



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C171327

1. DATE OF REPORT 4/4/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Dave Griffith For State Representative	
3. COMMITTEE MAILING ADDRESS 1207 Peyton Drive	4. COMMITTEE TELEPHONE NUMBER (573) 301-6259
CITY / STATE / ZIP Jefferson City MO 65101	
5. TREASURER'S NAME Andy Fechtel	
6. TREASURER'S MAILING ADDRESS 700 Cliff Street	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 301-4892 WORK:
CITY / STATE / ZIP Jefferson City MO 65101	
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 Dave Griffith 1207 Peyton Drive Jefferson City MO 65101 (573) 301-6259 State Representative Missouri House of Representatives <input type="checkbox"/> CHECK IF INCUMBENT <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input 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 checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED January — 2, 20 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 Apr 4 2020 1:22PM 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 Apr 4 2020 1:22PM CANDIDATE'S SIGNATURE



OFFICE USE ONLY

MEC ID #: C171327

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

1. Name of Committee

Dave Griffith For State Representative

2. Date of Report

4 / 4 / 2020

3. Type and Date of Previously Filed Report

04/04/2020 AMENDED January Quarterly Report

4. Reason for Amendment

Haven't completed

5. Amendment Detail



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Dave Griffith For State Representative	4/4/2020	

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		\$ 89,180.00		
2. All Monetary Contributions Received This Period	\$ 24,575.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 24,575.00			
6. In-kind Contributions Received This Period	+ 202.50			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 24,777.50			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 113,957.50		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 79,017.80		
10. Expenditures made by cash or check this period	\$ 3,810.54			
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)	\$ 3,810.54			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 82,828.34		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 1,600.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 1,600.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
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			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 8,610.68
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 24,575.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 3,810.54 b) Disbursements By Cash \$ 0.00	- 3,810.54
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 29,375.14
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Dave Griffith For State Representative		2. REPORT DATE 4/4/2020	
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		+ \$ 24,777.50	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 24,777.50	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 24,575.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 202.50	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 202.50	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 24,575.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 24,575.00	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Dave Griffith For State Representative	DATE 4/4/2020
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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: James Harris CITY/STATE: 3320 Country Club Drive Jefferson City MO 65109 EMPLOYER: self employed -- consultant <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 375.00	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Alliance PAC CITY/STATE: 617 Pointe Dr EMPLOYER: Lees Summit MO 64064 <input checked="" type="checkbox"/> COMMITTEE:	10/14/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CenturyLink Mo. Federal Employees PAC CITY/STATE: 319 Madison St EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	10/15/2019 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Political Action Committee for Health CITY/STATE: PO Box 779 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	10/15/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Realtors PAC CITY/STATE: PO Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	10/15/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Build St Louis PAC CITY/STATE: 10104 Old Olive St EMPLOYER: St Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE:	10/31/2019 ----- \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bret Bodenhamer CITY/STATE: 3238 W Truman Blvd Jefferson City MO 65109 EMPLOYER: self employed -- Optometrist <input type="checkbox"/> COMMITTEE:	12/4/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MOPAC CITY/STATE: 100 E High st EMPLOYER: Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE:	12/4/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">--</div>
(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 Dave Griffith For State Representative	DATE 4/4/2020
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INSTRUCTIONS

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	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: Harness & Associates CITY/STATE: PO Box 2302 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/10/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: The Rhoads Company CITY/STATE: PO Box 1162 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shadi Haddadin CITY/STATE: 510 Turnberry Dr EMPLOYER: Jefferson City MO 65109 JCMG -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Forrest Smith CITY/STATE: 9134 Tanner Bridge Rd EMPLOYER: Jefferson City MO 65101 JCMG -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeffery Patrick CITY/STATE: 33 Queen Ann Court EMPLOYER: Jefferson City MO 65109 JCMG -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Scherr CITY/STATE: 120 E High St EMPLOYER: Jefferson City MO 65101 self employed -- consultant <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harvey tettlebaum CITY/STATE: 56295 Little Moniteau EMPLOYER: California MO 65108 Self employed -- Attorney <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Patient Advocacy Countil CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/10/2019 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Dave Griffith For State Representative	DATE 4/4/2020
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INSTRUCTIONS

