		1. DATE OF REI	PORT OFFICE USE ONLY
Missouri Ethics Commission			
COMMITTEE DISCLOSURE REPORT	COVER PAGE	4/4/2020	
M.E.C. ID NO	1327		
INSTRUCTIONS ON REVERSE SIDE			
2. FULL NAME OF COMMITTEE			
Dave Griffith For State Representative			
3. COMMITTEE MAILING ADDRESS		4. COMMITTEE TELEPH	ONE NUMBER
1207 Peyton Drive		(573) 301-6259)
CITY / STATE / ZIP		(,	
Jefferson City MO 65101 5. TREASURER'S NAME			
Andy Fechtel			
6. TREASURER'S MAILING ADDRESS		7. TREASURER'S TELEP	
700 Cliff Street		HOME: (573) 301-4892	
CITY / STATE / ZIP			-
Jefferson City MO 65101		WORK:	
8. DEPUTY TREASURER'S NAME	REASURER		
9. DEPUTY TREASURER'S MAILING ADDRESS		10. DEPUTY TREASURE	R'S TELEPHONE NUMBER
		HOME:	
CITY / STATE / ZIP		WORK:	
11. DATE OF ELECTION 12. TYPE	OF ELECTION (CHECK	ONE) O GENERAL	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT	O PRIMAR I	GENERAL	U SPECIAL
FROM 10/1/2019	THROUGH 12/31/	2019	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME,	15. TYPE OF REPO		
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND			
POLITICAL PARTY		ER CAUCUS NOMINATIOI	N
Dave Griffith		QUARTERLY REPORT	Jul 15 Oct 15
1207 Peyton Drive	8 DAYS BEFC		
Jefferson City MO 65101	30 DAYS AFT	ER ELECTION	
(573) 301-6259		N (ATTACH FORM CO-3)
			/
State Representative		DEBT REPORT In 15 Jul 15	
Missouri House of Representatives		PLEMENTAL, JAN 15	
	15 DAYS AFT	ER PETITION DEADLINE	
	OTHER		
	AMENDING P	REVIOUS REPORT DATE	D
	Janua		² 20 ²⁰
16. COMMITTEE TREASURER'S SIGNATURE	17. CANDIDATE'S S	IGNATURE (CANDIDATE	3
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER		THIS REPORT, COMPRIS	
PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND	PAGE AND ALL A	ATTACHED FORMS, IS CO	
ACCURATE.	ACCURATE.		
ELECTRONICALLY FILED Apr 4 2020 1:22PM	ELECTRON	ICALLY FILED Apr 4 2	2020 1:22PM
TREASURER'S SIGNATURE		E'S SIGNATURE	



	MEC ID #:	
	nding a previously filed Campaign Finance Discl	
1. Name of Committee		2. Date of Report
Dave Griffith For State Representative	2	4/4/2020
3. Type and Date of Previously Filed Repo	ort	
04/04/2020 AMENDED January Quarterly F	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

Possinta	A. This Period	B. This Calendar Yr	Statement o	<u>ا</u>
Receipts	A. This Period	or Election Cycle	Beginning and E	
 Total Receipts For This Election Previously Reported 		\$ 89,180.00	Financial Condi	-
	\$ 24,575.00		Money On Ha	nd
3. All Loans Received This Period	+ 0.00		Money on ha	
 Miscellaneous Receipts This Period 	+ 0.00		^{24.} Money On Hand at the beginning of this reporting period (Including funds)	¢ 0 610 60
 Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A) 	\$ 24,575.00		in depository, cash, savings accounts and all other investments)	\$ 8,610.68
 In-kind Contributions Received This Period 	+ 202.50		25. Monetary Receipts this Period	
 7. Total All Receipts This Period (Sum 5A + 6A) 	\$ 24,777.50		(From Item 5 - this page)	+ 24,575.00
 Total All Receipts This Election (Sum 1B + 7A) 		\$113,957.50	 Monetary Disbursements Made This Period (Sum 10 + 16A + 23) 	2 010 54
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	a) Disbursements By Check \$3,810.54 b) Disbursements By Cash \$0.00	- 3,810.54
 Total Expenditures for this election previously reported 		\$ 79,017.80	27. Money On Hand at the close of this reporting period	\$ 29,375.14
	\$ 3,810.54		(SUM 24 + 25 - 26)	* 47,575.14
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		Indebtednes	S
 Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3) 	\$3,810.54		 Outstanding Indebtedness at the beginning of this period 	\$ 0.00
¹⁴ Total Expenditures This Election (Sum 9B + 13A)		\$ 82,828.34	29.	0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	Loans Received This Period	+ 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 1,600.00	30. A. New Expenditures Incurred This Period (include payments by Credit	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	0.00	Cash/Check	Card (Line 17 CD3) B. New Contributions Made by Credit	+ 0.00
^{17.} All In-Kind Contributions Made This	0.00	Credit Card	Card (Line 25B CD3) 31.	
Period ^{18.} Total Contributions Made This Period (Sum 16A + 17A)	+ 0.00 \$ 0.00		Payments Made on Loans This Period	- 0.00
 (Sum 16A + 17A) 19. Total All Contributions Made This Election (Sum 15B + 18A) 	\$ 0.00	c 1,600.00	32.	
Other Disbursements	A. This Period	 B. This Calendar Yr or Election Cycle 	Debt Forgiven on Loans This Period	- 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	- 0.00
^{21.} Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00		Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + \$ 0 ,	\$ 0.00
23. Total Other Disbursements This Period	\$ 0.00		30A + 30B - 31 - 32 - 33)	÷ • • • • •

MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE			SE ONLY
1. NAME OF COMMITTEE	2. REPORT DATE		
Dave Griffith For State Representative	4/4/2020		
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED	N	JNT RECEIVED (CHECK IF MONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	C	or in-kind)
NAME:		¢	
		\$	
CITY / STATE: View Supplemental Form(s)			MONETADY
	\$		MONETARY IN-KIND
NAME:			
ADDRESS:		\$	
CITY / STATE:		Ψ	
EMPLOYER:	•		MONETARY
	\$		IN-KIND
NAME:			
ADDRESS:		\$	
CITY / STATE:		Ŷ	
EMPLOYER:	<u></u>		MONETARY
	\$		IN-KIND
NAME:			
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:			MONETARY
COMMITTEE:	\$		IN-KIND
NAME:			
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$		MONETARY
COMMITTEE:	Ψ		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			AMOUNT
(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			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		\$	0.00
C. LOANS RECEIVED 15. NAME AND ADDRESS OF LENDER	16. DATE RECEIVED	(IF M	ORE THAN \$100 TACH 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)			
22. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			202.50
	DRESS (SI IM 9 13 & 20)	\$ \$	24,575.00
3. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20			24.575.00



