



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C190885

1. DATE OF REPORT  1/15/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends of Kari L Chesney	
3. COMMITTEE MAILING ADDRESS 511 E. Walnut St, #1232	4. COMMITTEE TELEPHONE NUMBER  (573) 327-0658
CITY / STATE / ZIP Columbia MO 65201	
5. TREASURER'S NAME Sofi Sanchez-Salcedo	
6. TREASURER'S MAILING ADDRESS 3200 Martha Dr.	7. TREASURER'S TELEPHONE NUMBER HOME: (417) 355-1171  WORK:
CITY / STATE / ZIP 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 HOME:  WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 10/1/2019 THROUGH 12/31/2019	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Kari L Chesney 2181 S El Centro Ct  Columbia MO 65201  (573) 327-0658  State Representative  Missouri House of Representatives  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jan 15 2020 5:44PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jan 15 2020 5:44PM _____ 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	1/15/2020	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 7,832.58		
2. All Monetary Contributions Received This Period	\$ 2,138.84		<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)	\$ 2,138.84		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 4,294.18
6. In-kind Contributions Received This Period	+ 384.35		25. Monetary Receipts this Period (From Item 5 - this page)	+ 2,138.84
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 2,523.19		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 1,525.16
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 10,355.77	a) Disbursements By Check \$ 1,525.16 b) Disbursements By Cash \$ 0.00	
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 2,877.23	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 4,907.86
10. Expenditures made by cash or check this period	\$ 1,485.34		<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)	\$ 1,485.34		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 4,362.57	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 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. <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	+ 39.82			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 39.82			



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends of Kari L Chesney		2. REPORT DATE 1/15/2020	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 2,180.84	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 2,180.84	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 1,796.49	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 384.35	
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		\$ 342.35	
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)		\$ 384.35	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 2,138.84	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 1,796.49	



# MISSOURI ETHICS COMMISSION

## CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney	DATE 1/15/2020
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### INSTRUCTIONS

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Rosemary Ferald CITY/STATE: 401 Angels Rest Way Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/3/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vicky Boyd-Kennedy CITY/STATE: 504 Manor Dr Columbia MO 65203 EMPLOYER: University of Missouri -- Educator <input type="checkbox"/> COMMITTEE:	10/3/2019 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Canterbury Kate CITY/STATE: 600 Manor Drive Columbia MO 65203 EMPLOYER: Self -- Writer <input type="checkbox"/> COMMITTEE:	10/3/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chesney Cheri CITY/STATE: 2302 Dalewood Pky Woodridge IL 60517 EMPLOYER: District 68 - Murphy Elementary -- Special Education Aid <input type="checkbox"/> COMMITTEE:	10/13/2019 \$ 520.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Knocke Phillip CITY/STATE: 5710 S Sundance Dr. Columbia MO 65203 EMPLOYER: Not Employed <input type="checkbox"/> COMMITTEE:	11/21/2019 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Iwanowicz Stephen CITY/STATE: 1900 West Shore Dr Macon MO 63552 EMPLOYER: Not Employed <input type="checkbox"/> COMMITTEE:	12/4/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chesney Cheri CITY/STATE: 2302 Dalewood Pky Woodridge IL 60517 EMPLOYER: District 68 - Murphy Elementary -- Special Education Aid <input type="checkbox"/> COMMITTEE:	10/11/2019 \$ 20.00	\$ 20.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Chesney Kari CITY/STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	11/1/2019 \$ 925.72	\$ 64.55 <input type="checkbox"/> MONETARY <input checked="" 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 of Kari L Chesney	DATE 1/15/2020
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**INSTRUCTIONS**

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Siegler William CITY / STATE: 14 Marveline Dr St Charles MO 63304 EMPLOYER: Hazelwood School District -- Janitor <input type="checkbox"/> COMMITTEE:	11/17/2019 ----- \$ 9.80	\$ 9.80  <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Arvidson Erich CITY / STATE: 24578 Cutter Ct Boonville MO 65233 EMPLOYER: Veterans United Home Loan -- Loan Officer <input type="checkbox"/> COMMITTEE:	10/9/2019 ----- \$ 32.23	\$ 32.23  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Hallie Thompson CITY / STATE: 2110 Lovejoy Ln Columbia MO 65202 EMPLOYER: Kremenak NanoTech Inc. -- Scientist <input type="checkbox"/> COMMITTEE:	10/9/2019 ----- \$ 32.23	\$ 32.23  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brandon Nesiba CITY / STATE: 5005 Bethel St. Columbia MO 65203 EMPLOYER: Veterans United -- Software <input type="checkbox"/> COMMITTEE:	10/9/2019 ----- \$ 32.23	\$ 32.23  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Renee Hoagenson CITY / STATE: 2305 Maricopa Dr. Columbia MO 65201 EMPLOYER: Self-Employed -- Publisher <input type="checkbox"/> COMMITTEE:	10/31/2019 ----- \$ 51.98	\$ 51.98  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Victoria Wilson CITY / STATE: 3201 Blackberry Lane Columbia MO 65201 EMPLOYER: Not Employed <input type="checkbox"/> COMMITTEE:	10/23/2019 ----- \$ 103.95	\$ 103.95  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chesney David CITY / STATE: 9842 Chetwood Dr Huntley IL 60142 EMPLOYER: Neo4j Inc -- Network Engineer <input type="checkbox"/> COMMITTEE:	10/29/2019 ----- \$ 103.95	\$ 103.95  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jacob Davis-Hansson CITY / STATE: 1107 Pannell St Columbia MO 65201 EMPLOYER: Neo4j Inc -- Software Engineer <input type="checkbox"/> COMMITTEE:	10/17/2019 ----- \$ 311.85	\$ 103.95  <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 of Kari L Chesney	DATE 1/15/2020
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### INSTRUCTIONS

