

Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT	OFFICE USE ONLY
7/11/2020	

C190940)	7/11/2020	
M.E.C. ID NO.	J		
INSTRUCTIONS ON REVERSE SIDE			
2. FULL NAME OF COMMITTEE			
Fiala for Missouri			
3. COMMITTEE MAILING ADDRESS		4. COMMITTEE TELEPHONE	NUMBER
PO Box 75			
CITY / STATE / ZIP		(660) 537-2754	
Marceline MO 64658			
5. TREASURER'S NAME		<u> </u>	
Chelsea Niemeier			
6. TREASURER'S MAILING ADDRESS		7. TREASURER'S TELEPHON	NE NUMBER
31089 Jade Dr.		HOME: (660) 412-1067	
CITY / STATE / ZIP			
Brookfield MO 64628		WORK:	
8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREA	ASURER		
Gabrielle R. Powell			
9. DEPUTY TREASURER'S MAILING ADDRESS		10. DEPUTY TREASURER'S	TELEPHONE NUMBER
34561 Mesa Rd Bucklin MO 64631		HOME: (660) 537-3401	
CITY / STATE / ZIP		-	
		WORK:	
11. DATE OF ELECTION 12. TYPE OF E	ELECTION (CHECK	(ONE)	
	O PRIMARY	O GENERAL	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT			
FROM 4/1/2020	THROUGH 6/30/2	020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME,	15. TYPE OF REPO	RT	
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND	T15 DAYS AFT	ER CAUCUS NOMINATION	
POLITICAL PARTY	=		
Terrence R Fiala		QUARTERLY REPORT an 15 Apr 15 VJu	I 15 Oct 15
PO Box 75	8 DAYS BEFO		
Marceline MO 64658	30 DAYS AFT	ER ELECTION	
(660) 537-2754	TERMINATIO	N (ATTACH FORM CO-3)	
State Representative		DEBT REPORT	
Missouri House of Representatives		an 15 Jul 15 PLEMENTAL, JAN 15	
	🗒	ER PETITION DEADLINE	
CHECK IF INCUMBENT	OTHER	ER TERMON BEABEINE	
	=	DEVIOUS DEPORT DATER	
REPUBLICAN DEMOCRAT		REVIOUS REPORT DATED	
			, 20
16. COMMITTEE TREASURER'S SIGNATURE	17. CANDIDATE'S S	SIGNATURE (CANDIDATE CO	MMITTEES ONLY)
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.		THIS REPORT, COMPRISED ATTACHED FORMS, IS COMP	
ELECTRONICALLY FILED Jul 11 2020 1:31PM	ELECTRON	ICALLY FILED Jul 11 2020	1:31PM
TDEACHDED'S SIGNATUDE	CANDIDAT	TE'S SICNATURE	



Name of Committee

Fiala for Missouri

7/11/2020

Office Use Only

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of
Total Receipts For This Election Previously Reported		\$ 835.00	Beginning and Ending Financial Condition
All Monetary Contributions Received This Period	\$ 354.34		Money On Hand
All Loans Received This Period	+ 500.00		Money on Hand
4. Miscellaneous Receipts This Period	+ 0.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts \$ 3 9 7 . 9 0
 Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A) 	\$ 854.34		and all other investments)
In-kind Contributions Received This Period	+ 40.00		Monetary Receipts this Period (From Item 5 - this page) + 854.34
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 894.34		(
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 1,729.34	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 719.85
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	b) Disbursements By Cash \$6.00
Total Expenditures for this election previously reported		\$ 187.10	Money On Hand at the close of this reporting period \$526.39
 Expenditures made by cash or check this period 	\$ 725.85		(SUM 24 + 25 - 26)
11. In-Kind Expenditures made this period	+ 0.00		
Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00		Indebtedness
 Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3) 	\$ 725 . 85		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	A. This Period	B. This Calendar Yr or Election Cycle	
15. Total Contributions Made For This Election Previously Reported16.		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3) 4. New Expenditures Incurred This + 0.00
All Contributions Made This Period (25A or 25B of CD3)	0.00	← Cash/Check ← Credit Card	B. New Contributions Made by Credit + 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		31. Payments Made on Loans This Period -
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	Debt Forgiven on Loans This Period -
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	0.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00		33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only)
Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00		(Line 21 this page)
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00		Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + \$ 5 0 0 . 0 0
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00		30A + 30B - 31 - 32 - 33)