	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING) TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			
ADDRESS:	James Harris	12/10/2019	\$ 125.00
CITY / STATE:	3320 Country Club Drive Jefferson City MO 65109	12/10/2019	
EMPLOYER:	self employeed consultant	\$ 375.00	MONETARY
COMMITTEE:		Ψ 373.00	IN-KIND
NAME:			
ADDRESS:	Missouri Alliance PAC	10/14/2019	\$ 250.00
CITY / STATE:	617 Pointe Dr		
EMPLOYER:	Lees Summit MO 64064	\$ 250.00	
		T	
NAME: ADDRESS:			\$ 300.00
CITY / STATE:	CenturyLink Mo. Federal Employees PAC	10/15/2019	φ 500.00
EMPLOYER:	319 Madison St		
	Jefferson City MO 65101	\$ 300.00	
NAME:			
ADDRESS:			\$ 500.00
CITY / STATE:	Political Action Committee for Health PO Box 779	10/15/2019	Ψ
EMPLOYER:	Jefferson City MO 65102	ф <u>– – – – – – – – – – – – – – – – – – –</u>	MONETARY
		\$ 500.00	
NAME:			
ADDRESS:	Missouri Realtors PAC		\$ 500.00
CITY / STATE:	PO Box 30635	10/15/2019	
EMPLOYER:	Columbia MO 65205	\$ 500.00	MONETARY
COMMITTEE:		ψ 500.00	IN-KIND
NAME:			
ADDRESS:	Build St Louis PAC	10/31/2019	\$ 325.00
CITY / STATE:	10104 Old Olive St		
EMPLOYER:	St Louis MO 63141	\$ 325.00	
		¥ 323.00	
NAME:			¢.
ADDRESS:	Bret Bodenhamer 3238 W Truman Blvd	12/4/2019	\$ 100.00
CITY / STATE:	Jefferson City MO 65109		
	self employeed Optometrist	\$ 100.00	
		`	
NAME: ADDRESS:			\$ 250.00
	MOPAC	12/4/2019	\$ 250.00
CITY / STATE: EMPLOYER:	100 E High st Jefferson City MO 65109		
	OCTICISON CITY NO OSTOS	\$ 250.00	
TOTAL: ITEMIZED CONTRIBUTIONS			
	(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



NAME OF COMMITT		DATE	
Dave Griffith For State Representative		4/4/2020	
INSTRUCTIONS			
	purpose of the Contributions Received supplement is to provide a print	ed outline for attaching addit	ional pages to Form CD1
	eceived). This form should be used as additional space for reporting pe		
•	ibutions. This form may be reproduced as needed.		
Total all itemized	contributions at the bottom of the page and carry to item 7 (Subtotal: I	temized Contributions From	Any Attached Pages) on
Form CD-1.	r contributions at the bottom of the page and carry to item 7 (Subtotal. 1	termized contributions i rom	Any Attached 1 ages) on
	. .		
If further informa	tion is needed concerning reporting itemized expenditures, see Form C	D-1 Instructions.	
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
	0 TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
NAME:			\$ 250.00
ADDRESS:	Harness & Associates	12/10/2019	\$ 250.00
CITY / STATE:	PO Box 2302		
EMPLOYER:	Jefferson City MO 65102	\$ 250.00	
NAME:			f
ADDRESS:	The Rhoads Company	12/10/2019	\$ 500.00
CITY / STATE:	PO Box 1162		
EMPLOYER:	Jefferson City MO 65102	\$ 500.00	
NAME:			\$ 500.00
ADDRESS:	Shadi Haddadin	12/10/2019	\$ 500.00
CITY / STATE:	510 Turnberry Dr Jefferson City MO 65109	12/10/2019	
EMPLOYER:	JCMG Physican	\$ 500.00	
NAME:			¢ 050.00
ADDRESS:	Forrest Smith 9134 Tanner Bridge Rd	12/10/2019	\$ 250.00
CITY / STATE:	Jefferson City MO 65101		
EMPLOYER:	JCMG Physican	\$ 250.00	
COMMITTEE:			
ADDRESS:	To ff and Data is a		\$ 250.00
CITY / STATE:	Jeffery Patrick 33 Queen Ann Court	12/10/2019	\$ 250.00
	Jefferson City MO 65109		
EMPLOYER:	JCMG Physican	\$ 250.00	
NAME:			
ADDRESS:	Dendu. Oshann		\$ 250.00
CITY / STATE:	Randy Scherr 120 E High St	12/10/2019	ψ ∠50.00
EMPLOYER:	Jefferson City MO 65101		
	self emplyeed consultant	\$ 250.00	
NAME:			
ADDRESS:	Harvey tottlebaum		\$ 250.00
CITY / STATE:	Harvey tettlebaum 56295 Little Moniteau	12/10/2019	\$ 250.00
EMPLOYER:	California MO 65108		
	Self employeed Attorney	\$ 250.00	
NAME:			
ADDRESS:			\$ 1,000.00
ADDRESS: CITY / STATE:	Missouri Patient Advocacy Countil	12/10/2019	\$ 1,000.00
EMPLOYER:	PO Box 1865 Jefferson City MO 65102		
COMMITTEE:	OCTICISON CITY NO ODIOZ	\$ 1,000.00	IN-KIND
TOTAL: ITEMIZE	ED CONTRIBUTIONS		
(0.1			
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA		J-1)



COMMITTEE:

TOTAL: ITEMIZED CONTRIBUTIONS

NAME OF COMMITT	TEE .	DATE	
	th For State Representative	4/4/2020	
NSTRUCTIONS			
PURPOSE: The (Contributions R	purpose of the Contributions Received supplement is to provide a print eceived). This form should be used as additional space for reporting pe ibutions. This form may be reproduced as needed.		
Total all itemized Form CD-1.	I contributions at the bottom of the page and carry to item 7 (Subtotal: I	Itemized Contributions From	Any Attached Pages) on
If further informa	ntion is needed concerning reporting itemized expenditures, see Form C	D-1 Instructions.	
		4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 0 TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
NAME: ADDRESS:	Clyde Lear	10/10/0010	\$ 1,000.00
CITY / STATE:	5618 Saddlebrook Ln Lohman MO 65053	12/10/2019	
	retired	\$ 1,000.00	
NAME: ADDRESS:			\$ 150.00
CITY / STATE:	MIke Winter PO Box 305	12/10/2019	ψ 150.00
MPLOYER:	Jefferson City MO 65102 self employed consultant	r 150.00	MONETARY
COMMITTEE:	seri emproyeu consultant	\$ 150.00	
IAME:			• • • • • • • • •
DDRESS:	JOrgen Schiemeier	12/10/2019	\$ 100.00
CITY / STATE:	PO Box 1865 Jefferson City MO 65102	12/10/2019	
	self employed consultant	\$ 100.00	MONETARY
ADDRESS:	Harold Westhues		\$ 300.00
CITY / STATE:	205 Bonnie Ave	12/10/2019	•
MPLOYER:	Jefferson City MO 65109 retired	\$ 300.00	MONETARY
COMMITTEE:		ψ 300.00	
IAME:			¢
DDRESS: CITY / STATE:	MIke Kampeter 703 Turnberry Dr	12/10/2019	\$ 500.00
MPLOYER:	Jefferson City MO 65109 Diamond Dog Food President		MONETARY
		\$ 500.00	
IAME:			
DDRESS:	John Sheehan	12/10/2019	\$ 500.00
CITY / STATE:	3138 Williamsburg Way Jefferson City MO 65109	12/10/2019	
	Farmer Holding Financial Officer	\$ 500.00	
COMMITTEE:			
AME: DRESS:	Reese Thompson		\$ 500.00
CITY / STATE:	3100 Citadel Ct	12/10/2019	\$ 500.00
MPLOYER:	Jefferson City MO 65109 JCMG Physican	r 500.00	MONETARY
	-	\$ 500.00	
IAME:			
DDRESS:	John Kehoe 2637 Drew Perry Rd	12/10/2019	\$ 1,000.00
CITY / STATE:	Jefferson City MO 65109		
EMPLOYER:	Osage Ambulance President	¢ 1 000 00	MONETARY

