



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C180718

| | |
|-----------------------------------|-----------------|
| 1. DATE OF REPORT 2/7/2020 | OFFICE USE ONLY |
|-----------------------------------|-----------------|

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 10/1/2019 THROUGH 12/31/2019 | |
| 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 checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED January 12, 2020 |
| 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 Feb 7 2020 7:54PM 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 Feb 7 2020 7:54PM CANDIDATE'S SIGNATURE |



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: C180718

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

| 1. Name of Committee | 2. Date of Report |
|----------------------|-------------------|
|----------------------|-------------------|

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|-------------------------|----------|
| Friends Of Adrian Plank | 2/7/2020 |
|-------------------------|----------|

3. Type and Date of Previously Filed Report

02/07/2020 AMENDED January Quarterly Report

4. Reason for Amendment

Clarifying reported expenditure on 12/5/2019 to LV Creative for "Marketing and Media Consulting" in the amount of \$500.00 via explanation on the supplemental form for independent contractors.

5. Amendment Detail



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

| | | |
|-------------------------|----------------|-----------------|
| Name of Committee | Date of Report | Office Use Only |
| Friends Of Adrian Plank | 2/7/2020 | |

| 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 | | \$ 9,401.04 | | |
| 2. All Monetary Contributions Received This Period | \$ 4,677.15 | | | |
| 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) | \$ 4,677.15 | | | |
| 6. In-kind Contributions Received This Period | + 0.00 | | | |
| 7. Total All Receipts This Period (Sum 5A + 6A) | \$ 4,677.15 | | | |
| 8. Total All Receipts This Election (Sum 1B + 7A) | | \$ 14,078.19 | | |
| Expenditures | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 9. Total Expenditures for this election previously reported | | \$ 3,328.28 | | |
| 10. Expenditures made by cash or check this period | \$ 2,400.22 | | | |
| 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) | \$ 2,400.22 | | | |
| 14. Total Expenditures This Election (Sum 9B + 13A) | | \$ 5,728.50 | | |
| Contributions Made | 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. Total Contributions Made This Period (Sum 16A + 17A) | \$ 0.00 | | | |
| 19. Total All Contributions Made This Election (Sum 15B + 18A) | | \$ 0.00 | | |
| Other Disbursements | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 20. Funds Used For Paying Loans This Period Including Credit Card Payments | + 0.00 | | | |
| 21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only) | + 0.00 | | | |
| 22. Any Miscellaneous Disbursement Not Reported Elsewhere | + 0.00 | | | |
| 23. Total Other Disbursements This Period (Sum 20A + 21A + 22A) | \$ 0.00 | | | |
| | | | Money On Hand | |
| | | | 24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments) | \$ 6,072.76 |
| | | | 25. Monetary Receipts this Period (From Item 5 - this page) | + 4,677.15 |
| | | | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 2,400.22 b) Disbursements By Cash \$ 0.00 | - 2,400.22 |
| | | | 27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26) | \$ 8,349.69 |
| | | | Indebtedness | |
| | | | 28. Outstanding Indebtedness at the beginning of this period | \$ 0.00 |
| | | | 29. Loans Received This Period | + 0.00 |
| | | | 30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3) | + 0.00 |
| | | | B. New Contributions Made by Credit Card (Line 25B CD3) | + 0.00 |
| | | | 31. Payments Made on Loans This Period | - 0.00 |
| | | | 32. Debt Forgiven on Loans This Period | - 0.00 |
| | | | 33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page) | - 0.00 |
| | | | 34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33) | \$ 0.00 |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | | | |
|--|--|---|---|
| 1. NAME OF COMMITTEE Friends Of Adrian Plank | | 2. REPORT DATE 2/7/2020 | |
| 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 | | + \$ 4,654.15 | |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ 4,654.15 | |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ 4,654.15 | |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND 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 | | \$ 23.00 | |
| 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) | | \$ 4,677.15 | |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) | | \$ 4,654.15 | |



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|--|------------------|
| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
|--|------------------|