21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)

22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)

23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)

MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE		OFFICE US	SE ONLY
1. NAME OF COMMITTEE	2. REPORT DATE		
Fiala for Missouri	7/11/2020		
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5 AMOU	NT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING			CHECK IF
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	,	ONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OF	R IN-KIND)
NAME:		· ·	
ADDRESS:		\$	
CITY / STATE: View Supplemental Form(s)		1 .	MONETARY
COMMITTEE:	\$	_ =	N-KIND
NAME:		 	IV IVIND
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	¢	n	MONETARY
COMMITTEE:	\$		N-KIND
NAME:			
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$	_ =	MONETARY
COMMITTEE:	T	<u> </u>	N-KIND
NAME:		· ·	
ADDRESS: CITY / STATE:		\$	
EMPLOYER:			MONETARY
COMMITTEE:	\$	_ =	N-KIND
NAME:		 	
ADDRESS:		\$	
CITY / STATE:		,	
EMPLOYER:	\$		MONETARY
COMMITTEE:	Ψ	<u> </u>	N-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)			MOUNT ECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORI	M 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) GIVIN	G \$100 OR LESS	\$	0.00
C. LOANS RECEIVED	16. DATE	17. AM	OUNT OF LOAN
15. NAME AND ADDRESS OF LENDER	RECEIVED		ORE THAN \$100 FACH 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

\$

\$

40.00

354.34



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

Fiala for Missouri

DATE

7/11/2020

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.

ii turtilei iiiloiilla	ition is needed concerning reporting itemized expenditures, see Form C	D-1 mstructions.					
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED				
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY				
	0 TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)				
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	5/112	+				
ADDRESS:	Carson Pope		\$ 25.00				
CITY / STATE:	1338 Sandyhill Ln	4/3/2020	Ψ				
EMPLOYER:	Reno NV 89523 Warren for President Field Organizer	Φ	MONETARY				
COMMITTEE:	marien for fredrache freda organizer	\$ 75.00	IN-KIND				
NAME:							
ADDRESS:	Carson Pope	5/3/2020	\$ 25.00				
CITY / STATE:	1338 Sandyhill Ln	3/3/2020					
EMPLOYER:	Reno NV 89523 Warren for President Field Organizer	\$ 75.00	✓ MONETARY				
COMMITTEE:		y 75.00	IN-KIND				
NAME:			A 25 22				
ADDRESS:	Carson Pope	6/3/2020	\$ 25.00				
CITY / STATE:	1338 Sandyhill Ln Reno NV 89523	6/3/2020					
EMPLOYER:	Warren for President Field Organizer	\$ 75.00	MONETARY				
COMMITTEE:		\$ 73.00	IN-KIND				
NAME:			Φ				
ADDRESS:	Mitch Wrenn	6/11/2020	\$ 10.00				
CITY / STATE:	598 W Lake Marceline MO 64658		T. MONETARY				
EMPLOYER:	Retired	\$ 10.00	MONETARY				
COMMITTEE:		· ·	L IN-KIND				
ADDRESS:	Lori Voigt		\$ 1.09				
CITY / STATE:	302 Catron Ave.	6/23/2020	\$ 1.09				
EMPLOYER:	Belton MO 64012 Weather or Not, Inc Sales Associate		✓ MONETARY				
COMMITTEE:	weather of Not, Inc Sales Associate	\$ 1.09	IN-KIND				
NAME:							
ADDRESS:	Lori Voigt		\$ 1.09				
CITY / STATE:	302 Catron Ave.	6/23/2020	1				
EMPLOYER:	Belton MO 64012 Weather or Not, Inc Sales Associate	Ф 1 00	✓ MONETARY				
COMMITTEE:		\$ 1.09	IN-KIND				
NAME:							
ADDRESS:	Debra Wheeler		\$ 2.18				
CITY / STATE:	2406 Boulder Springs Dr. Columbia MO 65201	6/23/2020					
EMPLOYER:	University of Missouri Graduate Teaching Assistant	c 2.10	✓ MONETARY				
COMMITTEE:		\$ 2.10	☐ IN-KIND				
NAME:							
ADDRESS:	Jane Hull	6/23/2020	\$ 1.09				
CITY / STATE:	710 Lacy Ln Belton MO 64012						
EMPLOYER:	Truman Medical Center Care Coordinator	\$ 1.09	MONETARY				
COMMITTEE:		Ψ =,	L IN-KIND				
TOTAL: ITEMIZED CONTRIBUTIONS							
(0.455)							
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CE	<i>P</i> -1)				



