2020	Donation \$	\$ <input checked="" type="checkbox"/> PAID 1,450.00 <input type="checkbox"/> INCURRED
NAME: Boone CO Republicans ADDRESS: 2700 E Broadway Ste 224 CITY/STATE: Columbia MO 65201	8/16/2020	Donation \$	\$ <input checked="" type="checkbox"/> PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Harrisburg Lions Club ADDRESS: 120 E Sexton Street CITY/STATE: Harrisburg MO 65256	8/29/2020	Building rental \$	\$ <input checked="" type="checkbox"/> PAID 475.00 <input type="checkbox"/> INCURRED
NAME: Whitetails Unlimited ADDRESS: 10051 N Rte Z CITY/STATE: Centralia MO 65240	8/29/2020	Event table donation \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <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
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)			\$ --