



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C190885

|                                    |                 |
|------------------------------------|-----------------|
| 1. DATE OF REPORT<br><br>4/15/2020 | OFFICE USE ONLY |
|------------------------------------|-----------------|

INSTRUCTIONS ON REVERSE SIDE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. FULL NAME OF COMMITTEE<br>Friends of Kari L Chesney                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. COMMITTEE MAILING ADDRESS<br>511 E. Walnut St, #1232                                                                                                                                                                                                                                                                                                                                                                                                             | 4. COMMITTEE TELEPHONE NUMBER<br><br>(573) 327-0658                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CITY / STATE / ZIP<br>Columbia MO 65201                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5. TREASURER'S NAME<br>Sofi Sanchez-Salcedo                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6. TREASURER'S MAILING ADDRESS<br>3200 Martha Dr.                                                                                                                                                                                                                                                                                                                                                                                                                   | 7. TREASURER'S TELEPHONE NUMBER<br>HOME: (417) 355-1171<br><br>WORK:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CITY / STATE / ZIP<br>Columbia MO 65202                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 9. DEPUTY TREASURER'S MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                               | 10. DEPUTY TREASURER'S TELEPHONE NUMBER<br>HOME:<br><br>WORK:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CITY / STATE / ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11. DATE OF ELECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12. TYPE OF ELECTION ( CHECK ONE )<br><input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 13. TIME PERIOD COVERED BY THIS STATEMENT<br>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<br><br>Kari L Chesney<br>2181 S El Centro Ct<br><br>Columbia MO 65201<br><br>(573) 327-0658<br><br>State Representative<br><br>Missouri House of Representatives<br><br><input type="checkbox"/> CHECK IF INCUMBENT<br><br><input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/> | 15. TYPE OF REPORT<br><input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION<br><input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT<br><input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15<br><input type="checkbox"/> 8 DAYS BEFORE<br><input type="checkbox"/> 30 DAYS AFTER ELECTION<br><input type="checkbox"/> TERMINATION (ATTACH FORM CO-3)<br><input type="checkbox"/> SEMIANNUAL DEBT REPORT<br><input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15<br><input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15<br><input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ |
| 16. COMMITTEE TREASURER'S SIGNATURE<br><br>I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.<br><br>ELECTRONICALLY FILED Apr 15 2020 1:33PM<br>_____<br>TREASURER'S SIGNATURE                                                                                                                                                                                                                        | 17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )<br><br>I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.<br><br>ELECTRONICALLY FILED Apr 15 2020 1:33PM<br>_____<br>CANDIDATE'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

|                           |                |                 |
|---------------------------|----------------|-----------------|
| Name of Committee         | Date of Report | Office Use Only |
| Friends of Kari L Chesney | 4/15/2020      |                 |

| Receipts                                                                                                                      | A. This Period   | B. This Calendar Yr or Election Cycle | Statement of Beginning and Ending Financial Condition                                                                                         |             |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Total Receipts For This Election Previously Reported                                                                       |                  | \$ 10,355.77                          |                                                                                                                                               |             |
| 2. All Monetary Contributions Received This Period                                                                            | \$ 2,004.00      |                                       | <b>Money On Hand</b>                                                                                                                          |             |
| 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)                                                           | \$ 2,004.00      |                                       | 24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments) | \$ 4,907.86 |
| 6. In-kind Contributions Received This Period                                                                                 | + 250.00         |                                       | 25. Monetary Receipts this Period (From Item 5 - this page)                                                                                   | + 2,004.00  |
| 7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)                                                                        | \$ 2,254.00      |                                       | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)                                                                               | - 315.21    |
| 8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)                                                                      |                  | \$ 12,609.77                          | a) Disbursements By Check \$ 262.71<br>b) Disbursements By Cash \$ 52.50                                                                      |             |
| <b>Expenditures</b>                                                                                                           | A. This Period   | B. This Calendar Yr or Election Cycle |                                                                                                                                               |             |
| 9. Total Expenditures for this election previously reported                                                                   |                  | \$ 4,362.57                           | 27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)                                                                    | \$ 6,596.65 |
| 10. Expenditures made by cash or check this period                                                                            | \$ 258.33        |                                       | <b>Indebtedness</b>                                                                                                                           |             |
| 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) | \$ 258.33        |                                       | 28. Outstanding Indebtedness at the beginning of this period                                                                                  | \$ 0.00     |
| 14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)                                                                    |                  | \$ 4,620.90                           | 29. Loans Received This Period                                                                                                                | + 0.00      |
| <b>Contributions Made</b>                                                                                                     | A. This Period   | B. This Calendar Yr or Election Cycle |                                                                                                                                               |             |
| 15. Total Contributions Made For This Election Previously Reported                                                            |                  | \$ 0.00                               | 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<br>B 0.00 | ↔ Cash/Check<br>↔ 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. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)                                                               | \$ 0.00          |                                       | 32. Debt Forgiven on Loans This Period                                                                                                        | - 0.00      |
| 19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)                                                         |                  | \$ 0.00                               | 33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)                       | - 0.00      |
| <b>Other Disbursements</b>                                                                                                    | 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)                                         | \$ 0.00     |
| 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                                                                     | + 56.88          |                                       |                                                                                                                                               |             |
| 23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)                                                        | \$ 56.88         |                                       |                                                                                                                                               |             |