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

\$

1,000.00

IN-KIND

--



NAME OF COMMIT	TEE	DATE	
Dave Griffi	th For State Representative	4/4/2020	
INSTRUCTIONS			
(Contributions F	purpose of the Contributions Received supplement is to provide a printe Received). This form should be used as additional space for reporting peributions. This form may be reproduced as needed.		
Total all itemized Form CD-1.	d contributions at the bottom of the page and carry to item 7 (Subtotal: I	temized Contributions From	Any Attached Pages) on
If further inform	ation is needed concerning reporting itemized expenditures, see Form C	D-1 Instructions.	
	TRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	TEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		
	DO TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	- ,
NAME: ADDRESS:			\$ 100.00
CITY / STATE:	Rudy Veit 1704 South Oaks	12/10/2019	Φ TOO:00
EMPLOYER:	Jefferson City MO 65101		MONETARY
	Carson and Coil Attorney	\$ 100.00	
ADDRESS:			\$ 50.00
CITY / STATE:	Larry Brandhorst 1035 Satinwood Ct	12/10/2019	Ψ 50.00
EMPLOYER:	Jefferson City MO 65109		
	Archetics Alliance Archetic	\$ 50.00	
NAME:			
ADDRESS:	Dick Peerson		\$ 250.00
CITY / STATE:	80 Lazy Brook Lane	12/10/2019	Ψ
EMPLOYER:	Jefferson City MO 65109 retired	•	
		\$ 250.00	
NAME:			
ADDRESS:	Kevin Riley		\$ 150.00
CITY / STATE:	5815 Red Tail Ct	12/10/2019	• • • • • • • • • •
EMPLOYER:	Lohman MO 65053 Riley Auto Gp President	ф	MONETARY
		\$ 150.00	
NAME:			1
ADDRESS:	T Kimberly Bellof		\$ 200.00
CITY / STATE:	8301 NW Twin Oaks Dr Kansas City MO 64151	12/10/2019	
EMPLOYER:	Disgestive Group Executive Director	\$ 200.00	MONETARY
COMMITTEE:		\$ 200.00	
NAME:			
ADDRESS:	William Voss	12/10/2010	\$ 100.00
CITY / STATE:	904 Manassas Jefferson City MO 65109	12/10/2019	
EMPLOYER:	JCMG Physican	\$ 100.00	MONETARY
COMMITTEE:		Ψ 100.00	
NAME:			
ADDRESS:	Tony Feather	12/10/2019	\$ 500.00
CITY / STATE:	2720 Tanglewood Dr Jefferson City MO 65109	12/10/2019	
EMPLOYER:	self employed consultant	\$ 500.00	MONETARY
		T	
NAME:			^
ADDRESS:	Rod Burnett 1933 Hayselton Dr	12/10/2019	\$ 250.00
CITY / STATE:	Jefferson City MO 65109		
EMPLOYER:	IBM Accontant Exeuctive	\$ 250.00	
COMMITTEE:		Ŧ	IN-KIND
TOTAL: ITEMIZ	ED CONTRIBUTIONS		
	Y TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA)-1)
	TOTTEM TOURINE TEMPED CONTRIDUTIONS FROM ANT ATTA	CHEDI AGEG ON TONWOL	/ '/



A State of the sta			
NAME OF COMMIT	TEE	DATE	
Dave Griffi	th For State Representative	4/4/2020	
NSTRUCTIONS			
(Contributions R committee contr	purpose of the Contributions Received supplement is to provide a print received). This form should be used as additional space for reporting pributions. This form may be reproduced as needed.	ersons contributing more tha	n \$100 and for
Form CD-1.	d contributions at the bottom of the page and carry to item 7 (Subtotal: ation is needed concerning reporting itemized expenditures, see Form C		Any Attached Pages) on
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT MORE THAN \$10	TEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 00 TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: CITY / STATE:	Ben Bielski PO Box 330	12/10/2019	\$ 250.00
EMPLOYER:	Jefferson City MO 65102 Mecur Culverts President	\$ 250.00	MONETARY
NAME: ADDRESS: CITY / STATE:	Roger Eppperson 334 W Forest Ln	12/10/2019	\$ 250.00
	Jefferson City MO 65109 retired	\$ 250.00	MONETARY
NAME: ADDRESS: CITY / STATE: EMPLOYER:	Paul LePage 1003 Rock Hill Rd Jefferson City MO 65109	12/10/2019	\$ 50.00
	retired	\$ 50.00	
ADDRESS: CITY / STATE:	James Jackson 626 Turnberry Dr Jefferson City MO 65109	12/10/2019	\$ 500.00
EMPLOYER:	Osage Ready Mix President	\$ 500.00	MONETARY
ADDRESS: CITY / STATE:	Roger Dozier 5014 Shepherd Hills Rd Jefferson City MO 65101	12/10/2019	\$ 50.00
	retired	\$ 50.00	MONETARY
NAME: ADDRESS: CITY / STATE:	Terry Rackers 605 S Eagle Trace Jefferson City MO 65109	12/10/2019	\$ 100.00
	retired	\$ 100.00	MONETARY
NAME: ADDRESS: CITY / STATE:	Carl Doerhoff 5840 Fox Fire Lane Lefferenz City MO 65100	12/10/2019	\$ 50.00

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

Jefferson City MO 65109

424 Meadow Brook Ct Jefferson City MO 65109

JC Oil -- President

John kolb

TOTAL: ITEMIZED CONTRIBUTIONS

Capital Region Med Ctr -- Physican

EMPLOYER:

NAME:

ADDRESS:

EMPLOYER:

CITY / STATE:

COMMITTEE:

MONETARY

IN-KIND

MONETARY

IN-KIND

100.00

--

\$

.....

12/10/2019

.....