INSTRUCTIONS

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

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

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

| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 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: Peggy Placier CITY / STATE: 209 S Greenwood Ave. Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 10/1/2019 ----- \$ 47.00 | \$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Miriam Signor CITY / STATE: 10 Westridge Ct. Saint Louis MO 63124 EMPLOYER: Barnes Jewish Hospital -- registered nurse <input type="checkbox"/> COMMITTEE: | 10/4/2019 ----- \$ 27.00 | \$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Melissa Vogt CITY / STATE: P.O. Box 644 Columbia MO 65205 EMPLOYER: Self-Employed Business Owner -- Professional Pet Sitter <input type="checkbox"/> COMMITTEE: | 10/5/2019 ----- \$ 50.00 | \$ 50.00 <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: | 10/9/2019 ----- \$ 27.00 | \$ 27.00 <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: | 10/10/2019 ----- \$ 27.00 | \$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Heather Mulligan CITY / STATE: 10385 Johnson Cemetery Rd Ashland MO 65010 EMPLOYER: University of MO Healthcare -- nurse <input type="checkbox"/> COMMITTEE: | 10/11/2019 ----- \$ 5.00 | \$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: EDWARD COE CITY / STATE: 206 HEATHER LN COLUMBIA MO 65203-1322 EMPLOYER: none -- not employed <input type="checkbox"/> COMMITTEE: | 10/12/2019 ----- \$ 47.00 | \$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Angie Wood CITY / STATE: 503 N Boookline Dr Columbia MO 65203 EMPLOYER: HIS -- Bookkeeper <input type="checkbox"/> COMMITTEE: | 10/12/2019 ----- \$ 47.00 | \$ 47.00 <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

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|--|------------------|
| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
|--|------------------|

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.

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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: Mark Haim CITY/STATE: 1402 Richardson St. Columbia MO 65201 EMPLOYER: Mid-Missouri Peaceworks -- Community Educator <input type="checkbox"/> COMMITTEE: | 10/12/2019 \$ 27.00 | \$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Judith Miles CITY/STATE: 6300 North Route E Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 10/12/2019 \$ 75.00 | \$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Denise Price CITY/STATE: 620 E. Rockaway Dr Placentia CA 92870 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE: | 10/12/2019 \$ 25.00 | \$ 25.00 <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: | 10/14/2019 \$ 37.00 | \$ 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: | 10/14/2019 \$ 20.00 | \$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: ERICH ARVIDSON CITY/STATE: 24578 Cutter Ct Boonville MO 65233 EMPLOYER: Veterans United home loan -- Loan officer <input type="checkbox"/> COMMITTEE: | 10/24/2019 \$ 10.00 | \$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Holly Bickmeyer CITY/STATE: 32380 Maries Rd 409 Belle MO 65013 EMPLOYER: PCRMC -- Patient account rep <input type="checkbox"/> COMMITTEE: | 10/24/2019 \$ 5.00 | \$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Bryan Mink CITY/STATE: 1812 Sunrise Drive A Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 10/24/2019 \$ 5.00 | \$ 5.00 <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

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|--|------------------|
| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
|--|------------------|

INSTRUCTIONS

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

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

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

| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 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: Laura Wacker CITY/STATE: 1617 Paris Rd Columbia MO 65201 EMPLOYER: Country Club of MO -- Bookkeeper <input type="checkbox"/> COMMITTEE: | 10/24/2019 ----- \$ 77.00 | \$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Andrew Witthaus CITY/STATE: 503 Edna Avenue Kirkwood MO 63122 EMPLOYER: Donald Danforth Plant Science Center -- AudioVisual Specialist <input type="checkbox"/> COMMITTEE: | 10/26/2019 ----- \$ 10.00 | \$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Judith Miles CITY/STATE: 6300 North Route E Columbia MO 65202 EMPLOYER: University of Missouri Health Care -- Physician <input type="checkbox"/> COMMITTEE: | 10/26/2019 ----- \$ 122.00 | \$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Colby Thompson CITY/STATE: 3029 22nd Ave S Apt 311 Minneapolis MN 55407 EMPLOYER: MBA Consulting Group -- Compliance Associate <input type="checkbox"/> COMMITTEE: | 10/30/2019 ----- \$ 5.00 | \$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Nancy Langworthy CITY/STATE: 7301 N Boothe Ln Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 10/31/2019 ----- \$ 200.00 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Vernon Kays CITY/STATE: 751 Carman Woods Dr. Manchester MI 63021 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE: | 10/31/2019 ----- \$ 10.00 | \$ 10.00 <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: | 11/2/2019 ----- \$ 54.00 | \$ 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: | 11/13/2019 ----- \$ 14.00 | \$ 7.00 <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