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Jacob Davis-Hansson CITY/STATE: 1107 Pannell St Columbia MO 65201 EMPLOYER: Neo4j Inc -- Software Engineer <input type="checkbox"/> COMMITTEE:	11/17/2019 \$ 415.80	\$ 103.95 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jacob Davis-Hansson CITY/STATE: 1107 Pannell St Columbia MO 65201 EMPLOYER: Neo4j Inc -- Software Engineer <input type="checkbox"/> COMMITTEE:	12/17/2019 \$ 519.75	\$ 103.95 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wacker Laura CITY/STATE: 1617 Paris Rd Columbia MO 65201 EMPLOYER: Peaceworks -- Activist <input type="checkbox"/> COMMITTEE:	10/3/2019 \$ 28.07	\$ 28.07 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Martin CITY/STATE: 2664 Highway 87 California MO 65018 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	10/2/2019 \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Caleb Hall CITY/STATE: 2400 Woodlea Dr Columbia MO 65201 EMPLOYER: Public Counsel -- Lawyer <input type="checkbox"/> COMMITTEE:	11/2/2019 \$ 85.00	\$ 65.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Chelsea Barks CITY/STATE: 3200 Martha Dr Columbia MO 65202 EMPLOYER: State of Missouri -- Legislative Aid <input type="checkbox"/> COMMITTEE:	11/2/2019 \$ 90.00	\$ 90.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kari Chesney CITY/STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	10/30/2019 \$ 970.72	\$ 45.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kari Chesney CITY/STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	11/30/2019 \$ 1,015.72	\$ 45.00 <input type="checkbox"/> MONETARY <input checked="" 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 of Kari L Chesney	DATE 1/15/2020
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**INSTRUCTIONS**

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Kari Chesney CITY / STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	12/30/2019 ----- \$ 1,060.72	\$ 45.00  <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
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 of Kari L Chesney		2. Report Date 1/15/2020	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 0.00
<b>B. Itemized Expenditures All Over \$100</b> <b>And All Payments To Campaign Workers</b>		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<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			+ 1,485.34
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 1,485.34
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 1,485.34
16. Amount of Line 15 Above which was Paid Out This Period			\$ 1,485.34
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00





MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney		REPORT DATE 1/15/2020	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Big Lots ADDRESS: 505 E Nifong Blvd CITY/STATE: Columbia MO 65201	10/10/2019	Parade Materials \$	\$ <input checked="" type="checkbox"/> PAID 48.59 <input type="checkbox"/> INCURRED
NAME: Party City ADDRESS: 21 S Conley Suite K CITY/STATE: Columbia MO 65201	10/10/2019	Parade Materials \$	\$ <input checked="" type="checkbox"/> PAID 31.49 <input type="checkbox"/> INCURRED
NAME: Gerbes ADDRESS: 1729 W Broadway 1801 Lyman Ct CITY/STATE: Columbia MO 65203	11/1/2019	Halloween Party \$	\$ <input checked="" type="checkbox"/> PAID 12.06 <input type="checkbox"/> INCURRED
NAME: Hyvee ADDRESS: 25 Conley Rd CITY/STATE: Columbia MO 65201	11/1/2019	Halloween Party \$	\$ <input checked="" type="checkbox"/> PAID 67.92 <input type="checkbox"/> INCURRED
NAME: Gerbes ADDRESS: 2900 Paris Rd CITY/STATE: Columbia MO 65202	11/1/2019	Halloween Party \$	\$ <input checked="" type="checkbox"/> PAID 50.20 <input type="checkbox"/> INCURRED
NAME: Hyvee ADDRESS: 25 Conley Rd CITY/STATE: Columbia MO 65201	11/7/2019	Parade Materials \$	\$ <input checked="" type="checkbox"/> PAID 31.79 <input type="checkbox"/> INCURRED
NAME: Central Bank ADDRESS: 720 W Broadway CITY/STATE: Columbia MO 65201	11/18/2019	Deposit Return Fee - Bounced Check \$	\$ <input checked="" type="checkbox"/> PAID 7.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65205	12/3/2019	Stamps \$	\$ <input checked="" type="checkbox"/> PAID 55.00 <input type="checkbox"/> INCURRED
NAME: Party City ADDRESS: 21 S Conley Suite K CITY/STATE: Columbia MO 65201	12/6/2019	Parade Materials \$	\$ <input checked="" type="checkbox"/> PAID 17.59 <input type="checkbox"/> INCURRED
NAME: Fast Yeti ADDRESS: 2703 E Broadway 226 CITY/STATE: Columbia MO 65201	12/9/2019	T-shirt order \$	\$ <input checked="" type="checkbox"/> PAID 1,082.00 <input type="checkbox"/> INCURRED
NAME: Hyvee ADDRESS: 25 Conley Rd CITY/STATE: Columbia MO 65201	12/9/2019	Parade Materials \$	\$ <input checked="" type="checkbox"/> PAID 31.70 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St. CITY/STATE: Columbia MO 65205	12/17/2019	PO Box Renewal (6 months) \$	\$ <input checked="" type="checkbox"/> PAID 50.00 <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
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



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:

Transactional fees taken by ActBlue (10/01/2019 - 12/31/2019)

Amount: 39.82