100.00

50.00

\$

\$



NAME OF COMMITTEE Dave Griffith For State Representative	DATE 4/4/2020
INSTRUCTIONS	-, -, _, _, _, _, _, _, _, _, _, _, _, _, _,
PURPOSE: The purpose of the Contributions Received supplement is to provid (Contributions Received). This form should be used as additional space for rep 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	e Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED		4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING			(CHECK IF MONETARY
	TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRESS NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS:			\$ 2,000.00
	Gary Schell 415 Turnberry Dr	12/10/2019	ϕ 2,000.00
CITY / STATE:	Jefferson City MO 65109		
	retired	\$ 2,000.00	
NAME:			¢ 500.00
ADDRESS:	Mildred Schell 415 Turnberry Dr	12/10/2019	\$ 500.00
CITY / STATE:	Jefferson City MO 65109		
	retired	\$ 500.00	
NAME:			\$ 100.00
ADDRESS:	Denise Schebam 308 Old Gibler Rd	12/10/2019	\$ 100.00
CITY / STATE:	JeffersonCity MO 65109	12/10/2019	
	retired	\$ 100.00	
			IN-KIND
NAME:			^
ADDRESS:	Schuyler Mariea	12/10/2019	\$ 100.00
CITY / STATE:	804 Boonvile Rd Jefferson City MO 65109		
EMPLOYER:	Mid America Bank Loan officer	\$ 100.00	MONETARY
		¥	IN-KIND
NAME:			•
ADDRESS:	Randy Clarkson 120 Del Mar Dr	12/10/2019	\$ 100.00
CITY / STATE:	Jefferson City MO 65109	12/10/2019	
EMPLOYER:	retired	\$ 100.00	MONETARY
COMMITTEE:		÷	IN-KIND
NAME:			^
ADDRESS:	Kenneth LIttlefield	12/10/2019	\$ 500.00
CITY / STATE:	236 Westpoint Ct Jefferson City MO 65109		
EMPLOYER:	Central Bank President	\$ 500.00	MONETARY
COMMITTEE:		• • • • • • • •	IN-KIND
NAME:			•
ADDRESS:	George Bockwinkel 922 Country Ridge Dr	12/10/2019	\$ 25.00
CITY / STATE:	Jefferson City MO 65109	12/10/2019	
EMPLOYER:	retired	\$ 25.00	MONETARY
		Ψ	
NAME:			•
ADDRESS:	Cliff Wren 820 Sherwood Dr	12/10/2019	\$ 200.00
CITY / STATE:	Jefferson City MO 65109	12, 10, 2019	
EMPLOYER:	retired	\$ 200.00	MONETARY
COMMITTEE:		Ψ	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM CD)-1)



CONTRIBUTIONS RECEIVED - SUPPLEMENTAL	
NAME OF COMMITTEE	DATE
Dave Griffith For State Representative	4/4/2020
INSTRUCTIONS	
PURPOSE: The purpose of the Contributions Received supplement is to prov (Contributions Received). This form should be used as additional space for r committee contributions. This form may be reproduced as needed.	
Total all itemized contributions at the bottom of the page and carry to item 7 (Form CD-1.	Subtotal: Itemized Contributions From Any Attached Pages) on
If further information is needed concerning reporting itemized expenditures, s	see Form CD-1 Instructions.

A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTE	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
) TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)
	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	,
NAME:			f 100.00
ADDRESS:	James Perch	12/10/2019	\$ 100.00
CITY / STATE:	219 Burke Place Jefferson City MO 65109	12/10/2019	
EMPLOYER:	retired	\$ 100.00	MONETARY
COMMITTEE:		Ψ 100.00	
NAME:			
ADDRESS:	MIchael Madsen	12/10/2019	\$ 50.00
CITY / STATE:	1713 Lisa Ct	12/10/2019	
EMPLOYER:	Jefferson Ctiy MO 65101 self employed Attorney	* - - - - - - - - - -	MONETARY
COMMITTEE:		\$ 50.00	
NAME:			
ADDRESS:	Johathan Craighead		\$ 200.00
CITY / STATE:	1100 Highland Ridge Dr	12/10/2019	Ť
EMPLOYER:	Jefferson City MO 65109 JCMG Physican		
	JCMG Physican	\$ 200.00	
NAME:			
ADDRESS:			\$ 500.00
CITY / STATE:	George Carr PO Box 7151	12/10/2019	Ψ 500.00
EMPLOYER:	Jefferson City MO 65102		
	JCMG Physican	\$ 500.00	
NAME:			
ADDRESS:	Stephen Sides		\$ 200.00
CITY / STATE:	3602 Gettysburg Pl	12/10/2019	♦ 200.00
EMPLOYER:	Jefferson City MO 65109		
	JCMG Physican	\$ 200.00	
			¢
ADDRESS:	Benjamin Vallier 140 Palisades Dr	12/10/2019	\$ 200.00
CITY / STATE:	Jefferson City MO 65109		
EMPLOYER:	JCMG President	\$ 200.00	
		T	IN-KIND
NAME:			ф.
ADDRESS:	Tom Naught 1916 Sarah Lane	12/10/2019	\$ 250.00
CITY / STATE:	Jefferson City MO 65101		
EMPLOYER:	Naught Naught Insurance PRESIDENT	\$ 250.00	MONETARY
COMMITTEE:		ψ 200.00	
NAME:			
ADDRESS:	Roger Dudenhoeffer	12/10/2019	\$ 100.00
CITY / STATE:	228 Settlers Ridge Jefferson City MO 65109	12/10/2019	
EMPLOYER:	Jefferson Bank Vice President	\$ 100.00	MONETARY
		ψ 100.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS	-	
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



NAME OF COMMIT	TEE	DATE	
Dave Griffi	th For State Representative	4/4/2020	
INSTRUCTIONS			
(Contributions R	purpose of the Contributions Received supplement is to provide a printe eceived). This form should be used as additional space for reporting pe ibutions. This form may be reproduced as needed.		
Total all itemized Form CD-1.	I contributions at the bottom of the page and carry to item 7 (Subtotal: If	emized Contributions From	Any Attached Pages) on
If further informa	ation is needed concerning reporting itemized expenditures, see Form Cl	D-1 Instructions.	
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$10	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 10 TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME:			
ADDRESS:	Larry Kolb	12/10/2019	\$ 500.00
CITY / STATE:	741 Turnberry Dr Jefferson Ctiy MO 65109	12/10/2019	
EMPLOYER:	Kolb Propertys President	\$ 500.00	MONETARY
		•	
NAME: ADDRESS:			\$ 1,000.00
ADDRESS: CITY / STATE:	Debbie Brown 319 Ash St	12/10/2019	Φ 1,000.00
EMPLOYER:	Jefferson City MO 65101		
	Prison Brews Owner	\$ 1,000.00	
NAME:			
ADDRESS:	Richard Kampeter		\$ 2,000.00
CITY / STATE:	1309 Evergreen	12/10/2019	Ŧ
EMPLOYER:	Jefferson City MO 65101 Diamond Dog Food Chairman	C	MONETARY
COMMITTEE:		\$ 2,000.00	
NAME:			
ADDRESS:	Betty Janed Kampeter	12/10/2019	\$ 2,000.00
CITY / STATE:	1309 Evergreen Jefferson City MO 65101		_
EMPLOYER:	retired	\$ 2,000.00	MONETARY
		φ _,	
NAME:			¢
ADDRESS:	MIssouri Realtors PAC	12/10/2019	\$ 500.00
CITY / STATE: EMPLOYER:	PO Box 30635 Columbia MO 65205		
COMMITTEE:	COLUMDIA MO 65205	\$ 1,000.00	MONETARY
NAME:			
ADDRESS:	James Mihalevich		\$ 200.00
CITY / STATE:	1704 Delta Place	12/29/2019	Ψ 200.00
EMPLOYER:	Jefferson City MO 65109 retired	¢	MONETARY
		\$ 200.00	
NAME:			
ADDRESS:	Frederick Prather	10/00/0010	\$ 150.00
CITY / STATE:	2610 Jennifer Dr Jefferson City MO 65101	12/29/2019	
EMPLOYER:	Vogel Insurance Gp President	\$ 150.00	MONETARY
		Ψ	IN-KIND
NAME:			¢ 500.00
ADDRESS:	417 PAC	12/29/2019	\$ 500.00
CITY / STATE: EMPLOYER:	901 Battlefield St Springfield MO 65807		
COMMITTEE:		\$ 500.00	