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| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
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INSTRUCTIONS

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|--|--|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: James Florit CITY / STATE: 47 Oak Knoll Dr Festus MO 63028 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE: | 11/14/2019 \$ 1.00 | \$ 1.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Florit CITY / STATE: 47 Oak Knoll Dr Festus MO 63028 EMPLOYER: none -- none <input type="checkbox"/> COMMITTEE: | 11/14/2019 \$ 2.00 | \$ 1.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Stephen Mudrick CITY / STATE: 1015 Prospect St. Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 11/19/2019 \$ 25.00 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Peggy Placier CITY / STATE: 209 S Greenwood Ave. Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 11/20/2019 \$ 147.00 | \$ 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: | 11/20/2019 \$ 135.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Gary Mitchell CITY / STATE: 1090 SE 651 RD OSCEOLA MO 64776-2614 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 11/20/2019 \$ 30.00 | \$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Judith Miles CITY / STATE: 6300 North Route E Columbia MO 65202 EMPLOYER: University of Missouri Health Care -- Physician <input type="checkbox"/> COMMITTEE: | 11/20/2019 \$ 169.00 | \$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: EDWARD COE CITY / STATE: 206 HEATHER LN COLUMBIA MO 65203-1322 EMPLOYER: none -- not employed <input type="checkbox"/> COMMITTEE: | 11/21/2019 \$ 147.00 | \$ 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 2/7/2020 |
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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) |
|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Rebecca Shaw CITY/STATE: 2615 Vail Dr Columbia MO 65203 EMPLOYER: University of Missouri -- Research Specialist <input type="checkbox"/> COMMITTEE: | 12/3/2019 ----- \$ 50.00 | \$ 20.00 <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: | 12/11/2019 ----- \$ 21.00 | \$ 7.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: KENNETH SCHNEEBERGER SCHNEEBERGER CITY/STATE: 605 THILLY AVE COLUMBIA MO 65203 EMPLOYER: U OF MISSOURI -- EDUCATOR <input type="checkbox"/> COMMITTEE: | 12/13/2019 ----- \$ 47.00 | \$ 47.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: judith myers CITY/STATE: 8810 s tomlin hill rd Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 12/20/2019 ----- \$ 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: | 12/21/2019 ----- \$ 5.00 | \$ 5.00 <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: Kelly Services -- Substitute Teacher <input type="checkbox"/> COMMITTEE: | 12/21/2019 ----- \$ 37.00 | \$ 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: | 12/21/2019 ----- \$ 200.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Randall Huggins CITY/STATE: 207 N Moulton St Leeton MO 64761 EMPLOYER: Apple Bus -- Driver <input type="checkbox"/> COMMITTEE: | 12/22/2019 ----- \$ 10.00 | \$ 10.00 <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

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| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
|--|------------------|