MISSOURI ETHICS COMMISSION **CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE

Fiala for Missouri

DATE

7/11/2020

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 informa	tion is needed concerning reporting itemized expenditures, see Form C	D-1 Instructions.				
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED			
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY			
· ·	0 TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)			
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	5/112				
ADDRESS:	Ellen Bowles		\$ 2.18			
CITY / STATE:	27 Freeman Cemetary Rd	6/23/2020				
EMPLOYER:	Salem MO 65560 Not Employed Not Employed	Φ 0.10	✓ MONETARY			
COMMITTEE:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 2.18	IN-KIND			
NAME:						
ADDRESS:	Ellen Bowles	6/23/2020	\$ 2.18			
CITY / STATE:	27 Freeman Cemetary Rd	0/23/2020				
EMPLOYER:	Salem MO 65560 Not Employed Not Employed	\$ 2.18	✓ MONETARY			
COMMITTEE:		ψ 2.10	IN-KIND			
NAME:						
ADDRESS:	Brian Weaver	6/22/2020	\$ 1.09			
CITY / STATE:	626 Vassar University City MO 63130	6/23/2020				
EMPLOYER:	Stinson Leonard Street LLP Attorney	\$ 1.09	✓ MONETARY			
COMMITTEE:		Ψ 1.03	☐ IN-KIND			
NAME:						
ADDRESS:	Kevin Rusnak	6/23/2020	\$ 4.35			
CITY / STATE:	16111 Speaker Ave Belton MO 64012	0/23/2020				
EMPLOYER:	IUOE Local101 Business Rep	\$ 4.35	✓ MONETARY			
COMMITTEE:		Ψ 1.33	L IN-KIND			
NAME:						
ADDRESS:	Eliot OCallaghan 4608A Hunter Glen Dr	6/24/2020	\$ 1.09			
CITY / STATE:	Saint Joseph MO 64506	0/24/2020				
EMPLOYER:	Hy-Vee, INC Assistant Manager	\$ 1.09	✓ MONETARY			
COMMITTEE:		Ψ 2.03	☐ IN-KIND			
NAME:						
ADDRESS:	Vallarie Billups 109 Melody Ln	6/26/2020	\$ 36.00			
CITY / STATE:	Salisbury MO 65281					
EMPLOYER:	Not Employed Not Employed	\$ 36.00	MONETARY			
COMMITTEE:		,	☐ IN-KIND			
NAME:			ф.			
ADDRESS:	Kaysha Ritchie 2411 Contessa Loop	6/29/2020	\$ 48.00			
CITY / STATE:	Columbia MO 65202	0/25/2020	MONETARY			
EMPLOYER:	UMHC RN	\$ 48.00	MONETARY			
COMMITTEE:		<u>'</u>	☐ IN-KIND			
NAME:			c 04.00			
ADDRESS: CITY / STATE:	Katherine Fiala 12271 HWY JJ	6/29/2020	\$ 24.00			
	Marceline MO 64658		MONETARY			
EMPLOYER: COMMITTEE:	Not Employed Not Employed	\$ 24.00	MONETARY IN-KIND			
			IIN-IVIIND			
TOTAL: ITEMIZED CONTRIBUTIONS						
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)						