TOTAL: ITEMIZED CONTRIBUTIONS

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

--



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

DATE	
4/4/2020	
nted outline for attaching additi	ional pages to Form CD1
persons contributing more that	
-	
Itemized Contributions From	Any Attached Pages) on
	,
CD-1 Instructions.	
4. DATE RECEIVED	5. AMOUNT RECEIVED
	(CHECK IF MONETARY
	OR IN-KIND)
	\$ 202.50
10/14/2019	Ψ
~	
\$ 202.50	
	\$
¢	MONETARY
۵ ۵	
	1
	\$
	MONETARY
φ	IN-KIND
	\$
	MONETARY
Ψ	IN-KIND
	\$
<u>ф</u>	MONETARY
_	
	¢
	\$
\$	
`	
	¢
	\$
\$	
<u> </u>	
	\$
	Ψ
\$	
r	4/4/2020 Inted outline for attaching additions from a stacking more that Itemized Contributions From a stacking addition of a stacking additing addition of a stacking addition of a stack

TOTAL: ITEMIZED CONTRIBUTIONS

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

--

|--|

MISSOURI ETHICS COMMISSION

Dave Griffith For State Representative 4/4/2020 A. Expenditures of S100 or Less by Category (List Pymeths to Campign Workers in Section B Below) A. Amount Pild or Innumed This Period 3. Category of Expenditure View Supplemental Form(s) \$0.00 5. Subtoils: Non-Itemized Expenditures This Page (Sum Column 4) \$0.00 6. Subtoils: Non-Itemized Expenditures This Period (Sum 5+6) \$227.54 8. Name and Address of Recipient \$0.00 8. Name and Address of Recipient \$0.00 Name: \$0.00 Address: \$10. Purpose (*) City / State: \$10. Purpose (*) Name: \$10. Purpose (*) Address: \$10. Purpose (*) City / State: \$10. Purpose (*) Name: \$10. Purpose (*) Address: \$10.000 City / State: \$10.000 Name: \$10.000 Address: \$10.000 City / State: \$10.000 Name: \$10.000 Address: \$10.000 City / State: \$10.000 Name: \$10.0000 Address: \$10.0000 City / State: \$10.0000 Name: \$10.0000 Address: \$10.0000 City / State: \$10.000 <	EXPENDITURES AND CONTRIBUTIONS N Instructions on Reverse Side	IADE		
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below) 3. Category of Expenditure View Supplemental Form(s) 5. Subtotal: Non-itemized Expenditures This Page (Sum Column 4) 5. Subtotal: Non-itemized Expenditures This Page (Sum Column 4) 5. Subtotal: Non-itemized Expenditures This Page (Sum Column 4) 5. Subtotal: Non-itemized Expenditures Nay Attached Pages 7. Total: Non-itemized Expenditures Nay Attached	1. Name of Committee 2. Report Date			
Lite Payments to Campaign Workers in Section B Below) A. Amount Pedid of incurred This Period S. Category of Expenditures View Supplemental Form(s) 5. Subtotal: Non-Itemized Expenditures This Period (Sum Column 4) \$ 0.00 6. Subtotal: Non-Itemized Expenditures This Period (Sum 5 + 6) \$ 227.54 B. Itemized Expenditures This Period (Sum 5 + 6) \$ 227.54 B. Itemized Expenditures This Period (Sum 5 + 6) \$ 227.54 B. Itemized Expenditures This Period (Sum 5 + 6) \$ 227.54 B. Itemized Expenditures This Period (Sum 5 + 6) \$ 227.54 B. Itemized Expenditures Any Attached Pages 11. Amount This Period Address: \$ Paid \$ Paid Cirly / State: \$ Paid \$ Paid Name: \$ Address: \$ Paid \$ 0.00 12. Subtotal: This Page (Sum Column 11) \$ 0.00 \$ 0.00 13. Subtotal: This Page (Sum Column 11) \$ 3.,483.00 \$ 3.,810.54 14. Total: Itemized Expenditures Bris Period (Sum 12 + 13) \$ 3.,483.00 \$ 3.,810.54 17. Amount of Line 15 Moire Worker Bayenditures This Period (Sum 12 + 13) \$ 3.,810.54 \$ 0.00 18. I'Committee Made Any In-Kind Expenditures Bin Period (Sum 12 + 130) \$ 3.,810.54 \$ 0.00 \$ 0.00	Dave Griffith For State Representative 4/4/2020			
View Supplemental Form(s) 5. Subtotal: Non-Iternized Expenditures This Page (Sum Column 4) \$ 0.00 8. Subtotal: Non-Iternized Expenditures This Page (Sum Column 4) \$ 0.00 8. Subtotal: Non-Iternized Expenditures This Paging (Sum 5 + 6) \$ 327.54 8. Iternized Expenditures This Paging (Sum 5 + 6) \$ 327.54 8. Iternized Expenditures This Paging (Norker, Stow Aggregate Pau) \$ 11. Amount This Period Address: \$ 0.100 Ciry / State: \$ 11. Amount This Period Name: \$ 11. Amount This Period Address: \$ 11. Amount This Period Ciry / State: \$ 11. Amount This Period Name: \$ 11. Amount This Period Address: \$ 11. Amount This Period (Sum 12 + 13) 13. Subtotal: Any Attached Pages \$ 3.810.54 14. Total: Iterized Expenditures This Period (Sum 7 + 14) \$ 3.810.54 13. Monetary Expenditures This Period (Sum 7 + 14) \$ 3.810.54 14. Total: Iterized Expenditures This Period (Sum 7 + 14) \$ 0.00 13. It Committee Made Any In-Kind Expenditures This Period (Jatach Form CD18 - amount goes to Line 5 / Part II) \$ 0.00 14. Total: Iterized Expenditures This Period (Jatach Form CD18 - amount goes to Line 5 / Part II) \$ 0.00 14	(List Payments to Campaign Workers in Section B Below)			
5. Subtotal: Non-Itemized Expenditures This Patiched Pages \$ 0.00 6. Subtotal: Non-Itemized Expenditures Any Attached Pages \$ 327.54 7. Total: Non-Itemized Expenditures Any Attached Pages \$ 327.54 8. Interized Expenditures Any Attached Pages \$ 327.54 8. Name and Address of Recipient 9. Date And All Payments To Campaign Workers 9. Date 9. Name: \$ Paid Address: \$ Paid City / State: \$ Paid Name: \$ Paid Address: \$ Paid City / State: \$ Paid Name: \$ Paid Address: \$ Paid City / State: \$ Paid Name: \$ Paid Address: \$ Paid City / State: \$ Paid Name: \$ 3,493.00 13. Subtotal: Any Attached Pages * 3,493.01 14. Total: Itemized Expenditures This Period (Sum 7 + 14) \$ 3,810.54 16. Amount of Line 15 Above which was Paid Out This Period \$ 0.00 18. If Committee Made Any In-Kind Expenditures This Period (Attach Form CD18 - amount goes to Line 5/Part II) \$ 0.00 19. Funds Used For Paying Loans/Cre				
	View Supplemental Form(s)			
	5 Subtotal: Non-Itemized Expenditures This Page (Sum Column	4)		\$ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) \$ 327.54 8. Name and Address of Recipient 9. Date Parametry and to a Company Networks and C		')		
B. Itemized Expenditures All Over \$100 9. Date 10. Purpose: of mark of Campaign Workers, Show Address: Name: Address: 11. Amount This Period Address: 2 Paid City / State: 9. Date 9. Date Name: 3 9. Date Address: 9. Date 9. Date City / State: 9. Date 9. Date Name: 9. Date 9. Date Address: 9. Date 9. Date City / State: 9. Date 9. Date Name: Address: 9. Date 9. Date City / State: 9. Date 9. Date 9. Date 11. Amount This Period 10. neurred 10. neurred 12. Subtotal: This Page (Sum Column 11) \$ 0.00 \$ 3.483.00 13. Subtotal: Any Attached Pages + 3.443.00 \$ 3.483.00 14. Total: Itemized Expenditures This Period (Sum 7 + 14) \$ 3.810.54 \$ 3.810.54 16. Amount of Line 15 Which Were Expenditures This Period (List Amount \$ 0.00 \$ 0.00 19. Funds Used For Paying Loans/Credit Cards This Period (List Amount \$ 0.00 \$ 0.00 Contributions Made (
And All Payments To Campaign Workers 9. Date Payment was 0 Campaign Worker, Show Aggregate Paid) 11. Amount This Period 8. Name and Address of Recipient > > Paid > Address: > > Paid > City / State: > > Paid > Name: Address: > > Paid > City / State: > > Paid > > Name: Address: > > Paid > > Address: > > Paid >			10. Purpose - (If	Ψ
8. Name: Compage and Address of Recipient Compage and Address and Section Sectin Section Section Sectin Section Section Sectin Section Section Se	•	9. Date	Payment was to a	11. Amount This Period
Name: Address: City / State: Address: City / State: Address: City / State: Address: City / State: Ci	8. Name and Address of Recipient			
