



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C180718

1. DATE OF REPORT 4/13/2020	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	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/1/2020 THROUGH 3/31/2020	
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 checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input 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 Apr 13 2020 5:36PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Apr 13 2020 5:36PM _____ 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	4/13/2020	

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		\$ 14,078.19		
2. All Monetary Contributions Received This Period	\$ 4,884.11		Money On Hand	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 4,884.11		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 8,349.69
6. In-kind Contributions Received This Period	+ 313.15		25. Monetary Receipts this Period (From Item 5 - this page)	+ 4,884.11
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 5,197.26		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 4,439.87
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 19,275.45	a) Disbursements By Check \$ 4,439.87 b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 5,728.50	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 8,793.93
10. Expenditures made by cash or check this period	\$ 4,439.87		Indebtedness	
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 4,439.87		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 10,168.37	29. Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		31. Payments Made on Loans This Period	- 0.00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends Of Adrian Plank		2. REPORT DATE 4/13/2020	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 5,197.26	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 5,197.26	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 4,884.11	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 313.15	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 313.15	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 4,884.11	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 4,884.11	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Adrian Plank	DATE 4/13/2020
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INSTRUCTIONS

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Samantha Kramer CITY / STATE: 26150 Rambling Lane EMPLOYER: Richland MO 65556 Self -- Consultant <input type="checkbox"/> COMMITTEE:	1/12/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Beth Newman CITY / STATE: 7401 Gayola place EMPLOYER: Saint Louis MO 63143 Kipp St Louis -- Speech language pathologist <input type="checkbox"/> COMMITTEE:	1/12/2020 ----- \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Sieff CITY / STATE: 6401 W Druid Ln EMPLOYER: Columbia MO 65203-8581 self-employed -- Advanced Practice Registered Nurse <input type="checkbox"/> COMMITTEE:	1/15/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: EDWARD COE CITY / STATE: 206 HEATHER LN EMPLOYER: Columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	1/15/2020 ----- \$ 247.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Young CITY / STATE: Apt S1 2801 W Broadway EMPLOYER: Columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	1/15/2020 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Mitchell CITY / STATE: 1090 se 651 rd EMPLOYER: OSCEOLA MO 64776 Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	1/15/2020 ----- \$ 40.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Crane CITY / STATE: 2505 Morning Glory Dr. EMPLOYER: Columbia MO 65202 Watlow -- production worker <input type="checkbox"/> COMMITTEE:	1/15/2020 ----- \$ 64.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Blake CITY / STATE: 2322 Meadow Lark Lane EMPLOYER: Columbia MO 65201-6246 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	1/19/2020 ----- \$ 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 4/13/2020
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INSTRUCTIONS

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: W A Miller CITY / STATE: 1911 Dartmouth Columbia MO 65203 EMPLOYER: Self -- Psychologist <input type="checkbox"/> COMMITTEE:	1/19/2020 ----- \$ 47.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shelley Hoffman CITY / STATE: 812 Brookwood Bend Trail Saint Peters MO 63376 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	1/19/2020 ----- \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Walter Winfrey CITY / STATE: 2302 Whitegate Dr Apt 2B Columbia MO 65202 EMPLOYER: Missouri House of Representatives -- Legislator Assistant <input type="checkbox"/> COMMITTEE:	1/19/2020 ----- \$ 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: none -- none <input type="checkbox"/> COMMITTEE:	1/19/2020 ----- \$ 428.15	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alice Landrum CITY / STATE: 1121 Hickory Grove School Rd. Rocheport MO 65279 EMPLOYER: University of Missouri -- MD Anesthesiologist <input type="checkbox"/> COMMITTEE:	1/19/2020 ----- \$ 97.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Hutchinson CITY / STATE: 402 Circus Ave Columbia MO 65201 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	2/2/2020 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: EDWARD COE CITY / STATE: 206 HEATHER LN Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/5/2020 ----- \$ 347.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kerry Hirth CITY / STATE: 5518 E Brandywine Creek Rd Columbia MO 65201 EMPLOYER: Moberly Area Community College -- Instructor <input type="checkbox"/> COMMITTEE:	2/5/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Adrian Plank	DATE 4/13/2020
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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: Gary Mitchell CITY/STATE: 1090 SE 651 RD OSCEOLA MO 64776-2614 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/5/2020 \$ 50.00	\$ 10.00 <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:	2/9/2020 \$ 91.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Miriam Signor CITY/STATE: 10 Westridge Ct. Saint Louis MO 63124 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/9/2020 \$ 54.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Buffaloe CITY/STATE: 9975 N. Route E Harrisburg MO 65256 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	2/16/2020 \$ 47.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tiffany Crowe CITY/STATE: 10799 E. Old Hwy. 124 Hallsville MO 65255 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	2/16/2020 \$ 47.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Taira Meadowcroft CITY/STATE: 2501 Hillshire Dr. COLUMBIA MO 65203 EMPLOYER: University of Missouri -- Librarian <input type="checkbox"/> COMMITTEE:	2/16/2020 \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Mitchell CITY/STATE: 1090 se 651 rd OSCEOLA MO 64776 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	2/26/2020 \$ 60.00	\$ 10.00 <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: none -- none <input type="checkbox"/> COMMITTEE:	2/26/2020 \$ 528.15	\$ 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 4/13/2020
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INSTRUCTIONS