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	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: Clyde Lear CITY/STATE: 5618 Saddlebrook Ln EMPLOYER: Lohman MO 65053 retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Winter CITY/STATE: PO Box 305 EMPLOYER: Jefferson City MO 65102 self employed -- consultant <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: JOrgen Schiemeier CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 self employed -- consultant <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harold Westhues CITY/STATE: 205 Bonnie Ave EMPLOYER: Jefferson City MO 65109 retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MIke Kampeter CITY/STATE: 703 Turnberry Dr EMPLOYER: Jefferson City MO 65109 Diamond Dog Food -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Sheehan CITY/STATE: 3138 Williamsburg Way EMPLOYER: Jefferson City MO 65109 Farmer Holding -- Financial Officer <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Reese Thompson CITY/STATE: 3100 Citadel Ct EMPLOYER: Jefferson City MO 65109 JCMG -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Kehoe CITY/STATE: 2637 Drew Perry Rd EMPLOYER: Jefferson City MO 65109 Osage Ambulance -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Dave Griffith For State Representative	DATE 4/4/2020
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INSTRUCTIONS

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Rudy Veit CITY/STATE: 1704 South Oaks Jefferson City MO 65101 EMPLOYER: Carson and Coil -- Attorney <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Larry Brandhorst CITY/STATE: 1035 Satinwood Ct Jefferson City MO 65109 EMPLOYER: Archetics Alliance -- Archetic <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dick Peerson CITY/STATE: 80 Lazy Brook Lane Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Riley CITY/STATE: 5815 Red Tail Ct Lohman MO 65053 EMPLOYER: Riley Auto Gp -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: T Kimberly Bellof CITY/STATE: 8301 NW Twin Oaks Dr Kansas City MO 64151 EMPLOYER: Disgestive Group -- Executive Director <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Voss CITY/STATE: 904 Manassas Jefferson City MO 65109 EMPLOYER: JCMG -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tony Feather CITY/STATE: 2720 Tanglewood Dr Jefferson City MO 65109 EMPLOYER: self employed -- consultant <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rod Burnett CITY/STATE: 1933 Hayselton Dr Jefferson City MO 65109 EMPLOYER: IBM -- Accountant Exeuctive <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 250.00	\$ 250.00 <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 Dave Griffith For State Representative	DATE 4/4/2020
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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. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Ben Bielski CITY/STATE: PO Box 330 Jefferson City MO 65102 EMPLOYER: Mecur Culverts -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Epperson CITY/STATE: 334 W Forest Ln Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul LePage CITY/STATE: 1003 Rock Hill Rd Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Jackson CITY/STATE: 626 Turnberry Dr Jefferson City MO 65109 EMPLOYER: Osage Ready Mix -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Dozier CITY/STATE: 5014 Shepherd Hills Rd Jefferson City MO 65101 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry Rackers CITY/STATE: 605 S Eagle Trace Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carl Doerhoff CITY/STATE: 5840 Fox Fire Lane Jefferson City MO 65109 EMPLOYER: Capital Region Med Ctr -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John kolb CITY/STATE: 424 Meadow Brook Ct Jefferson City MO 65109 EMPLOYER: JC Oil -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Dave Griffith For State Representative	DATE 4/4/2020
---	------------------

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 FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Gary Schell CITY / STATE: 415 Turnberry Dr Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mildred Schell CITY / STATE: 415 Turnberry Dr Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Denise Schebam CITY / STATE: 308 Old Gibler Rd JeffersonCity MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Schuyler Mariea CITY / STATE: 804 Boonville Rd Jefferson City MO 65109 EMPLOYER: Mid America Bank -- Loan officer <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Clarkson CITY / STATE: 120 Del Mar Dr Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kenneth Littlefield CITY / STATE: 236 Westpoint Ct Jefferson City MO 65109 EMPLOYER: Central Bank -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Bockwinkel CITY / STATE: 922 Country Ridge Dr Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cliff Wren CITY / STATE: 820 Sherwood Dr Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 \$ 200.00	\$ 200.00 <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 Dave Griffith For State Representative	DATE 4/4/2020
---	------------------

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.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: James Perch CITY/STATE: 219 Burke Place EMPLOYER: Jefferson City MO 65109 retired <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Madsen CITY/STATE: 1713 Lisa Ct EMPLOYER: Jefferson City MO 65101 self employed -- Attorney <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Johathan Craighead CITY/STATE: 1100 Highland Ridge Dr EMPLOYER: Jefferson City MO 65109 JCMG -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Carr CITY/STATE: PO Box 7151 EMPLOYER: Jefferson City MO 65102 JCMG -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Sides CITY/STATE: 3602 Gettysburg Pl EMPLOYER: Jefferson City MO 65109 JCMG -- Physican <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Benjamin Vallier CITY/STATE: 140 Palisades Dr EMPLOYER: Jefferson City MO 65109 JCMG -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Naught CITY/STATE: 1916 Sarah Lane EMPLOYER: Jefferson City MO 65101 Naught Naught Insurance -- PRESIDENT <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Dudenhoeffer CITY/STATE: 228 Settlers Ridge EMPLOYER: Jefferson City MO 65109 Jefferson Bank -- Vice President <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Dave Griffith For State Representative	DATE 4/4/2020
---	------------------

