



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C180718

1. DATE OF REPORT  7/13/2020	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	4. COMMITTEE TELEPHONE NUMBER  (573) 999-9962
CITY / STATE / ZIP Columbia MO 65205	
5. TREASURER'S NAME John C Klocke	
6. TREASURER'S MAILING ADDRESS 2001 Holly Ave #5	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 205-1211  WORK:
CITY / STATE / ZIP Columbia MO 65202	
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME:  WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2020 THROUGH 6/30/2020	
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 type="checkbox"/> Apr 15 <input checked="" 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 Jul 13 2020 10:57PM _____ 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 Jul 13 2020 10:57PM _____ 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	7/13/2020	

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		\$ 19,275.45		
2. All Monetary Contributions Received This Period	\$ 5,395.54		<b>Money On Hand</b>	
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)	\$ 5,395.54		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 8,793.93
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 5,395.54
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 5,395.54		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 3,935.24
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 24,670.99	a) Disbursements By Check \$ 3,935.24 b) Disbursements By Cash \$ 0.00	
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 10,168.37	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 10,254.23
10. Expenditures made by cash or check this period	\$ 3,935.24		<b>Indebtedness</b>	
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)	\$ 3,935.24		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 14,103.61	29. Loans Received This Period	+ 0.00
<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	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. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. <b>Total All Contributions Made This Election</b> (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
<b>Other Disbursements</b>	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. <b>Total Other Disbursements This Period</b> (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 7/13/2020	
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		+ \$ 5,295.54	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 5,295.54	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 5,295.54	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
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		\$ 100.00	
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)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 5,395.54	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 5,295.54	



# MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Adrian Plank	DATE 7/13/2020
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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: Miriam Signor CITY/STATE: 10 Westridge Ct. Saint Louis MO 63124 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/1/2020 \$ 81.00	\$ 27.00 <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:	4/5/2020 \$ 80.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Julia Layfield CITY/STATE: 3801Kinsey Court Columbia MO 65203 EMPLOYER: University of MIssouri -- Physician <input type="checkbox"/> COMMITTEE:	4/5/2020 \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laura Wacker CITY/STATE: 1617 Paris Columbia MO 65201 EMPLOYER: Columbia Public Schools -- Swim Coach <input type="checkbox"/> COMMITTEE:	4/12/2020 \$ 87.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steven Zernicke CITY/STATE: 1036 Highway U Saint James MO 65559 EMPLOYER: none -- not employed <input type="checkbox"/> COMMITTEE:	4/12/2020 \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elke Boyd CITY/STATE: 2004 North Parklawn Court Columbia MO 65202 EMPLOYER: GER -- Engineer <input type="checkbox"/> COMMITTEE:	4/15/2020 \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Martha Jolly CITY/STATE: 309 Shellbark Court Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	4/15/2020 \$ 25.00	\$ 25.00 <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 Developer <input type="checkbox"/> COMMITTEE:	4/15/2020 \$ 74.00	\$ 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 7/13/2020
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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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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: linda swearengen CITY/STATE: 845 west end ave. apt 6f new york NY 10025 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE:	4/29/2020 ----- \$ 665.15	\$ 90.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Mehr CITY/STATE: 714 Ingleside Dr Columbia MO 65201 EMPLOYER: University of Missouri -- Physician/professor <input type="checkbox"/> COMMITTEE:	4/29/2020 ----- \$ 250.00	\$ 250.00 <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:	4/29/2020 ----- \$ 95.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jan Swaney CITY/STATE: 4008 Curt Drive Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/29/2020 ----- \$ 100.00	\$ 100.00 <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:	4/29/2020 ----- \$ 101.00	\$ 10.00 <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:	5/3/2020 ----- \$ 20.00	\$ 10.00 <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:	5/3/2020 ----- \$ 72.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Stewart CITY/STATE: 209 W Roy Barnes Rd Clark MO 65243 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/3/2020 ----- \$ 25.00	\$ 25.00 <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 7/13/2020
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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: KENNETH SCHNEEBERGER CITY/STATE: 605 THILLY AVE COLUMBIA MO 65203 EMPLOYER: U OF MISSOURI -- EDUCATOR <input type="checkbox"/> COMMITTEE:	5/3/2020 ----- \$ 94.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Uhloft CITY/STATE: 512 Head Ln Hannibal MO 63401 EMPLOYER: Douglass Community Services -- Home Visitor <input type="checkbox"/> COMMITTEE:	5/10/2020 ----- \$ 15.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pamela Springsteel CITY/STATE: 5901 Redwing Dr. Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/10/2020 ----- \$ 35.00	\$ 10.00 <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:	5/13/2020 ----- \$ 50.88	\$ 7.77 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Bentley CITY/STATE: 542 N Sequoia St. Columbia MO 65201 EMPLOYER: Self -- Medicaid Consultant <input type="checkbox"/> COMMITTEE:	5/13/2020 ----- \$ 10.00	\$ 10.00 <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:	5/17/2020 ----- \$ 384.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim Schepers CITY/STATE: 4009 Beach Pointe Drive Columbia MO 65203 EMPLOYER: Missouri Credit Union -- V.P.-H.R. <input type="checkbox"/> COMMITTEE:	5/17/2020 ----- \$ 54.00	\$ 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:	5/17/2020 ----- \$ 764.15	\$ 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 7/13/2020
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Andrew Sieff CITY / STATE: 6401 W Druid Ln Columbia MO 65203-8581 EMPLOYER: self-employed -- Advanced Practice Registered Nurse <input type="checkbox"/> COMMITTEE:	5/20/2020 ----- \$ 70.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank J. Thomeczek CITY / STATE: 4709 Pierre Street Columbia MO 65202 EMPLOYER: Ricks Taxi -- Taxi Driver <input type="checkbox"/> COMMITTEE:	5/24/2020 ----- \$ 9.99	\$ 9.99 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Blake CITY / STATE: 2322 Meadow Lark Lane Columbia MO 65201-6246 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/24/2020 ----- \$ 200.00	\$ 100.00 <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:	5/27/2020 ----- \$ 105.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charlie O'Reilly CITY / STATE: 1898 Monet Rd. Nixa MO 65714 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/31/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: W A Miller CITY / STATE: 1911 Dartmouth Columbia MO 65203 EMPLOYER: Self -- Psychologist <input type="checkbox"/> COMMITTEE:	5/31/2020 ----- \$ 97.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sarah Read CITY / STATE: 3802 Bedford Dr Columbia MO 65203 EMPLOYER: The Communications Center Inc -- Consultant <input type="checkbox"/> COMMITTEE:	5/31/2020 ----- \$ 100.00	\$ 100.00 <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:	6/7/2020 ----- \$ 111.00	\$ 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 7/13/2020
--	-------------------