INSTRUCTIONS

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

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

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

| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 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 Hankins CITY/STATE: 6408 E. Mary Ann Cir. Columbia MO 65202 EMPLOYER: University of Missouri -- Laboratory Supervisor <input type="checkbox"/> COMMITTEE: | 12/26/2019 \$ 81.00 | \$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Nancy Langworthy CITY/STATE: 7301 N Boothe Ln Rocheport MO 65279 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE: | 12/27/2019 \$ 450.00 | \$ 250.00 <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 -- International Admissions Evaluator <input type="checkbox"/> COMMITTEE: | 12/31/2019 \$ 50.00 | \$ 50.00 <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: | 12/31/2019 \$ 297.00 | \$ 97.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Scott Uhlott CITY/STATE: 512 Head Lane Hannibal MO 63401 EMPLOYER: Blessing Hospital -- Patient Care Assistant <input type="checkbox"/> COMMITTEE: | 10/1/2019 \$ 5.00 | \$ 5.00 <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: | 10/6/2019 \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Gordon March CITY/STATE: 104 Heather Ln Columbia MO 65203 EMPLOYER: Retired -- Union Carpenter <input type="checkbox"/> COMMITTEE: | 10/19/2019 \$ 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: | 11/14/2019 \$ 401.15 | \$ 104.15 <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

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| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
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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: Shirley Mata CITY / STATE: 6016 N Topping Ave Kansas City MO 64119 EMPLOYER: Ford -- Auto Worker <input type="checkbox"/> COMMITTEE: | 12/24/2019 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Robert Mullen CITY / STATE: 5906 Forest Glen Dr Columbia MO 65203 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 10/1/2019 ----- \$ 40.00 | \$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Audrey Spieler CITY / STATE: 1018 Danforth Dr Columbia MO 65201 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 10/1/2019 ----- \$ 15.00 | \$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Patricia Bailey CITY / STATE: 1920 Southridge Ct Moberly MO 65201 EMPLOYER: None -- Retired Teacher <input type="checkbox"/> COMMITTEE: | 10/1/2019 ----- \$ 27.00 | \$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Mary Ann Shaw CITY / STATE: 400 W Great Meadows Rd Columbia MO 65203 EMPLOYER: None -- Retired Teacher <input type="checkbox"/> COMMITTEE: | 10/11/2019 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Katharine Hunvald CITY / STATE: 1012 Westport Dr Columbia MO 65203 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 10/11/2019 ----- \$ 100.00 | \$ 100.00 <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: | 10/23/2019 ----- \$ 100.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: William Maxwell CITY / STATE: 706 Fairview Ave Columbia MO 65201 EMPLOYER: Self-Employed -- Caretaker <input type="checkbox"/> COMMITTEE: | 10/28/2019 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
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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: Pamela Springsteel CITY / STATE: 5203 Redwing Dr Columbia MO 65202 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 10/28/2019 ----- \$ 10.00 | \$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Colleen Rodgers CITY / STATE: 6891 Alspaw Rd Harrisburg MO 65258 EMPLOYER: Burrell Behavioral Health -- Nurse <input type="checkbox"/> COMMITTEE: | 11/3/2019 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Rick Thornbury CITY / STATE: 1046 County Rd Huntsville MO 63259 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE: | 11/5/2019 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Mark Ort CITY / STATE: PO Box 10044 Columbia MO 65205 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 11/6/2019 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Rollings CITY / STATE: 3428 Woodrail Ter Columbia MO 65203 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 11/9/2019 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Michael Ugarte CITY / STATE: 1506 Windsor St Columbia MO 65203 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 11/7/2019 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Peggy Cochran CITY / STATE: PO Box 890 Columbia MO 65201 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE: | 11/11/2019 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Charles Beatley CITY / STATE: 342 N Sequoia Columbia MO 65201 EMPLOYER: Self-Employed -- Medicaid Consultant <input type="checkbox"/> COMMITTEE: | 11/8/2019 ----- \$ 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

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| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
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INSTRUCTIONS

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|---|--|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Victor Meyers CITY/STATE: 4508 Mexico Gravel Rd Columbia MO 65203 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 11/13/2019 \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: James Dixon CITY/STATE: 12451 N Davenport Rd Hallsville MO 65255 EMPLOYER: Local 20 -- Business Agent <input type="checkbox"/> COMMITTEE: | 11/17/2019 \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Bradley Siegler CITY/STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: Equipment Share -- Co-Founder <input type="checkbox"/> COMMITTEE: | 11/20/2019 \$ 250.00 | \$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Emma OConnell CITY/STATE: 3651 S Rocky Farm Rd Rocheport MO 65201 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 11/19/2019 \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Susan Ailor CITY/STATE: 3005 Hallbrook Ct Columbia MO 65203 EMPLOYER: Retired -- Retired MD <input type="checkbox"/> COMMITTEE: | 11/24/2019 \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Bryan Struebig CITY/STATE: 2364 Hwy 52 Eldon MO 65026 EMPLOYER: Self -- Floor Layer <input type="checkbox"/> COMMITTEE: | 11/9/2019 \$ 27.00 | \$ 27.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: David Sapp CITY/STATE: 1025 Hickory Hill Dr Columbia MO 65203 EMPLOYER: Retired -- Plant Manager <input type="checkbox"/> COMMITTEE: | 12/1/2019 \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Alice Landaum CITY/STATE: 1121 Hickory Grove School Rd Rocheport MO 65279 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE: | 12/23/2019 \$ 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

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| NAME OF COMMITTEE Friends Of Adrian Plank | DATE 2/7/2020 |
|--|------------------|

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: United Brotherhood of Carpenters Local Union 777 CITY / STATE: 26007 E Orient Cemetery Rd EMPLOYER: Harrisonville MO 64501 <input checked="" type="checkbox"/> COMMITTEE: | 10/2/2019 ----- \$ 500.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: International Union of Elevator Constructors Local No 3 PAC CITY / STATE: Fund EMPLOYER: 5916 Wilson Ave St Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE: | 10/10/2019 ----- \$ 350.00 | \$ 350.00 <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 |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

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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 2/7/2020 | |
| 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 Online Processing Fees | | | 87.05 |
| Volunteer Food/Drinks and Supplies | | | 103.50 |
| 5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4) | | | \$ 190.55 |
| 6. Subtotal: Non-Itemized Expenditures Any Attached Pages | | | + 0.00 |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) | | | \$ 190.55 |
| 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: View Supplemental Form(s) | | | <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 | | | + 2,209.67 |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13) | | | \$ 2,209.67 |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14) | | | \$ 2,400.22 |
| 16. Amount of Line 15 Above which was Paid Out This Period | | | \$ 2,400.22 |
| 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 |



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY


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|--|------------|--|--|
| NAME OF COMMITTEE Friends Of Adrian Plank | | REPORT DATE 2/7/2020 | |
| 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: Dr. Don's Buttons ADDRESS: 3906 W. Morrow Drive CITY/STATE: Glendale AZ 85308 | 10/18/2019 | Union Strong Stickers \$ | \$ 231.85 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025 | 10/21/2019 | Online Advertising \$ | \$ 24.18 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201 | 10/31/2019 | Postage/Packaging \$ | \$ 165.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: 360 Como ADDRESS: 3200 Penn Terrace Suite 101 CITY/STATE: Columbia MO 65203 | 10/23/2019 | Marketing \$ | \$ 300.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201 | 10/23/2019 | Mailbox Key \$ | \$ 9.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: Tyler Gillam ADDRESS: 3001 S Providence Rd Apt 23E CITY/STATE: Columbia MO 65203 | 11/5/2019 | Campaign Worker \$ 1,200.00 | \$ 300.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025 | 11/20/2019 | Online Advertising \$ | \$ 36.09 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: John Klocke ADDRESS: 2001 Holly Ave #5 CITY/STATE: Columbia MO 65202 | 11/25/2019 | Campaign Worker \$ 600.00 | \$ 600.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: LV Creative ADDRESS: 603 Third Street CITY/STATE: Rocheport MO 65279 | 12/5/2019 | Marketing and Media Consulting \$ | \$ 500.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025 | 12/20/2019 | Online Advertising \$ | \$ 43.55 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| NAME: ADDRESS: CITY/STATE: | | \$ | \$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED |
| 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 2/7/2020 | |
|---|-----------|---|----------------------------------|----------------------|
| 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 | 12/5/2019 | Lump sum monthly payment for social media management, lit design, and campaign | 500.00 | 500.00 |
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| TOTAL ALL PAGES  | | | | 500.00 |