City / State: incurred Name: Paid Name: Paid City / State: Paid City / State: Paid Name: Paid City / State: Paid City / State: Paid City / State: Paid 10: / State: Paid 11: Subtotal: Any Attached Pages + 3, 483.00 12: Subtotal: This Page (Sum Column 11) \$ 3, 483.00 13: Subtotal: Any Attached Pages + 3, 483.00 15: Total: Monetary Expenditures This Period (Sum 7+ 14) \$ 3, 810.54 15: Total: Monetary Expenditures This Period Including Payments Made by Credit Cards \$ 0.00 18: If Committee Made Any In-Kind Expenditures This Period Including Payments Made by Credit Cards \$ 0.00 19: Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) \$ 0.00 20: Name and Address of Candidate or Committee \$ 0.100 20: Ame and Address of Candidate or Committee \$ 0.00 21: Name: \$ 0.00 23: Subtotal: This Page (Sum Column 22) \$ 0.00 24: Subtotal: This Page (Sum Column 22) \$ 0.00 25: Total: Monetary Con	Name:			\$
Name: Address: City / State: Address: City / State: City /	Address:			Paid
Address: City / State: Name: Name: Address: City / State: Name: City / State: City / S	City / State:			Incurred
City / State: Incurred Name: Paid Address: Paid City / State: 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 Move which was Paid Out 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 20. Name and Address of Candidate or Committee \$ 0.00 20. Name and Address of Candidate or Committee \$ 0.00 21. Date 22. Amount 23. Subtotal: This Page (Sum Column 22) \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 25. Total: Monetary Contributions Made This Period (Sum 25 + 26) \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 25. Total: Monetary Contributions Made This Period (Sum 25 + 26) \$ 0.0	Name:			\$
Name: Address: City / State: L3. Subtotal: This Page (Sum Column 11) L3. Subtotal: Any Attached Pages L4. Total: Itemized Expenditures This Period (Sum 12 + 13) L5. Total: Monetary Expenditures This Period (Sum 7 + 14) L6. Amount of Line 15 Above which was Paid Out This Period L6. Amount of Line 15 Above which was Paid Out This Period Including Payments Made by Credit Cards L7. Amount of Line 15 Above which was Paid Out This Period Including Payments Made by Credit Cards L7. Amount of Line 15 Which Were Expenditures This Period (List Amount L9. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) D9. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) D9. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) D9. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) D9. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) D0. C0. Contributions Made (Regardless of Amount) 20. Name and Address of Candidate or Committee Name: Address: City / State: City / State: City / State: City / State: City / State: City / State: S0.000 24. Subtotal: This Page (Sum Column 22) S0.000 25. Total: Monetary Contributions Made This Period A. By Cash / Check S0.000 B. By Credit Card S0.000 C. Tota: Monetary Contributions Made This Period, List Amount S0.000 26. If Committee Made Any Loans This Period, List Amount S0.000 27. Total: In-Kind Contributions Made This Period, List Amount S0.000 28. Total: In-Kind Contributions Made This Period, List Amount S0.000 29. Total: In-Kind Contributions Made This Period, List Amount S0.000 20. Total: In-Kind Contributions Made This Period, List Amount S0.000 25. Total: In-Kind Contributions Made This Period, List Amount S0.000 26. Total: In-Kind Contributions Made This Period, S0.000 27. Tot	Address:			Paid
Address: City / State: 12. Subtotal: This Page (Sum Column 11) 13. Subtotal: Any Attached Pages 14. Total: Itemized Expenditures This Period (Sum 12 + 13) 15. Total: Monetary Expenditures This Period (Sum 7 + 14) 15. Total: Monetary Expenditures This Period (Sum 7 + 14) 16. Amount of Line 15 Above which was Paid Out This Period 17. Amount of Line 15 Which Were Expenditures This Period Including Payments Made by Credit Cards 17. Amount of Line 15 Which Were Expenditures This Period, List Amount 18. If Committee Made Any In-Kind Expenditures This Period, List Amount 19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD18 - amount goes to Line 5 / Part II) 10. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD18 - amount goes to Line 5 / Part II) 10. Contributions Made (Regardless of Amount) 21. Date 22. Amount 23. Name and Address of Candidate or Committee Name: Address: City / State: 10. Name and Address (Sum Column 22) 24. Subtotal: This Page (Sum Column 22) 25. Total: Monetary Contributions Made This Period, List Amount 25. Total: Monetary Contributions Made This Period, List Amount 27. Total: All Monetary Contributions Made This Period, List Amount 28. Total: In-Kind Contributions Made This Period, List Amount 27. Total: All Monetary Contributions Made This Period, List Amount 28. Total: In-Kind Contributions Made This Period, List Amount 29. Total: In-Kind Contributions Made This Period, List Amount 20. Total: In-Kind Contributions Made This Period, List Amount 20. Total: In-Kind Contributions Made This Period, List Amount 20. Total: In-Kind Contributions Made This Period, List Amount 29. Contributions Made This Period, List Amount 20. Contributions M	City / State:			
City / State: 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. Anount of Line 15 Above which was Paid Out This Period \$ 3,810.54 17. Amount of Line 15 Mich Were Expenditures Incurred This Period Including Payments Made by Credit Cards \$ 0.00 18. If Committee Made Any In-Kind Expenditures 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 20. Name and Address of Candidate or Committee \$ 0.00 Name: \$ Monetary Address: \$ Monetary City / State: \$ Monetary Name: \$ 0.00 Address: \$ 0.00 23. Subtotal: This Page (Sum Column 22) \$ 0.00 24. Subtotal: This Page (Sum Column 22) \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 25. Total: Monetary Contributions Made This Period, List Amount \$ 0.00 26. If Committee Made Any Loans This Period, List Amount	Name:			\$
12. Subtotal: This Page (Sum Column 11) \$ 0.00 13. Subtotal: Any Attached Pages + 3,483.00 14. Total: Itemized Expenditures This Period (Sum 7 + 14) \$ 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 (List Amount \$ 0.00 19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD18 - amount goes to Line 5 / Part II) \$ 0.00 10. Name and Address of Candidate or Committee 21. Date 22. Amount 20. Name and Address of Candidate or Committee \$ Monetary In-Kind Name: \$ Monetary In-Kind \$ 0.00 21. V / State: \$ Monetary In-Kind \$ 0.00 23. Subtotal: This Page (Sum Column 22) \$ 0.00 \$ 0.00 \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 25. Total: Monetary Contributions Made This Period, List Amount \$ 0.00	Address:			Paid
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 CD18 - amount goes to Line 5 / Part II) \$ 0.00 20. Name and Address of Candidate or Committee 21. Date 22. Amount 20. Name and Address of Candidate or Committee \$ Monetary City / State: \$ Monetary \$ Name: \$ \$ 0.00 21. Vistate: \$ \$ \$ Name: \$ \$ \$ \$ 21. Vistate: \$ \$ \$ \$ 22. Subtotal: This Page (Sum Column 22) \$ \$ \$ \$ 23. Subtotal: Any Attached Pages \$ \$ \$				
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 CD18 - amount goes to Line 5 / Part II) \$ 0.00 C. Contributions Made (Regardless of Amount) 21. Date 22. Amount Name: Address: monetary In-Kind Name: Monetary In-Kind In-Kind Name: Monetary In-Kind \$ 0.00 24. Subtotal: This Page (Sum Column 22) \$ 0.00 \$ 0.00 25. Total: Monetary Contributions Made This Period A. By Credit Card \$ 0.00 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 0.00 27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26) \$ 0.00 \$ 0.00 28. Total: In-Kind Contributions Made This Period, List Amount \$ 0.00 \$ 0.00				\$ 0.00
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 Name: \$ Monetary In-Kind Name: \$ 0.00 \$ 0.00 23. Subtotal: This Page (Sum Column 22) \$ 0.00 \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 \$ 0.00 25. Total: Monetary Contributions Made This Period \$ 0.00 \$ 0.00 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 \$ 0.00	13. Subtotal: Any Attached Pages			5,105.00