**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 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: nicholaus isom CITY / STATE: 4250 countryside ct Fulton MO 65251 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/10/2020 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: elizabeth rosebrough CITY / STATE: 16118 Sea Breeze Ct Wildwood MO 63040 EMPLOYER: east central college -- teacher <input type="checkbox"/> COMMITTEE:	6/10/2020 \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marc Barnett CITY / STATE: 35 Rio Vista Ladue MO 63124 EMPLOYER: Private -- Private <input type="checkbox"/> COMMITTEE:	6/10/2020 \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leisa Stevens CITY / STATE: 10900 NW Tiffany Springs Road Kansas City MO 64153 EMPLOYER: Stinson Leonard Street LLP -- Litigation Paralegal <input type="checkbox"/> COMMITTEE:	6/10/2020 \$ 100.00	\$ 100.00 <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:	6/10/2020 \$ 863.15	\$ 99.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dee Dokken CITY / STATE: 804 Again Columbia MO 65203 EMPLOYER: Univ of Missouri Health Care -- Registered nurse <input type="checkbox"/> COMMITTEE:	6/10/2020 \$ 35.00	\$ 35.00 <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:	6/14/2020 \$ 30.00	\$ 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: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/17/2020 \$ 962.15	\$ 99.00 <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 7/13/2020
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Kris Dadant CITY/STATE: 107 S. Garth Ave. EMPLOYER: Columbia MO 65203-3417 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/17/2020 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jenna Kalleberg CITY/STATE: 2224 Primrose Dr EMPLOYER: Columbia MO 65202 University of Missouri -- Graduate Assistant <input type="checkbox"/> COMMITTEE:	6/17/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judith Miles CITY/STATE: 6300 North Route E EMPLOYER: Columbia MO 65202 University of Missouri Health Care -- Physician <input type="checkbox"/> COMMITTEE:	6/17/2020 ----- \$ 194.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alice Landrum CITY/STATE: 1121 Hickory Grove School Rd. EMPLOYER: Rocheport MO 65279 University of Missouri -- MD Anesthesiologist <input type="checkbox"/> COMMITTEE:	6/17/2020 ----- \$ 147.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Allemann CITY/STATE: 6780 W Bruce Lane EMPLOYER: Harrisburg MO 65256-9584 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/17/2020 ----- \$ 47.00	\$ 47.00 <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:	6/21/2020 ----- \$ 90.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pam Eime CITY/STATE: 1314 Weaver Drive EMPLOYER: Columbia MO 65203 Columbia Insurance Group -- Receptionist <input type="checkbox"/> COMMITTEE:	6/21/2020 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Reese Forbes CITY/STATE: 4225 West Pine Blvd Unit #14 EMPLOYER: St. Louis MO 63108 Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	6/21/2020 ----- \$ 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 7/13/2020
--	-------------------