MISSOURI ETHICS COMMISSION **CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

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

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.

ii iuitiiei iiiloiilla	in further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.						
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED				
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	ACCRECATE TO	(CHECK IF MONETARY				
·	O TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)				
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	BATE					
ADDRESS:	Provide Edele		\$ 84.00				
CITY / STATE:	Bryce Fiala 1571 County Road 1120	6/30/2020	Ψ				
EMPLOYER:	Huntsville MO 65259 AECI Control Room Operator		MONETARY				
COMMITTEE:	AEC1 Control Room Operator	\$ 84.00	IN-KIND				
NAME:							
ADDRESS:	Rachel Gonzalez	6/30/2020	\$ 1.00				
CITY / STATE:	19616 E 6th Terr N	0/30/2020					
EMPLOYER:	Independence MO 64056 Not Employed Not Employed	\$ 1.00	✓ MONETARY				
COMMITTEE:		y 1.00	IN-KIND				
NAME:							
ADDRESS:	House Democratic Campaign Committee	5 /5 /0000	\$ 40.00				
CITY / STATE:	PO Box 552	5/5/2020					
EMPLOYER:	Jefferson City MO 65101	\$ 40.00	MONETARY				
COMMITTEE:		4 0.00	✓ IN-KIND				
NAME:							
ADDRESS:	Nathan Laidler	6/30/2020	\$ 60.00				
CITY / STATE:	2212 Primerose Dr	6/30/2020					
EMPLOYER:	Columbia MO 65202 FedEx Driver	_	✓ MONETARY				
COMMITTEE:		\$ 60.00	☐ IN-KIND				
NAME:							
ADDRESS:			 \$				
CITY / STATE:							
EMPLOYER:		\$	MONETARY				
COMMITTEE:		Φ	☐ IN-KIND				
NAME:							
ADDRESS:			 \$				
CITY / STATE:							
EMPLOYER:		\$	MONETARY				
COMMITTEE:		Ψ	☐ IN-KIND				
NAME:							
ADDRESS:			\$				
CITY / STATE:							
EMPLOYER:		r r	MONETARY				
COMMITTEE:		Þ	☐ IN-KIND				
NAME:							
ADDRESS:			\$				
CITY / STATE:							
EMPLOYER:		\$	MONETARY				
COMMITTEE:			IN-KIND				
TOTAL: ITEMIZE	D CONTRIBUTIONS						
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM OD)-1)				