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Margie Sable CITY/STATE: 228 East Parkway Dr. Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/1/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Candace Galen CITY/STATE: 505 S glenwood ave Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	3/4/2020 ----- \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Swope CITY/STATE: 1401 Windsor Street Columbia MO 65201 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	3/15/2020 ----- \$ 32.00	\$ 11.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tao Weilundemo CITY/STATE: 22045 Boonville Rd Boonville MO 65233 EMPLOYER: Veterans United -- Web dev <input type="checkbox"/> COMMITTEE:	3/18/2020 ----- \$ 47.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Fortner CITY/STATE: 308 S 9th Street Columbia MO 65201 EMPLOYER: University of Missouri -- Teaching Assistant <input type="checkbox"/> COMMITTEE:	3/18/2020 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Warren Sapp CITY/STATE: 3035 S Big Timber Drive Columbia MO 65201 EMPLOYER: Self -- Farmer <input type="checkbox"/> COMMITTEE:	3/29/2020 ----- \$ 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: none -- none <input type="checkbox"/> COMMITTEE:	3/29/2020 ----- \$ 575.15	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Miriam Hankins CITY/STATE: 6408 E Mary Ann Cir COLUMBIA MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/29/2020 ----- \$ 108.00	\$ 27.00 <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 4/13/2020
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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: Mitch Wrenn CITY/STATE: 598 west lake EMPLOYER: Marceline MO 64658 Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	3/29/2020 ----- \$ 10.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Swope CITY/STATE: 1401 Windsor Street EMPLOYER: Columbia MO 65201 none -- none <input type="checkbox"/> COMMITTEE:	3/29/2020 ----- \$ 43.11	\$ 11.11 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Ugarte CITY/STATE: 1505 Windsor St EMPLOYER: Columbia MO 65201 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/29/2020 ----- \$ 70.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shirley Mata CITY/STATE: 6016 North Topping Avenue EMPLOYER: Kansas City MO 64119 Ford Motor Co. -- Auto worker <input type="checkbox"/> COMMITTEE:	3/29/2020 ----- \$ 77.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Llona Weiss CITY/STATE: 1801 S Johnmeyer Ln EMPLOYER: Columbia MO 65203 Retired -- Retired <input type="checkbox"/> COMMITTEE:	2/8/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gretchen Evans CITY/STATE: 1201 Subella Dr EMPLOYER: Columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/6/2020 ----- \$ 77.23	\$ 77.23 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Colleen Rodgers CITY/STATE: 6891 Alspaw Rd EMPLOYER: Harrisburg MO 65258 Burrel Behavioral Health -- Nurse <input type="checkbox"/> COMMITTEE:	2/27/2020 ----- \$ 159.30	\$ 59.30 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Grtetchen Evans CITY/STATE: 1201 Subella Dr EMPLOYER: Columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/5/2020 ----- \$ 116.63	\$ 39.40 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Adrian Plank	DATE 4/13/2020
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INSTRUCTIONS