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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: Julia Fisher CITY/STATE: 8401 Jakes Bluff Dr. Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/21/2020 ----- \$ 47.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Loree Voigt CITY/STATE: 302 Catron Ave. Belton MO 64012 EMPLOYER: Weather or Not Inc. -- Sales Administrator <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 1.08	\$ 1.08 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Debra Wheeler CITY/STATE: 2406 Boulder Springs Dr Apt 205 Columbia MO 65201 EMPLOYER: University of Missouri -- Graduate Teaching Assistant <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 2.17	\$ 2.17 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jane Hull CITY/STATE: 710 Lacy Ln Belton MO 64012 EMPLOYER: Truman Medical Center -- Care Coordinator <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 1.08	\$ 1.08 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Bowles CITY/STATE: 27 freeman cemetery road Salem MO 65560 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 2.17	\$ 2.17 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Weaver CITY/STATE: 626 Vassar University City MO 63130 EMPLOYER: Stinson Leonard Street LLP -- Attorney <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 1.08	\$ 1.08 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Rusnak CITY/STATE: 16111 Speaker Ave Belton MO 64012 EMPLOYER: IUOE Local101 -- Business Rep <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 4.35	\$ 4.35 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jordan Kempf CITY/STATE: 55 North Route 0 Rocheport MO 65279 EMPLOYER: Carfax -- Soft developer <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 27.00	\$ 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 7/13/2020
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**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	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: Eliot OCallaghan CITY / STATE: 4608A Hunter Glen Dr Saint Joseph MO 64506 EMPLOYER: Hy-Vee INC. -- Assistant Manager <input type="checkbox"/> COMMITTEE:	6/24/2020 ----- \$ 1.08	\$ 1.08 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Cristal CITY / STATE: PO Box 40 Columbia MO 65205 EMPLOYER: Colonial Mercantile -- peddler (Scott) <input type="checkbox"/> COMMITTEE:	6/28/2020 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alexander Lasley CITY / STATE: 2309 W Broadway Apt 533 Columbia MO 65203 EMPLOYER: University of Missouri - Columbia -- Systems Administrator <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 47.00	\$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Louis Wilson CITY / STATE: PO Box 100 Columbia MO 65205 EMPLOYER: Self -- Design/Consult <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 75.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Cummins CITY / STATE: 1708 Grayson Dr. Columbia MO 65202 EMPLOYER: University of Missouri -- Office Support Specialist <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rachel Gonzalez CITY / STATE: 19616 E 6th Terr N Independence MO 64056 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 1.00	\$ 1.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Plummer Alvin CITY / STATE: 1901 E Northwood Dr Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/1/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carson Kathy CITY / STATE: 102 S. Gaw St Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/3/2020 ----- \$ 27.00	\$ 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 7/13/2020
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NAME: ADDRESS: Boley Crawford CITY / STATE: 307 Alexander Ave Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/6/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tregnago Richard CITY / STATE: 9183 County Road 2530 Higbee MO 65259 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/9/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Hubbard Larry CITY / STATE: 5275 N Drake Ln Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/9/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Esser Daniel J CITY / STATE: 109 Haywood Court Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	4/10/2020 ----- \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale Jo Anna CITY / STATE: 1315 W Johns Blvd Raymore MO 64083 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	4/16/2020 ----- \$ 200.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herries Andrea CITY / STATE: 507 Onofrio Ct Columbia MO 65203 EMPLOYER: Culture Resources Preserve -- Missouri State Parks <input type="checkbox"/> COMMITTEE:	4/19/2020 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donnelly Julie CITY / STATE: 6901 W Charlene St Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/19/2020 ----- \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lenz Emilee CITY / STATE: 3506 Snow Leopard Dr Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/20/2020 ----- \$ 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 7/13/2020
--	-------------------