MISSOURI ETHICS COMMISSION

DEDODE DATE	
LOAN REPAYMENT	
✓ LOAN RECEIVED	
CHECK TYPE OF FORM	OFFICE USE ONLY

	LEMENTAL LOAN			LOAN RECEIVED	
	UCTIONS ON REVERSE	SIDE	-	LOAN REPAYMENT	
NAME OF COMMITTEE Fiala for Missou	ri		ا	7/11/2020	
Tidia for Mibboa		DAN RECEIVED (LOAN OF	MODE TH		
1. NAME AND ADDRESS		DAN RECEIVED (LOAN OF	WORE IN	4N \$100)	
Terrence Fiala	01 22113211				
201 S Cedar					
Marceline MO 64658					
2. NAME(S) AND ADDRES Terrence Fiala	SS(ES) OF PERSON(S)	LIABLE FOR THE LOAN			
201 S Cedar					
Marceline MO 64658					
3. LOAN I.D. NUMBER (IF	ANY)	4. DATE OF LOAN		5. AMOUNT OF LOAN	I
		6/24/2020		\$ 500.00	
6. ANNUAL RATE OF INTE	EREST	7. TIME PERIOD OF LOAN (MONT	H, YEARS, E	TC.)	
0	%	6 months			
8. DESCRIBE REPAYMEN \$500 every 6 mon	nths	LY, SEMI-ANNUALLY, ETC.) F REPAYMENT (PAYMENT	MADE OR	CREDIT RECEIVE))
1. DATE OF PAYMENT	001127022 0			COREDIT REGELVE	3. AMOUNT OF PAYMENT
OR CREDIT		2. NAME AND ADDRESS OF	LENDER		OR CREDIT
4. TOTAL PAYMENT OR C	CREDIT ON LOANS THIS	S PERIOD (SUM ITEM 3)			\$
		/			+
5. AMOUNT OF ITEM 4 TH	HAT WAS PAYMENT MA	DE			\$
6. AMOUNT OF ITEM 4 TH	HAT WAS CREDIT RECE	EIVED			\$
					Î

MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE Instructions on Reverse Side

Office Use Only

7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) S	Name of Committee		2. Report Date	•	
Clust Payments to Campaign Workers in Section B Below) 4. Amount Pad of Incurred This Period The Period The Period The Period The Period The Period The Period Support of Expenditures This Page (Sum Column 4) 3.2.64 5. Subtotals: Non-Itemized Expenditures This Page (Sum Column 4) 5. Subtotals: Non-Itemized Expenditures Any Attached Pages 4. 0.00 7. Totals: Non-Itemized Expenditures This Period (Sum 5+6) 5. Subtotals: Subt	Fiala for Missouri		7/11/2020		
Bank Fees	(List Payments to Campaign Workers in Section B Below)				
Supplies					6.00
Subtotal: Non-Itemized Expenditures Any Attached Pages					32.64
Subtotal: Non-Itemized Expenditures Any Attached Pages		4)		\$	
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers 9. Date 19. Purpose - (If Payment was to Campaign Workers Show Agreequate Paid) 11. Amount This Period & Rampaign Workers Show Agreequate Paid) 12. Paid 240.38 13. Amount Aldress of Recipient 14.47 Centry State 14.47 Centry Stat	Subtotal: Non-Itemized Expenditures Any Attached Pages	•		† ·	
And All Payments To Campaign Workers 9. Date Campaign Workers	7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$	38.64
Name and Address of Recipient	B. Itemized Expenditures All Over \$100		· ·		
Name: Rawen Printing Address: 1417 Gentry St		9. Date	Campaign Worker, Show	11. Amount	This Period
Address: 1000 Mest Broadway Columbia Mo 65203	Name: Raven Printing Address: 1447 Gentry St North Kansas City MO 64116	6/5/2020		Paid	240.38
Address:	Address: 1000 West Broadway	6/26/2020	Apparel	Paid	446.83
13. Subtotal: Any Attached Pages	Name: Address: City / State:			Paid	
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 \$ 1.00 Monetary Name: \$ Monetary In-Kind Name: \$ 0.00 \$ 0.00 24. Subtotal: This Page (Sum Column 22) \$ 0.00 25. Total: Monetary Contributions Made This Period A. By Cash / Check \$ 0.00 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 <td>12. Subtotal: This Page (Sum Column 11)</td> <td></td> <td>-</td> <td>\$</td> <td>687.21</td>	12. Subtotal: This Page (Sum Column 11)		-	\$	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 19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) \$ 0.00 19. C. Contributions Made (Regardless of Amount) 21. Date 22. Amount 22. Amount 22. Amount 22. Amount 23. Name and Address of Candidate or Committee \$ Monetary In-Kind In-Ki	13. Subtotal: Any Attached Pages			+	0.00
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 \$ 4ddress	14. Total: Itemized Expenditures This Period (Sum 12 + 13)		\$		
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