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 \$ 0.00 \$ 0.00 Name: Address: \$ 0.00 City / State: \$ 0.00 \$ 0.00 Name: \$ 0.00 \$ 0.00 Address: \$ 0.00 \$ 0.00 City / State: \$ 0.00 \$ 0.00 Name: \$ 0.00 \$ 0.00 Address: \$ 0.00 \$ 0.00 City / State: \$ 0.00 \$ 0.00 23. Subtotal: This Page (Sum Column 22) \$ 0.00 \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 \$ 0.00 25. Total: Monetary Contributions Made This Period, List Amount \$ 0.00 \$ 0.00 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 \$ 0.00	14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 3,483.00
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 21. Date 22. Amount Name: \$ Monetary In-Kind Name: \$ 0.00 \$ 0.00 Name: \$ 0.00 \$ 0.00 23. Subtotal: This Page (Sum Column 22) \$ 0.00 \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 \$ 0.00 25. Total: Monetary Contributions Made This Period, List Amount \$ 0.00 26. If Committee Made Any Loans This Period, List Amount <	15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 3,810.54
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 21. Date 22. Amount Name: \$ Monetary \$ Monetary City / State: \$ Monetary \$ Monetary Name: \$ Monetary \$ 1. h-Kind Name: \$ 0.00 \$ 0.00 Address: \$ 0.00 \$ 0.00 City / State: \$ 0.00 \$ 0.00 23. Subtotal: This Page (Sum Column 22) \$ 0.00 \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 \$ 0.00 25. Total: Monetary Contributions Made This Period \$ 0.00 \$ 0.00 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 27. Total: All Monetary Contributions and Loans Made This Period (Su	16. Amount of Line 15 Above which was Paid Out This Period			\$ 3,810.54
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 21. Date 22. Amount Name: \$ 0.00 0.00 Address: Monetary 0.1.4.Kind Name: \$ 0.00 0.00 Address: Monetary 0.1.4.Kind Name: \$ 0.00 0.00 Address: Monetary 0.1.4.Kind Name: \$ 0.00 Nonetary Address: Monetary 0.4.Kind City / State: Monetary 0.00 Name: \$ 0.00 \$ 0.00 Address: Monetary 0.00 City / State: Monetary 0.00 23. Subtotal: This Page (Sum Column 22) \$ 0.00 24. Subtata: Any Attached Pages \$ 0.00 25. Total: Monetary Contributions Made This Period \$ 0.00 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26) \$ 0.00	17. Amount of Line 15 Which Were Expenditures Incurred This Pe	eriod Including Payments	Made by Credit Cards	\$ 0.00
C. Contributions Made (Regardless of Amount) 21. Date 22. Amount 20. Name and Address of Candidate or Committee \$ Monetary Name: \$ Monetary Address: \$ Monetary City / State: \$ Monetary Name: \$ Monetary Address: \$ Monetary City / State: \$ Monetary Name: \$ \$ Address: \$ Monetary City / State: \$ Monetary Name: \$ \$ Address: \$ \$ City / State: \$ \$ 23. Subtotal: This Page (Sum Column 22) \$ \$ 24. Subtotal: Any Attached Pages \$ \$ 25. Total: Monetary Contributions Made This Period \$ \$ 26. If Committee Made Any Loans This Period, List Amount \$ \$ 27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26) \$ \$ 28. Total: In-Kind Contributions Made This Period, List Amount \$ \$ 28. Total: In-Kind Contributions Made This Pe	18. If Committee Made Any In-Kind Expenditures This Period, List	t Amount		\$ 0.00
20. Name and Address of Candidate or Committee 21. Date 22. Amount Name: \$ Monetary Address: In-Kind In-Kind Name: \$ 0.00 Address: In-Kind 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 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 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	19. Funds Used For Paying Loans/Credit Cards This Period (Attac	ch Form CD1B - amount go	es to Line 5 / Part II)	\$ 0.00
Name: Address: Monetary City / State: In-Kind Name: Monetary Address: Monetary City / State: In-Kind Name: Monetary Address: In-Kind Name: Monetary Address: In-Kind City / State: Monetary In-Kind 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 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 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			21. Date	22. Amount
Address: Monetary City / State: In-Kind Name: Monetary Address: Monetary City / State: In-Kind Name: In-Kind Address: In-Kind City / State: In-Kind Name: Monetary Address: Monetary City / State: Monetary 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 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26) \$ 0.00 28. Total: In-Kind Contributions Made This Period, List Amount \$ 0.00	Name:			\$
Name: Address: Monetary Address: In-Kind City / State: Monetary Address: Monetary City / State: Monetary 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 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 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 28. Total: In-Kind Contributions Made This Period, List Amount \$ 0.00	Address:			
Address: Image: Monetary City / State: Image: I	City / State:			In-Kind
City / State: In-Kind Name: \$ Address: Monetary City / State: In-Kind 23. Subtotal: This Page (Sum Column 22) \$ 24. Subtotal: Any Attached Pages \$ 25. Total: Monetary Contributions Made This Period A. By Cash / Check \$ 25. Total: Monetary Contributions Made This Period, List Amount \$ 0.00 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 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 28. Total: In-Kind Contributions Made This Period, List Amount \$ 0.00	Name:			\$
Name: Address: Monetary Address: In-Kind City / State: In-Kind 23. Subtotal: This Page (Sum Column 22) \$ 0.00 24. Subtotal: Any Attached Pages \$ 0.00 24. Subtotal: Any Attached Pages \$ 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 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	Address:			Monetary
Address: Monetary City / State: 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 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 27. Total: All Monetary Contributions Made This Period (Sum 25 + 26) \$ 0.00 28. Total: In-Kind Contributions Made This Period, List Amount \$ 0.00	City / State:			In-Kind
City / State:In-Kind23. Subtotal: This Page (Sum Column 22)\$ 0.0024. Subtotal: Any Attached Pages\$ 0.0024. Subtotal: Any Attached Pages\$ 0.0025. Total: Monetary Contributions Made This PeriodA. By Cash / Check\$ 0.0026. If Committee Made Any Loans This Period, List Amount\$27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)\$ 0.0028. Total: In-Kind Contributions Made This Period, List Amount\$ 0.00	Name:			\$
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 26. If Committee Made Any Loans This Period, List Amount \$ 0.00 27. Total: All Monetary Contributions Made This Period (Sum 25 + 26) \$ 0.00 28. Total: In-Kind Contributions Made This Period, List Amount \$ 0.00	Address:			Monetary
24. Subtotal: Any Attached Pages\$ 0.0025. Total: Monetary Contributions Made This PeriodA. By Cash / Check\$ 0.0026. If Committee Made Any Loans This Period, List Amount\$27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)\$ 0.0028. Total: In-Kind Contributions Made This Period, List Amount\$ 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 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	23. Subtotal: This Page (Sum Column 22)			
25. Total: Monetary Contributions Made This Period B. By Credit Card 0.00 B. By Credit Card \$ 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	24. Subtotal: Any Attached Pages			
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	25. Total: Monetary Contributions Made This Period			
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	-		B. By Credit Card	
28. Total: In-Kind Contributions Made This Period, List Amount \$ 0.00	26. If Committee Made Any Loans This Period, List Amount			•
				•