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

OFFICE USE ONLY

|                                                                                                                                        |  |                                                   |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|---------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE<br>Friends of Kari L Chesney                                                                                      |  | 2. REPORT DATE<br>4/15/2020                       |                                                                                 |
| A. ITEMIZED CONTRIBUTIONS RECEIVED<br>FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. |  | 4. DATE RECEIVED<br>-----<br>AGGREGATE TO<br>DATE | 5. AMOUNT RECEIVED<br>(CHECK IF<br>MONETARY<br>OR IN-KIND)                      |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)                                                                                |  |                                                   |                                                                                 |
| NAME:<br>ADDRESS:<br>CITY / STATE: View Supplemental Form(s)<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                       |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                 |  | \$<br>-----<br>\$                                 | \$<br><br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| 6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)                                                                           |  | \$ 0.00                                           |                                                                                 |
| 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES                                                                                 |  | + \$ 1,800.00                                     |                                                                                 |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)                                                                               |  | \$ 1,800.00                                       |                                                                                 |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS                                                                 |  | \$ 1,550.00                                       |                                                                                 |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS                                                                 |  | \$ 250.00                                         |                                                                                 |
| B. NON-ITEMIZED CONTRIBUTIONS RECEIVED<br>(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)                                          |  | AMOUNT<br>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                                                             |  | \$ 454.00                                         |                                                                                 |
| 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<br>RECEIVED                              | 17. AMOUNT OF LOAN<br>(IF MORE THAN \$100<br>ATTACH CD-1B)                      |
| NAME:<br>ADDRESS:<br>CITY / STATE:                                                                                                     |  |                                                   | \$                                                                              |
| NAME:<br>ADDRESS:<br>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)                                                                                     |  | \$ 250.00                                         |                                                                                 |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)                                                                             |  | \$ 2,004.00                                       |                                                                                 |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)                                      |  | \$ 1,550.00                                       |                                                                                 |



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

|                                                |                   |
|------------------------------------------------|-------------------|
| NAME OF COMMITTEE<br>Friends of Kari L Chesney | DATE<br>4/15/2020 |
|------------------------------------------------|-------------------|

