

# Missouri Ethics Commission

1. DATE OF REPORT	OFFICE USE ONLY
9/3/2020	

COMMITTEE DISCLOSURE REPO		9/3/2020	
M.E.C. ID NO.	111215		
INSTRUCTIONS ON REVERSE SIDE			
2. FULL NAME OF COMMITTEE			
Friends Of Caleb Rowden			
3. COMMITTEE MAILING ADDRESS		4. COMMITTEE TELEPH	ONE NUMBER
PO Box 7088			
CITY / STATE / ZIP		(573) 355-552	5
Columbia MO 65205			
5. TREASURER'S NAME			
Dave Johnson			
6. TREASURER'S MAILING ADDRESS		7. TREASURER'S TELEF	HONE NUMBER
1555 E Calvert Hill Rd		HOME: (217) 440-3674	4
CITY / STATE / ZIP		WORK: (660) 882-556	5
Columbia MO 65202		Works. (1117) 112 113	
8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUT	Y TREASURER		
9. DEPUTY TREASURER'S MAILING ADDRESS		10. DEPUTY TREASURE	R'S TELEPHONE NUMBER
		HOME:	
CITY / STATE / ZIP		WORK:	
	PE OF ELECTION (CHECK		ODEOM
8/4/2020	PRIMARY	O GENERAL	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT			
FROM 7/24/2020	THROUGH 8/29/2	2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME,		PRT	
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION A POLITICAL PARTY	15 DAYS AFT	ER CAUCUS NOMINATIO	N
CALEB ROWDEN	СОММІТТЕЕ	QUARTERLY REPORT	
			Jul 15 Oct 15
PO BOX 7088	☐8 DAYS BEFO	DRE	
COLUMBIA MO 65205	<b>☑</b> 30 DAYS AFT	ER ELECTION	
(573) 355-5525	TERMINATIO	N (ATTACH FORM CO-3	3)
State Senator		_ DEBT REPORT	
Missouri State Senate		an 15Jul 15 PPLEMENTAL, JAN 15	
		ER PETITION DEADLINE	
CHECK IF INCUMBENT	OTHER		
CITEOKII INGOMBENI		PREVIOUS REPORT DATE	6
✓ REPUBLICAN DEMOCRAT		—	
16. COMMITTEE TREASURER'S SIGNATURE	17. CANDIDATE'S S	SIGNATURE (CANDIDATE	COMMITTEES ONLY)
I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER			
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.			
ELECTRONICALLY FILED Sep 3 2020 5:54PM	ELECTRON	ICALLY FILED Sep 3 :	2020 5:54PM
TREASURER'S SIGNATURE	CANDIDAT	ΓΕ'S SIGNATURE	