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Jason Verslues CITY / STATE: 404 Tiger Ln Columbia MO 65203 EMPLOYER: Kansas City Carpenters Regional Council -- Representative <input type="checkbox"/> COMMITTEE:	1/23/2020 ----- \$ 137.22	\$ 137.22 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Pamela Springsteel CITY / STATE: 5203 Redwing Dr Columbia MO 65202 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	1/14/2020 ----- \$ 25.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeffery Reeves CITY / STATE: 2403 E Blaine Dr Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	1/14/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Maureen OHare CITY / STATE: 2352 S Roby Farm Rd Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	1/23/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jo Anna Dale CITY / STATE: 1315 W Johns Blvd Raymore MO 64083 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE:	1/22/2020 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judy Borron CITY / STATE: 530 N Randolph Higbee MO 65257 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	1/28/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanette Mummert CITY / STATE: 5189 Louisville Pl Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	2/3/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Licklider CITY / STATE: 6701 W Gillespie Bridge Rd Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	2/8/2020 ----- \$ 50.00	\$ 50.00 <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 4/13/2020
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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: Jane Brengarth CITY / STATE: 25239 Cumberland Church Rd Boonville MO 65233 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE:	2/8/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joseph Hardy CITY / STATE: 651 Quarry Rd Fayette MO 65848 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/7/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Allenmann CITY / STATE: 6780 W Bruce Ln Harrisburg MO 65256 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE:	2/4/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Shepherd CITY / STATE: 304 County Rd 458 Rocheport MO 65279 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	2/13/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Victor Myers CITY / STATE: 4506 Mexico Gravel Rd Columbia MO 65202 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE:	2/13/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Baker CITY / STATE: 1807 Park de Ville Pl Columbia MO 65203 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE:	2/22/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Liz Palazzolo CITY / STATE: 402 Lema Ln Columbia MO 65202 EMPLOYER: none -- None <input type="checkbox"/> COMMITTEE:	2/26/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carol Koenig CITY / STATE: 110 S Highway UU Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	2/26/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Adrian Plank	DATE 4/13/2020
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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: Nancy Langworthy CITY/STATE: 7301 N Boothe Ln Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/27/2020 ----- \$ 950.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Lyle CITY/STATE: 2209 Garden Dr Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/16/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Road Sprinkler Fitters LU 669 Pac Fund CITY/STATE: 7050 Oakland Mills Rd EMPLOYER: Columbia MD 21046 <input checked="" type="checkbox"/> COMMITTEE:	3/25/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leah Maloney CITY/STATE: 13900 Rocheport Gravel Rd Rocheport MO 63279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/25/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Rafiner CITY/STATE: 4210 Fritz Court Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/26/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Democratic Party CITY/STATE: 4218 Roanoke Rd EMPLOYER: Kansas City MO 64111 <input type="checkbox"/> COMMITTEE:	1/31/2020 ----- \$ 465.00	\$ 465.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(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 4/13/2020	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 442.54
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 442.54
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 3,997.33
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 3,997.33
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 4,439.87
16. Amount of Line 15 Above which was Paid Out This Period			\$ 4,439.87
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



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FORM CD 3 SUP A



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY


NAME OF COMMITTEE Friends Of Adrian Plank		REPORT DATE 4/13/2020	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: LV Creative ADDRESS: 603 Third Street CITY/STATE: Rocheport MO 65279	1/5/2020	Marketing and Media Consulting \$	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: John Klocke ADDRESS: 2001 Holly Ave CITY/STATE: Columbia MO 65202	1/5/2020	Campaign Worker \$ 900.00	\$ <input checked="" type="checkbox"/> PAID 300.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	1/31/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 165.00 <input type="checkbox"/> INCURRED
NAME: Zippity Print, LLC ADDRESS: 1600 E 23rd St CITY/STATE: Cleveland OH 44114	2/10/2020	Remittance Envelopes \$	\$ <input checked="" type="checkbox"/> PAID 416.08 <input type="checkbox"/> INCURRED
NAME: John Klocke ADDRESS: 2001 Holly Ave CITY/STATE: Columbia MO 65202	2/11/2020	Campaign Worker \$ 1,500.00	\$ <input checked="" type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED
NAME: LV Creative ADDRESS: 603 Third Street CITY/STATE: Rocheport MO 65279	2/11/2020	Marketing and Media Consulting \$	\$ <input checked="" type="checkbox"/> PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025	2/20/2020	Online Advertising \$	\$ <input checked="" type="checkbox"/> PAID 232.38 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	2/28/2020	Quick Service Mail Permit \$	\$ <input checked="" type="checkbox"/> PAID 240.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	3/10/2020	Quick Service Postage \$	\$ <input checked="" type="checkbox"/> PAID 300.00 <input type="checkbox"/> INCURRED
NAME: LV Creative ADDRESS: 603 Third Street CITY/STATE: Rocheport MO 65279	3/12/2020	Marketing and Media Consulting \$	\$ <input checked="" type="checkbox"/> PAID 450.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	3/17/2020	Quick Service Postage \$	\$ <input checked="" type="checkbox"/> PAID 127.43 <input type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025	3/20/2020	Online Advertising \$	\$ <input checked="" type="checkbox"/> PAID 266.44 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION
INDEPENDENT CONTRACTOR EXPENDITURE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Friends Of Adrian Plank			DATE 4/13/2020	
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	1/7/2020	Lump sum monthly payment for social media management, lit design, and videos.	500.00	500.00
LV Creative 603 Third St Rocheport MO 65279	2/13/2020	Lump sum monthly payment for social media management, lit design, and videos.	400.00	400.00
LV Creative 603 Third Street Rocheport MO 65279	3/12/2020	Lump sum monthly payment for social media management, lit design, and videos.	450.00	450.00
TOTAL ALL PAGES 				1,350.00