### INSTRUCTIONS

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

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

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

| A. ITEMIZED CONTRIBUTIONS RECEIVED<br>FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.<br>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) | 4. DATE RECEIVED<br>-----<br>AGGREGATE TO<br>DATE | 5. AMOUNT RECEIVED<br>(CHECK IF MONETARY<br>OR IN-KIND)                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------|
| NAME:<br>ADDRESS: Michael Cayley<br>CITY / STATE: 2000 Touhy Ave<br>EMPLOYER: Elk Grove IL 60007<br><input type="checkbox"/> COMMITTEE: Unemployed                                                | 3/16/2020<br>-----<br>\$ 500.00                   | \$ 500.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: J Scott Christian<br>CITY / STATE: 300 South Garth Ave<br>EMPLOYER: Columbia MO 65203<br><input type="checkbox"/> COMMITTEE: University of Missouri -- Professor                | 3/18/2020<br>-----<br>\$ 400.00                   | \$ 150.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: Jeanne Mihail<br>CITY / STATE: 3101 Crawford St.<br>EMPLOYER: Columbia MO 65203<br><input type="checkbox"/> COMMITTEE: Unemployed                                               | 2/29/2020<br>-----<br>\$ 150.00                   | \$ 150.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: Jacob Davis-Hansson<br>CITY / STATE: 1107 Pannell St<br>EMPLOYER: Columbia MO 65201<br><input type="checkbox"/> COMMITTEE: Neo4j Inc -- Software Engineer                       | 1/17/2020<br>-----<br>\$ 600.00                   | \$ 100.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: Jacob Davis-Hansson<br>CITY / STATE: 1107 Pannell St<br>EMPLOYER: Columbia MO 65201<br><input type="checkbox"/> COMMITTEE: Neo4j Inc -- Software Engineer                       | 2/17/2020<br>-----<br>\$ 700.00                   | \$ 100.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: Jacob Davis-Hansson<br>CITY / STATE: 1107 Pannell St<br>EMPLOYER: Columbia MO 65201<br><input type="checkbox"/> COMMITTEE: Neo4j Inc -- Software Engineer                       | 3/17/2020<br>-----<br>\$ 800.00                   | \$ 100.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: Robertson James<br>CITY / STATE: 4401 Thornbrook Terrace<br>EMPLOYER: Columbia MO 65203<br><input type="checkbox"/> COMMITTEE: Not Employed                                     | 3/15/2020<br>-----<br>\$ 100.00                   | \$ 100.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS: Hirth Kerry<br>CITY / STATE: 5518 E Brandywine Creek Rd<br>EMPLOYER: Columbia MO 65201<br><input type="checkbox"/> COMMITTEE: Moberly Area Community College -- Instructor      | 2/4/2020<br>-----<br>\$ 100.00                    | \$ 100.00<br><input checked="" type="checkbox"/> MONETARY<br><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<br>Friends of Kari L Chesney | DATE<br>4/15/2020 |
|------------------------------------------------|-------------------|