Name of Committee

Friends Of Caleb
Rowden

Date of Report

Office Use Only

9/3/2020

		B. This Calendar Yr		<u> </u>	
Receipts	A. This Period	or Election Cycle	Beginning and Ending		
Total Receipts For This Election     Previously Reported		\$563,499.82			
All Monetary Contributions Received     This Period	\$ 94,050.00		Money On Hand		
3. All Loans Received This Period	+ 0.00				
4. Miscellaneous Receipts This Period	+ 0.00		24. Money On Hand at the beginning of this reporting period (Including funds	¢ 251 207 04	
<ol> <li>Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)</li> </ol>	\$ 94,050.00		in depository, cash, savings accounts and all other investments)	\$ 251,307.04	
In-kind Contributions Received This     Period	+ 0.00		25.  Monetary Receipts this Period	+ 94,050.00	
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 94,050.00		(From Item 5 - this page)	7 94,030.00	
<ol> <li>Total All Receipts This Election (Sum 1B + 7A)</li> </ol>		\$657,549.82	<sup>26.</sup> Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 6,991.51	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	a) Disbursements By Check \$6,991.51 b) Disbursements By Cash \$0.00	0,001.01	
Total Expenditures for this election previously reported		\$315,001.46	27. Money On Hand at the close of this reporting period	\$ 338,365.53	
<ol> <li>Expenditures made by cash or check this period</li> </ol>	\$ 6,991.51		(SUM 24 + 25 - 26)	+ 550,505.55	
11. In-Kind Expenditures made this period	+ 0.00				
Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00		Indebtednes	S	
<ol> <li>Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)</li> </ol>	\$ 6,991.51		Outstanding Indebtedness at the beginning of this period	\$ 0.00	
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 321,992.97	29.  Loans Received This Period	+ 0.00	
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		0.00	
<ul><li>15. Total Contributions Made For This Election Previously Reported</li><li>16.</li></ul>		\$ 19,167.20	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00	
All Contributions Made This Period (25A or 25B of CD3)	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	, 2.23.0	31.	0 00	
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		Payments Made on Loans This Period	0.00	
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$19,167.20	32.  Debt Forgiven on Loans This Period	- 0.00	
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	_ 55 5.95 5 254 1110.1 51104	- 0.00	
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00		Payments Made This Period on Expenditures Incurred in Previous	- 0 00	
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00		Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00	
Any Miscellaneous Disbursement Not     Reported Elsewhere	+ 0.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 +	\$ 0.00	
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00		30A + 30B - 31 - 32 - 33)		



# MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE	2. REPORT DATE		
Friends Of Caleb Rowden	9/3/2020		
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECE	IVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF	
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	MONETARY	
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)	
NAME:		<b>C</b>	
ADDRESS:		\$	
CITY / STATE: View Supplemental Form(s)			D) (
EMPLOYER:	\$	MONETAI	RY
COMMITTEE:		☐ IN-KIND	
NAME:		•	
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$	MONETAI	RY
COMMITTEE:	*	☐ IN-KIND	
NAME:		φ.	
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$	MONETAI	RY
COMMITTEE:	*	☐ IN-KIND	
NAME:			
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$	MONETAI	RY
COMMITTEE:	Ψ	☐ IN-KIND	
NAME:			
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$	MONETAI	RY
COMMITTEE:	<del>*</del>	IN-KIND	
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 94,05	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES  8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		<b>+\$</b> 94,05 <b>\$</b> 94,05	
		·	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 94,05 \$ 94,05	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 94,05 \$ 94,05	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED	// CD1A	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)	/I CD1A	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	// CD1A	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ 17. AMOUNT OF (IF MORE THAN \$	0.00 0.00 0.00 0.00 0.00 0.00
<ol> <li>TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)</li> <li>AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS</li> <li>AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS</li> <li>AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS</li> <li>NON-ITEMIZED CONTRIBUTIONS RECEIVED         (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)</li> <li>TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM</li> <li>TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS</li> <li>TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS</li> <li>TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING</li> <li>LOANS RECEIVED</li> <li>NAME AND ADDRESS OF LENDER</li> </ol>	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ 17. AMOUNT OF (IF MORE THAN \$	0.00 0.00 0.00 0.00 0.00 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER  NAME:  ADDRESS:	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ 17. AMOUNT OF (IF MORE THAN \$ ATTACH CD-1B	0.00 0.00 0.00 0.00 0.00 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ 17. AMOUNT OF (IF MORE THAN \$	0.00 0.00 0.00 0.00 0.00 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS (IVING \$100 OR LESS)  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER  NAME:  ADDRESS:  CITY / STATE:	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ 17. AMOUNT OF (IF MORE THAN \$ ATTACH CD-1B	0.00 0.00 0.00 0.00 0.00 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS (IVING \$100 OR LESS 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING C. LOANS RECEIVED 15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE: NAME:	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING C. LOANS RECEIVED 15. NAME AND ADDRESS OF LENDER  NAME: ADDRESS: CITY / STATE: NAME: ADDRESS:	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ 17. AMOUNT OF (IF MORE THAN \$ ATTACH CD-1B	0.00 0.00 0.00 0.00 0.00 0.00 FLOAN
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS (IVING \$100 OR LESS)  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER  NAME:  ADDRESS: CITY / STATE:  NAME:  ADDRESS: CITY / STATE:	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ ATTACH CD-1B	0.00 0.00 0.00 0.00 0.00 0.00 FLOAN
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED  (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS (IVING \$100 OR LESS)  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER  NAME:  ADDRESS:  CITY / STATE:  NAME:  ADDRESS:  CITY / STATE:  18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)  19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER  NAME:  ADDRESS: CITY / STATE:  NAME:  ADDRESS: CITY / STATE:  18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED     (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER  NAME: ADDRESS: CITY / STATE: NAME: ADDRESS: CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)  19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES  20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)	G \$100 OR LESS	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)  9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS  10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED    (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM  12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS  13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS  14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING  C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER  NAME:  ADDRESS:  CITY / STATE:  18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)  19. SUBTOTAL: LOANS THIS PERIOD (SUM 18 + 19)  21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)	S \$100 OR LESS  16. DATE RECEIVED	\$ 94,05 \$ 94,05 \$ AMOUNT RECEIVED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0