Office Use Only

		- · · -	
FORM	CD 3	SHP	Α

MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMEN	TAL FORM	OFFICE USE ONLY
NAME OF COMMITTEE	DATE	
Dave Griffith For State Representative	4/4/202	20
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 CATEGORY OF EXPENDITURE	SUP B)	AMOUNT PAID OR INCURRED THIS PERIO
Office supplies		\$ 29.3
placque		\$ 26.9
sponsorshop		\$ 50.0
Parade entry fee		\$ 51.2
dinner tickets		\$ 100.0
breakfast tickets		\$ 70.0
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$



MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COM			REPORT DATE 4/4/2020	
Dave Griffith For State Representative 4/4/2020 ITEMIZED EXPENDITURES ALL OVER \$100 PURPOSE - (IF PAYMENT				
AND ALL	ED EXPENDITORES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME:				\$
ADDRESS:	United Way 205 Alameda Dr	10/14/0010	sponsorshop	♥ 500.00
CITY / STATE:	Jefferson City MO 65109	10/14/2019	\$	
NAME:				\$
ADDRESS:	Pregancy Help Center	10/17/2019	sponsorship	200.00
CITY / STATE:	1760 Southridge Dr Jefferson City MO 65109	10/17/2019	\$	
NAME:	-			\$
ADDRESS:	Council for Drug Free Youth	10/26/2019	sponsorship	PAID 200.00
CITY / STATE:	Jefferson St Jefferson City MO 65101	10/20/2019	\$	
				\$
NAME:	LIncoln School of Nursing		sponsorship	⊅ ∠ PAID 200.00
ADDRESS:	Chestnut St Jefferson City MO 65101	11/2/2019	¢	
CITY / STATE:	berrerson city no ostor		\$	
NAME:	Missouri Special Olympics	10/4/0010	sponsorship	סער 500.00
ADDRESS:	Special Olympics Drive Jefferson City MO 65101	12/4/2019	^	
	Sellerson city mo ostor		\$	
NAME:	Richard Kampeter		refund campaign donation	>
ADDRESS:	1309 Evergreen Dr Jefferson City MO 65101	12/18/2019	^	PAID ·
CITY / STATE:	berrerson city no ostor		\$	
NAME:	Jefferson City Chamber of Commerce		membership	\$ 165.00
ADDRESS:	PO Box 776 Jefferson City MO 65102	12/22/2019	^	PAID PAID
CITY / STATE:			\$	
NAME:	Lincoln School of Nursing	11/1/0010	sponsorship	φ Γ ΡΑΙΟ 185.00
ADDRESS:	Chestnut St Jefferson City MO 65101	11/4/2019	^	
			\$	
NAME:	Missouri Downtown Assoc	11/12/2010	sponsorship	אם 283.00
ADDRESS:	High St Jefferson City MO 65101	11/13/2019	¢	FAID
CITY / STATE:			\$	
NAME:	The Sharing Fund	10/00/0010	sponsorship	> 250.00
ADDRESS:	1034 S Brentwood Blvd St Louis MO 63117	12/22/2019	¢	
	St Hours no 03117		\$	INCURRED
NAME:				
ADDRESS:			^	
CITY / STATE:			\$	
NAME:				\$
ADDRESS:			^	
CITY / STATE:			\$	
NAME:				\$
ADDRESS:			¢	
CITY / STATE:			\$	
NAME:				
ADDRESS:			¢	
CITY / STATE:			\$	
NAME:				\$
ADDRESS:			A	
CITY / STATE:			\$	
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS				
(C)	ARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PA	AGES" ON FORM CD-3)		\$