



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C190940

1. DATE OF REPORT 7/11/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Fiala for Missouri	
3. COMMITTEE MAILING ADDRESS PO Box 75 CITY / STATE / ZIP Marceline MO 64658	4. COMMITTEE TELEPHONE NUMBER (660) 537-2754
5. TREASURER'S NAME Chelsea Niemeier	
6. TREASURER'S MAILING ADDRESS 31089 Jade Dr. CITY / STATE / ZIP Brookfield MO 64628	7. TREASURER'S TELEPHONE NUMBER HOME: (660) 412-1067 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Gabrielle R. Powell	
9. DEPUTY TREASURER'S MAILING ADDRESS 34561 Mesa Rd Bucklin MO 64631 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (660) 537-3401 WORK:
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 4/1/2020 THROUGH 6/30/2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Terrence R Fiala PO Box 75 Marceline MO 64658 (660) 537-2754 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 type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" 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 Jul 11 2020 1:31PM _____ 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 Jul 11 2020 1:31PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Fiala for Missouri	7/11/2020	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 835.00		
2. All Monetary Contributions Received This Period	\$ 354.34		Money On Hand	
3. All Loans Received This Period	+ 500.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 854.34			
6. In-kind Contributions Received This Period	+ 40.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 397.90
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 894.34		25. Monetary Receipts this Period (From Item 5 - this page)	+ 854.34
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 1,729.34	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 725.85
			a) Disbursements By Check \$ 719.85	
			b) Disbursements By Cash \$ 6.00	
Expenditures			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 526.39
9. Total Expenditures for this election previously reported		\$ 187.10	Indebtedness	
10. Expenditures made by cash or check this period	\$ 725.85			
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)	\$ 725.85		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 912.95	29. Loans Received This Period	+ 500.00
Contributions Made			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	↔ Cash/Check		
	B 0.00	↔ Credit Card		
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)		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
Other Disbursements			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 500.00
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 Fiala for Missouri		2. REPORT DATE 7/11/2020	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 394.34	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 394.34	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 354.34	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 40.00	
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		\$ 500.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 500.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 40.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 354.34	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 854.34	



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Fiala for Missouri	DATE 7/11/2020
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INSTRUCTIONS

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: ADDRESS: Carson Pope CITY/STATE: 1338 Sandyhill Ln Reno NV 89523 EMPLOYER: Warren for President -- Field Organizer <input type="checkbox"/> COMMITTEE:	4/3/2020 ----- \$ 75.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carson Pope CITY/STATE: 1338 Sandyhill Ln Reno NV 89523 EMPLOYER: Warren for President -- Field Organizer <input type="checkbox"/> COMMITTEE:	5/3/2020 ----- \$ 75.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carson Pope CITY/STATE: 1338 Sandyhill Ln Reno NV 89523 EMPLOYER: Warren for President -- Field Organizer <input type="checkbox"/> COMMITTEE:	6/3/2020 ----- \$ 75.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mitch Wrenn CITY/STATE: 598 W Lake Marceline MO 64658 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/11/2020 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lori Voigt CITY/STATE: 302 Catron Ave. Belton MO 64012 EMPLOYER: Weather or Not, Inc. -- Sales Associate <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 1.09	\$ 1.09 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lori Voigt CITY/STATE: 302 Catron Ave. Belton MO 64012 EMPLOYER: Weather or Not, Inc. -- Sales Associate <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 1.09	\$ 1.09 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Debra Wheeler CITY/STATE: 2406 Boulder Springs Dr. Columbia MO 65201 EMPLOYER: University of Missouri -- Graduate Teaching Assistant <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 2.18	\$ 2.18 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jane Hull CITY/STATE: 710 Lacy Ln Belton MO 64012 EMPLOYER: Truman Medical Center -- Care Coordinator <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 1.09	\$ 1.09 <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 Fiala for Missouri	DATE 7/11/2020
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INSTRUCTIONS

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Ellen Bowles CITY / STATE: 27 Freeman Cemetary Rd Salem MO 65560 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 2.18	\$ 2.18 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Bowles CITY / STATE: 27 Freeman Cemetary Rd Salem MO 65560 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 2.18	\$ 2.18 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Weaver CITY / STATE: 626 Vassar University City MO 63130 EMPLOYER: Stinson Leonard Street LLP -- Attorney <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 1.09	\$ 1.09 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Rusnak CITY / STATE: 16111 Speaker Ave Belton MO 64012 EMPLOYER: IUOE Local101 -- Business Rep <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 4.35	\$ 4.35 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eliot OCallaghan CITY / STATE: 4608A Hunter Glen Dr Saint Joseph MO 64506 EMPLOYER: Hy-Vee, INC. -- Assistant Manager <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 1.09	\$ 1.09 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vallarie Billups CITY / STATE: 109 Melody Ln Salisbury MO 65281 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/26/2020 ----- \$ 36.00	\$ 36.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kaysha Ritchie CITY / STATE: 2411 Contessa Loop Columbia MO 65202 EMPLOYER: UMHC -- RN <input type="checkbox"/> COMMITTEE:	6/29/2020 ----- \$ 48.00	\$ 48.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Katherine Fiala CITY / STATE: 12271 HWY JJ Marceline MO 64658 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/29/2020 ----- \$ 24.00	\$ 24.00 <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 Fiala for Missouri	DATE 7/11/2020
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INSTRUCTIONS

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Bryce Fiala CITY / STATE: 1571 County Road 1120 Huntsville MO 65259 EMPLOYER: AECI -- Control Room Operator <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 84.00	\$ 84.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rachel Gonzalez CITY / STATE: 19616 E 6th Terr N Independence MO 64056 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 1.00	\$ 1.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: House Democratic Campaign Committee CITY / STATE: PO Box 552 EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	5/5/2020 ----- \$ 40.00	\$ 40.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Nathan Laidler CITY / STATE: 2212 Primerose Dr Columbia MO 65202 EMPLOYER: FedEx -- Driver <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 60.00	\$ 60.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☒ LOAN RECEIVED

☐ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

Fiala for Missouri

REPORT DATE

7/11/2020

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER

Terrence Fiala
201 S Cedar
Marceline MO 64658

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

Terrence Fiala
201 S Cedar
Marceline MO 64658

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

6/24/2020

5. AMOUNT OF LOAN

\$ 500.00

6. ANNUAL RATE OF INTEREST

0 %

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

6 months

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

\$500 every 6 months

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT
OR CREDIT

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Fiala for Missouri		2. Report Date 7/11/2020	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
Bank Fees			6.00
Supplies			32.64
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 38.64
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 38.64
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: Raven Printing Address: 1447 Gentry St City / State: North Kansas City MO 64116		6/5/2020	Literature \$ <input checked="" type="checkbox"/> Paid 240.38 <input type="checkbox"/> Incurred
Name: Diggit Graphics Address: 1000 West Broadway City / State: Columbia MO 65203		6/26/2020	Apparel \$ <input checked="" type="checkbox"/> Paid 446.83 <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 687.21
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 687.21
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 725.85
16. Amount of Line 15 Above which was Paid Out This Period			\$ 725.85
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: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <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