INSTRUCTIONS

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Larry Kolb CITY/STATE: 741 Turnberry Dr Jefferson City MO 65109 EMPLOYER: Kolb Propertyys -- President <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Debbie Brown CITY/STATE: 319 Ash St Jefferson City MO 65101 EMPLOYER: Prison Brews -- Owner <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Kampeter CITY/STATE: 1309 Evergreen Jefferson City MO 65101 EMPLOYER: Diamond Dog Food -- Chairman <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Betty Janed Kampeter CITY/STATE: 1309 Evergreen Jefferson City MO 65101 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Realtors PAC CITY/STATE: PO Box 30635 Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Mihalevich CITY/STATE: 1704 Delta Place Jefferson City MO 65109 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	12/29/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frederick Prather CITY/STATE: 2610 Jennifer Dr Jefferson City MO 65101 EMPLOYER: Vogel Insurance Gp -- President <input type="checkbox"/> COMMITTEE:	12/29/2019 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: 417 PAC CITY/STATE: 901 Battlefield St Springfield MO 65807 <input checked="" type="checkbox"/> COMMITTEE:	12/29/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Dave Griffith For State Representative	DATE 4/4/2020
---	------------------

INSTRUCTIONS

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Michael C Reid CITY / STATE: 955 Windsor st EMPLOYER: Jefferson City MO 65109 Missouri School Board Ass -- Exeuctive Dir <input type="checkbox"/> COMMITTEE:	10/14/2019 ----- \$ 202.50	\$ 202.50 <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		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; padding-right: 5px;">--</div>

(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 Dave Griffith For State Representative		2. Report Date 4/4/2020	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 327.54
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 327.54
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 3,483.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 3,483.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 3,810.54
16. Amount of Line 15 Above which was Paid Out This Period			\$ 3,810.54
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



Dave Griffith For State Representative

4/4/2020

(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)

AMOUNT PAID OR INCURRED THIS PERIOD
--

Office supplies

\$	29.32
----	-------

placque

\$	26.93
----	-------

sponsorship

\$	50.00
----	-------

Parade entry fee	
------------------	--

\$	51.29
----	-------

dinner tickets

\$	100.00
----	--------

breakfast tickets

\$	70.00
----	-------

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TOTAL: ITEMIZED EXPENDITURES THIS PAGE

(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)

\$

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MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Dave Griffith For State Representative		REPORT DATE 4/4/2020	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: United Way ADDRESS: 205 Alameda Dr CITY/STATE: Jefferson City MO 65109	10/14/2019	sponsorshop \$	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: Pregancy Help Center ADDRESS: 1760 Southridge Dr CITY/STATE: Jefferson City MO 65109	10/17/2019	sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: Council for Drug Free Youth ADDRESS: Jefferson St CITY/STATE: Jefferson City MO 65101	10/26/2019	sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: LIncoln School of Nursing ADDRESS: Chestnut St CITY/STATE: Jefferson City MO 65101	11/2/2019	sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: Missouri Special Olympics ADDRESS: Special Olympics Drive CITY/STATE: Jefferson City MO 65101	12/4/2019	sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: Richard Kampeter ADDRESS: 1309 Evergreen Dr CITY/STATE: Jefferson City MO 65101	12/18/2019	refund campaign donation \$	\$ <input checked="" type="checkbox"/> PAID 1,000.00 <input type="checkbox"/> INCURRED
NAME: Jefferson City Chamber of Commerce ADDRESS: PO Box 776 CITY/STATE: Jefferson City MO 65102	12/22/2019	membership \$	\$ <input checked="" type="checkbox"/> PAID 165.00 <input type="checkbox"/> INCURRED
NAME: Lincoln School of Nursing ADDRESS: Chestnut St CITY/STATE: Jefferson City MO 65101	11/4/2019	sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 185.00 <input type="checkbox"/> INCURRED
NAME: Missouri Downtown Assoc ADDRESS: High St CITY/STATE: Jefferson City MO 65101	11/13/2019	sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 283.00 <input type="checkbox"/> INCURRED
NAME: The Sharing Fund ADDRESS: 1034 S Brentwood Blvd CITY/STATE: St Louis MO 63117	12/22/2019	sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 250.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --