



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C180718

1. DATE OF REPORT  9/2/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends Of Adrian Plank	
3. COMMITTEE MAILING ADDRESS PO Box 10145  CITY / STATE / ZIP Columbia MO 65205	4. COMMITTEE TELEPHONE NUMBER  (573) 999-9962
5. TREASURER'S NAME John C Klocke	
6. TREASURER'S MAILING ADDRESS 2001 Holly Ave #5  CITY / STATE / ZIP Columbia MO 65202	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 205-1211  WORK:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS   CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME:  WORK:
11. DATE OF ELECTION 8/4/2020	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/24/2020 THROUGH 8/29/2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Adrian S Plank 6250 West Druid Lane  Columbia MO 65203  (573) 999-9962  State Representative  Missouri House of Representatives  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input 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 checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Sep 2 2020 4:49PM _____ 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 Sep 2 2020 4:49PM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends Of Adrian Plank	9/2/2020	

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		\$ 27,335.83		
2. All Monetary Contributions Received This Period	\$ 8,723.85			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 8,723.85			
6. In-kind Contributions Received This Period	+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 8,723.85			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 36,059.68		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 14,158.79		
10. Expenditures made by cash or check this period	\$ 881.51			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 881.51			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 15,040.30		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	← Cash/Check		
	B 0.00	← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	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. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 12,863.89
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 8,723.85
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 881.51 b) Disbursements By Cash \$ 0.00	- 881.51
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 20,706.23
			<b>Indebtedness</b>	
			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 Friends Of Adrian Plank		2. REPORT DATE 9/2/2020	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 8,503.85	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 8,503.85	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 8,503.85	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (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		\$ 220.00	
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	
<b>C. LOANS RECEIVED</b>			
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)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 8,723.85	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 8,503.85	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Adrian Plank	DATE 9/2/2020
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**INSTRUCTIONS**

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: UAW Region 4 Midwest States Political Action Committee CITY/STATE: (PAC) (MO) EMPLOYER: 721 Dunn Rd Hazelwood MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	8/3/2020 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: House Victory Committee CITY/STATE: PO Box 582 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/7/2020 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brotherhood of Locomotive Engineers and Trainmen Missouri CITY/STATE: PAC EMPLOYER: 7061 East Pleasant Valley Road Independence OH 44131 <input checked="" type="checkbox"/> COMMITTEE:	8/12/2020 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: IST-MO Gun Reform Nominee PAC Number One CITY/STATE: 15051 Manchester Rd EMPLOYER: Ballwin MO 65011 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 \$ 25.76	\$ 25.76 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: IST-MO Nominee PAC Number Two CITY/STATE: 15051 Manchester Rd EMPLOYER: Ballwin MO 63015 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 \$ 293.45	\$ 293.45 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: IST-MO Nominee PAC Number One CITY/STATE: 15051 Manchester Rd EMPLOYER: Ballwin MO 63011 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 \$ 439.79	\$ 439.79 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Adam Shaw CITY/STATE: 7129 Picadilly Ave EMPLOYER: Saint Louis MO 63143 NVIDIA Corporation -- Software Developer <input type="checkbox"/> COMMITTEE:	7/28/2020 \$ 47.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Austin View CITY/STATE: 11280 N Route E EMPLOYER: Harrisburg MO 65256 Show-Me Central Habitat for Humanity -- Executive Director <input type="checkbox"/> COMMITTEE:	7/28/2020 \$ 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 Friends Of Adrian Plank	DATE 9/2/2020
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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.

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Karen Cloyd CITY/STATE: 103 Watercrest Ct Wildwood MO 63040 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/28/2020 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dana Morris CITY/STATE: 185 County Road 441 New Franklin MO 65274 EMPLOYER: Central Methodist University -- Assistant Professor <input type="checkbox"/> COMMITTEE:	8/1/2020 ----- \$ 47.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jana Stephens CITY/STATE: 6401 W Druid Lane Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/3/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mitch Wrenn CITY/STATE: 598 west lake Marceline MO 64658 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	8/3/2020 ----- \$ 35.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Lenivy CITY/STATE: 5729 Neosho Street St. Louis MO 63109 EMPLOYER: BDO USA LLP -- CPA <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Emily Hornstra CITY/STATE: 9858 Warson Pointe Drive St. Louis MO 63119 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Ugarte CITY/STATE: 1505 Windsor St Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/9/2020 ----- \$ 130.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Parks CITY/STATE: 2501 Limerick Ln Columbia MO 65203 EMPLOYER: self -- physician <input type="checkbox"/> COMMITTEE:	8/10/2020 ----- \$ 10.00	\$ 10.00 <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 Friends Of Adrian Plank	DATE 9/2/2020
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Martha Jolly CITY/STATE: 309 Shellbark Court Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/10/2020 ----- \$ 45.00	\$ 20.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Crane CITY/STATE: 2505 Morning Glory Dr. Columbia MO 65202 EMPLOYER: Watlow -- production worker <input type="checkbox"/> COMMITTEE:	8/11/2020 ----- \$ 138.00	\$ 27.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanne Mihail CITY/STATE: 3101 Crawford St Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/12/2020 ----- \$ 250.00	\$ 250.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Young CITY/STATE: 2801 W Broadway Apt S1 Columbia MO 65203 EMPLOYER: VA -- Hospital Administrator <input type="checkbox"/> COMMITTEE:	8/12/2020 ----- \$ 104.00	\$ 27.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Sable CITY/STATE: 228 East Parkway Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	8/12/2020 ----- \$ 300.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ashley Ernst CITY/STATE: 9552 McQuitty Lane Harrisburg MO 65256 EMPLOYER: Dulcimer Players News -- editor <input type="checkbox"/> COMMITTEE:	8/13/2020 ----- \$ 47.00	\$ 47.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: michael henze CITY/STATE: 26810 E Argo Rd Independence MO 64057-3108 EMPLOYER: Ford motor -- Pipefitter <input type="checkbox"/> COMMITTEE:	8/14/2020 ----- \$ 47.00	\$ 47.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kay Cafer CITY/STATE: 300 Rothwell Drive Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/15/2020 ----- \$ 500.00	\$ 500.00  <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 Friends Of Adrian Plank	DATE 9/2/2020
--	------------------

### 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: Robert Blake CITY/STATE: 2322 Meadow Lark Lane Columbia MO 65201-6246 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/15/2020 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patricia Smith CITY/STATE: 4601 W Akeman Bridge Rd Columbia MO 65202 EMPLOYER: University of Missouri -- Editor <input type="checkbox"/> COMMITTEE:	8/15/2020 ----- \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: linda swearengen CITY/STATE: 845 west end ave. apt 6f new york NY 10025 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/15/2020 ----- \$ 1,084.15	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Winslow CITY/STATE: 337 Oak Ridge Pkwy Arnold MO 63919 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/15/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kenneth schneeberger CITY/STATE: 605 Thilly Ave columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/15/2020 ----- \$ 141.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: candi Galen CITY/STATE: 505 South Glenwood Avenue Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	8/16/2020 ----- \$ 74.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lindsey Simmons CITY/STATE: 3329 Victoria Court Clarksville TN 37043 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/16/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Regina Miller-Fierke CITY/STATE: 4800 Ruby Oaks Ct Columbia MO 65203 EMPLOYER: Daniel Boone Regional Library -- Library Associate <input type="checkbox"/> COMMITTEE:	8/16/2020 ----- \$ 47.00	\$ 47.00 <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 Friends Of Adrian Plank	DATE 9/2/2020
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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.

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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: Barbara Baker CITY/STATE: PO Box 82 EMPLOYER: Gardner IL 60424-0082 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/16/2020 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mitch Wrenn CITY/STATE: 598 west lake EMPLOYER: Marceline MO 64658 Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	8/17/2020 \$ 40.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kara Potter CITY/STATE: 2516 Grandview Circle EMPLOYER: Columbia MO 65203 Missouri State Teachers Association -- Digital strategist <input type="checkbox"/> COMMITTEE:	8/20/2020 \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Langworthy CITY/STATE: 7301 N Boothe Ln EMPLOYER: Rocheport MO 65279 Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	8/23/2020 \$ 1,050.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Smith CITY/STATE: 204 Park de Ville Place EMPLOYER: columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/23/2020 \$ 3.57	\$ 3.57 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marlyn Whitney CITY/STATE: 304 Anderson Av EMPLOYER: Columbia MO 65203 University of Missouri -- Veterinary pathologist <input type="checkbox"/> COMMITTEE:	8/24/2020 \$ 7.14	\$ 7.14 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Evans CITY/STATE: 2920 Route O EMPLOYER: Columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/24/2020 \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: linda swearengen CITY/STATE: 845 west end ave. apt 6f EMPLOYER: new york NY 10025 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/26/2020 \$ 1,183.15	\$ 99.00 <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 Friends Of Adrian Plank	DATE 9/2/2020
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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: Donald Baker CITY/STATE: 6210 Bridle Bend Columbia MO 65201 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: mary a Groves CITY/STATE: 1015 Belleview Ct Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 3.57	\$ 3.57 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Mehr CITY/STATE: 714 Ingleside Drive Columbia MO 65201 EMPLOYER: Universtiy of Missouri -- Physician/professor <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 142.86	\$ 142.86 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Twaddle CITY/STATE: 919 Edgewood Ave Columbia MO 65203 EMPLOYER: none -- not employed <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 14.29	\$ 14.29 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dee Dokken CITY/STATE: 804 Again Columbia MO 65203 EMPLOYER: Ms. -- Registered nurse university of Missouri health care <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 135.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Denise Price CITY/STATE: 620 E. Rockaway Dr Placentia CA 92870 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Laur CITY/STATE: 12663 Riviera Heights Rd Holts Summit MO 65043 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Allen CITY/STATE: 3706 Shadow Glen Ct. Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 35.71	\$ 35.71 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Adrian Plank	DATE 9/2/2020
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**INSTRUCTIONS**

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Bob Nolte CITY / STATE: 802 S Fariview Rd. Apt B8 Columbia MO 65203 EMPLOYER: University of Missouri -- Admin <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 7.14	\$ 7.14 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Greg Nelson CITY / STATE: 2104 Speck Ct Columbia MO 65202 EMPLOYER: University of Missouri System -- HRIS Specialist <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 3.57	\$ 3.57 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alyce Turner CITY / STATE: 1204 Fieldcrest Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/24/2020 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Deborah Kay Finley CITY / STATE: 3804 Berrywood Dr Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Stonecipher-Fisher CITY / STATE: 1900 Surrey Ct Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian McInerney CITY / STATE: 304 County Road 438 Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/3/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Allen Tacker CITY / STATE: 3402 Snow Leopard Dr Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/10/2020 ----- \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Ort CITY / STATE: PO Box 10044 Columbia MO 65205 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/13/2020 ----- \$ 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 Friends Of Adrian Plank	DATE 9/2/2020
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### INSTRUCTIONS

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Merilynn Drake CITY / STATE: 7953 Oneal Rd Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/13/2020 ----- \$ 27.00	\$ 27.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shannon Devlin CITY / STATE: 8007 S Barry Rd Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/14/2020 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Kelly CITY / STATE: 2206 Bristol Lake Dr Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/19/2020 ----- \$ 300.00	\$ 300.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Curtis Fuchs CITY / STATE: 2900 Faurot Dr Columbia MO 65205 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 30.00	\$ 30.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rick Thornburg CITY / STATE: 1046 County Rd 1129 Huntsville MO 65259 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nadine Thornburg CITY / STATE: 1046 County Rd 1129 Huntsville MO 65259 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Emma OConnell CITY / STATE: 2531 S Roby Farm Rd Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Friends Of Adrian Plank		2. Report Date 9/2/2020	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 252.25
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 252.25
<b>B. Itemized Expenditures All Over \$100</b> <b>And All Payments To Campaign Workers</b>			
8. Name and Address of Recipient	9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amount This Period
Name: Facebook Address: 1 Hacker Way City / State: Menlo Park CA 94025	8/20/2020	Online Advertising	\$ <input checked="" type="checkbox"/> Paid 179.26 <input type="checkbox"/> Incurred
Name: LV Creative Address: 603 Third St City / State: Rocheport MO 65279	7/27/2020	Marketing and Media Consulting	\$ <input checked="" type="checkbox"/> Paid 450.00 <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 629.26
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 629.26
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 881.51
16. Amount of Line 15 Above which was Paid Out This Period			\$ 881.51
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



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NAME OF COMMITTEE
Friends Of Adrian Plank

DATE
9/2/2020

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

AMOUNT PAID OR  
INCURRED THIS PERIOD

CATEGORY OF EXPENDITURE	2019-20	2020-21	2021-22
1. Salaries and allowances	100.00	100.00	100.00
2. Pension and gratuity	10.00	10.00	10.00
3. Medical	5.00	5.00	5.00
4. Fuel and transport	5.00	5.00	5.00
5. Telephone	5.00	5.00	5.00
6. Entertainment	5.00	5.00	5.00
7. Office expenses	5.00	5.00	5.00
8. Printing and stationery	5.00	5.00	5.00
9. Repairs and maintenance	5.00	5.00	5.00
10. Travelling	5.00	5.00	5.00
11. Miscellaneous	5.00	5.00	5.00
12. Capital expenditure	5.00	5.00	5.00
13. Contingencies	5.00	5.00	5.00
14. Other	5.00	5.00	5.00
15. Total	150.00	150.00	150.00

Postage	\$ 44.80
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Volunteer Food/Supplies	\$ 22.28
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Labels	\$ 54.24
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Actblue Processing Fees	\$	130.93
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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  
INDEPENDENT CONTRACTOR EXPENDITURE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Friends Of Adrian Plank		DATE 9/2/2020		
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
LV Creative 603 Third St Rocheport MO 65279	7/27/2020	Lump sum monthly payment for social media management, videos, and online	450.00	450.00
TOTAL ALL PAGES 				450.00