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NAME: ADDRESS: Meeker Diane CITY / STATE: 2401 W Broadway Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/22/2020 ----- \$ 26.27	\$ 26.27 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: McCann Laura CITY / STATE: 1051 Route O Rocheport MO 65279 EMPLOYER: Professor -- University of Missouri <input type="checkbox"/> COMMITTEE:	4/24/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stanely Louise CITY / STATE: 5675 N Route J Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/26/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: McKerrow Nancy CITY / STATE: 2591 S Rt O Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/5/2020 ----- \$ 52.23	\$ 52.23 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Travers Tyler CITY / STATE: 525 Elm St Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/5/2020 ----- \$ 26.27	\$ 26.27 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Maxwell William CITY / STATE: 706 Fairview Ave Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/7/2020 ----- \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Reimler Vicki CITY / STATE: 4602 S Hale Oaks Dr Columbia MO 65201 EMPLOYER: Retired -- Retired Teacher <input type="checkbox"/> COMMITTEE:	5/11/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Landrum Alice CITY / STATE: 1121 S Hickory Grove School Rd Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/16/2020 ----- \$ 247.00	\$ 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 7/13/2020
--	-------------------

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NAME: ADDRESS: Dale Jo Anna CITY / STATE: 1315 W Johns Blvd EMPLOYER: Raymore MO 64063 Retired -- Retired <input type="checkbox"/> COMMITTEE:	5/26/2020 ----- \$ 250.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pry Jessica CITY / STATE: 5425 Lock and Dam Rd EMPLOYER: Jefferson City MO 65101 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/27/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tidball David CITY / STATE: 901 County Rd 406 EMPLOYER: Harrisburg MO 65258 IBEW #257 -- J.W. <input type="checkbox"/> COMMITTEE:	6/2/2020 ----- \$ 27.00	\$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shepherd Nancy CITY / STATE: 304 County Rd 438 EMPLOYER: Rocheport MO 65279 Retired -- Retired <input type="checkbox"/> COMMITTEE:	6/18/2020 ----- \$ 1,240.00	\$ 240.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Fenster Howard CITY / STATE: 1314 Gary St EMPLOYER: Columbia MO 65203 Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/22/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lanler Alice CITY / STATE: 2000 Surrey Ct EMPLOYER: Columbia MO 65203 Retired -- Retired <input type="checkbox"/> COMMITTEE:	6/26/2020 ----- \$ 27.00	\$ 27.00 <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**

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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 7/13/2020	
<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			+ 276.74
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 276.74
<b>B. Itemized Expenditures All Over \$100</b> 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			+ 3,658.50
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 3,658.50
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 3,935.24
16. Amount of Line 15 Above which was Paid Out This Period			\$ 3,935.24
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			
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





10

<b>NAME OF COMMITTEE</b> Friends Of Adrian Plank		<b>DATE</b> 7/13/2020
<b>EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)</b>		<b>AMOUNT PAID OR INCURRED THIS PERIOD</b>
CATEGORY OF EXPENDITURE		
Food, Drinks, and Refreshments for Volunteers	\$	24.31
Office Supplies	\$	18.51
Online Processing Fees	\$	233.92
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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 COMMITTEE Friends Of Adrian Plank		REPORT DATE 7/13/2020	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	4/1/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 40.00 <input type="checkbox"/> INCURRED
NAME: LV Creative ADDRESS: 603 Third Street CITY/STATE: Rocheport MO 65279	4/8/2020	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	4/7/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 135.20 <input type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025	4/20/2020	Online Advertising \$	\$ <input checked="" type="checkbox"/> PAID 143.19 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbi MO 65201	4/27/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 98.02 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	5/12/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 43.94 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	5/18/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 300.00 <input type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025	5/20/2020	Online Advertising \$	\$ <input checked="" type="checkbox"/> PAID 237.88 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	5/20/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 40.56 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	5/28/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 74.36 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	6/1/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 100.05 <input type="checkbox"/> INCURRED
NAME: LV Creative ADDRESS: 603 Third Street CITY/STATE: Rocheport MO 65279	6/8/2020	Marketing and Media Consulting \$	\$ <input checked="" type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025	6/22/2020	Online Advertising \$	\$ <input checked="" type="checkbox"/> PAID 112.12 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	6/23/2020	Postage \$	\$ <input checked="" type="checkbox"/> PAID 39.18 <input type="checkbox"/> INCURRED
NAME: SignRocket ADDRESS: 340 Broadway Ave. CITY/STATE: St Paul Park MN 55071	6/26/2020	Yard Signs \$	\$ <input checked="" type="checkbox"/> PAID 1,244.00 <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (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 7/13/2020		
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	4/8/2020	Lump sum monthlypayment for socialmedia management,	450.00	450.00
LV Creative 603 Third St Rocheport MO 65279	6/8/2020	Lump sum monthlypayment for socialmedia management,	600.00	600.00
TOTAL ALL PAGES 				1,050.00