### INSTRUCTIONS

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

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

| A. ITEMIZED CONTRIBUTIONS RECEIVED<br>FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING<br>MORE THAN \$100 TO A COMMITTEE.                                                                                  | 4. DATE RECEIVED<br>-----<br>AGGREGATE TO<br>DATE | 5. AMOUNT RECEIVED<br>(CHECK IF MONETARY<br>OR IN-KIND)                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)<br>NAME:<br>ADDRESS: Steven Kirk<br>CITY / STATE: 15870 S. Palis Nichols Rd<br>Hartsburg MO 65039<br>EMPLOYER: Not Employed<br><input type="checkbox"/> COMMITTEE: | 3/26/2020<br>-----<br>\$ 50.00                    | \$ 50.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS: Erin Gray<br>CITY / STATE: 1939 E. Wayland St.<br>Springfield MO 65804<br>EMPLOYER: Amigos Library Services -- Librarian<br><input type="checkbox"/> COMMITTEE:                                          | 3/15/2020<br>-----<br>\$ 50.00                    | \$ 50.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS: Dave Rathiel<br>CITY / STATE: 402 Lema Lane<br>Columbia MO 65202<br>EMPLOYER: Missouri Rural Crisis Center -- Truck Driver<br><input type="checkbox"/> COMMITTEE:                                        | 2/28/2020<br>-----<br>\$ 50.00                    | \$ 50.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS: Michael Pilla<br>CITY / STATE: 955 Chesterfield Villas Cir<br>Chesterfield MO 63017<br>EMPLOYER: Not Employed<br><input type="checkbox"/> COMMITTEE:                                                     | 2/26/2020<br>-----<br>\$ 50.00                    | \$ 50.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS: Leona Rubin<br>CITY / STATE: 3991 South Ben Williams Rd<br>Columbia MO 65201<br>EMPLOYER: Not Employed<br><input type="checkbox"/> COMMITTEE:                                                            | 2/25/2020<br>-----<br>\$ 50.00                    | \$ 50.00<br><input checked="" type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND  |
| NAME:<br>ADDRESS: House Democratic Campaign Committee<br>CITY / STATE: PO Box 552<br>Jefferson City MO 65101<br><input type="checkbox"/> COMMITTEE:                                                                        | 2/25/2020<br>-----<br>\$ 250.00                   | \$ 250.00<br><input type="checkbox"/> MONETARY<br><input checked="" type="checkbox"/> IN-KIND |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                     | -----<br>\$                                       | \$<br><input type="checkbox"/> MONETARY<br><input type="checkbox"/> IN-KIND                   |
| NAME:<br>ADDRESS:<br>CITY / STATE:<br>EMPLOYER:<br><input type="checkbox"/> COMMITTEE:                                                                                                                                     | -----<br>\$                                       | \$<br><input type="checkbox"/> MONETARY<br><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<br>Friends of Kari L Chesney                                                             |  | 2. Report Date<br>4/15/2020 |                                                                                                                                            |
| A. Expenditures of \$100 or Less by Category<br>(List Payments to Campaign Workers in Section B Below)        |  |                             | 4. Amount Paid or Incurred<br>This Period                                                                                                  |
| 3. Category of Expenditure<br>View Supplemental Form(s)                                                       |  |                             |                                                                                                                                            |
| 5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)                                               |  |                             | \$ 0.00                                                                                                                                    |
| 6. Subtotal: Non-Itemized Expenditures Any Attached Pages                                                     |  |                             | + 122.33                                                                                                                                   |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)                                                   |  |                             | \$ 122.33                                                                                                                                  |
| B. Itemized Expenditures All Over \$100<br>And All Payments To Campaign Workers                               |  | 9. Date                     | 10. Purpose - (If<br>Payment was to a<br>Campaign Worker, Show<br>Aggregate Paid)                                                          |
| 8. Name and Address of Recipient                                                                              |  |                             | 11. Amount This Period                                                                                                                     |
| Name: The Joyful Heart Foundation<br>Address: 25 Broadway<br>Floor 9<br>City / State: New York NY 10004       |  | 2/3/2020                    | Mid-MO End The Backlog<br>Fundraiser Tickets<br>\$<br><input checked="" type="checkbox"/> Paid 136.00<br><input type="checkbox"/> Incurred |
| Name:<br>Address:<br>City / State:                                                                            |  |                             | \$<br><input type="checkbox"/> Paid<br><input type="checkbox"/> Incurred                                                                   |
| Name:<br>Address:<br>City / State:                                                                            |  |                             | \$<br><input type="checkbox"/> Paid<br><input type="checkbox"/> Incurred                                                                   |
| 12. Subtotal: This Page ( Sum Column 11)                                                                      |  |                             | \$ 136.00                                                                                                                                  |
| 13. Subtotal: Any Attached Pages                                                                              |  |                             | + 0.00                                                                                                                                     |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13)                                                    |  |                             | \$ 136.00                                                                                                                                  |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14)                                                     |  |                             | \$ 258.33                                                                                                                                  |
| 16. Amount of Line 15 Above which was Paid Out This Period                                                    |  |                             | \$ 258.33                                                                                                                                  |
| 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                                                                |  |                             | \$<br><input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind                                                                |
| Name:<br>Address:<br>City / State:                                                                            |  |                             | \$<br><input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind                                                                |
| Name:<br>Address:<br>City / State:                                                                            |  |                             | \$<br><input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind                                                                |
| Name:<br>Address:<br>City / State:                                                                            |  |                             | \$<br><input type="checkbox"/> Monetary<br><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<br>Friends of Kari L Chesney                                                                                                |    | DATE<br>4/15/2020                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------|
| <b>EXPENDITURES OF \$100 OR LESS BY CATEGORY</b><br><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                                                                                                                       |    |                                     |
| Transportation - Gas                                                                                                                          | \$ | 19.83                               |
| Candidate Filing Fee                                                                                                                          | \$ | 50.00                               |
| Earth Day Booth                                                                                                                               | \$ | 52.50                               |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
|                                                                                                                                               | \$ |                                     |
| TOTAL: ITEMIZED EXPENDITURES THIS PAGE                                                                                                        |    |                                     |
| (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)                                                                               | \$ | --                                  |



Missouri Ethics Commission  
**ADDENDUM STATEMENT**

M.E.C. ID NO. C190885

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Disbursement:

ActBlue credit card processing fee removed prior to check  
disbursement.

Amount: 56.88