OFFICE USE ONLY

NAME OF COMMITTEE DATE
Friends Of Caleb Rowden 9/3/2020

#### **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.

	tion is needed concerning reporting itemized expenditures, see Form C		
FROM COMMITTE MORE THAN \$100	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 0 TO A COMMITTEE. B AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED  (CHECK IF MONETARY  OR IN-KIND)
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Steven Rache 216 Sunway Lane St Louis MO 63141 Spire Executive	\$ 250.00	\$ 250.00  MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	David Keller 3610 Buttonwood Dr Suite 100 Columbia MO 65201 Retired Retired	\$ 1,000.00	\$ 1,000.00  MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Joan Rawson 1705 Blue Ridge Columbia MO 65202 Retired Retired	8/5/2020 \$ 75.00	\$ 75.00  MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Breanna Johnson 5560 Sillivan Drive Fulton MO 65251 Columbia Public Schools Teacher	8/11/2020 \$ 50.00	\$ 50.00  MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Gary Thompson 1202 Stablestone Lane Columbia MO 65201 Columbia Insurance Group President	8/11/2020 \$ 350.00	\$ 100.00  MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Rick Rowden 1401 Berwick Ct Columbia MO 65203 The Information Source COO	\$ 300.00	\$ 200.00  MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Richard Miller 610 East Jefferson Pittsburgh KS 66762 Millers Imaging CEO	8/18/2020 \$ 2,500.00	\$ 2,500.00  MONETARY IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Dewey Crepeau 212 Bright Star Dr Columbia MO 65203 Retired Retired	\$ 200.00	\$ 200.00  MONETARY IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		



OFFICE USE ONLY

NAME OF COMMITTEE DATE Friends Of Caleb Rowden 9/3/2020

### 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 informa	If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
FROM COMMITTI	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	4. DATE RECEIVED AGGREGATE TO	5. AMOUNT RECEIVED  (CHECK IF MONETARY	
· ·	D TO A COMMITTEE.  S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)	
NAME:	TARD OCCUPATION (EIGH COMMINITIEEGT INCOT)			
ADDRESS: CITY / STATE:	Robert Doroghazi 115 Bingham Rd	8/18/2020	\$ 100.00	
EMPLOYER:  COMMITTEE:	Columbia MO 65203 Retired Retired	\$ 100.00	MONETARY IN-KIND	
NAME:				
ADDRESS:	Scott Carter	0 /10 /0000	<b>\$</b> 500.00	
CITY / STATE:	734 Champeix Lane	8/18/2020	·	
EMPLOYER:	Creve Couer MO 63141 Spire President	Φ	<b>✓</b> MONETARY	
СОММІТТЕЕ:	Spire Fresident	\$ 500.00	IN-KIND	
NAME:				
ADDRESS:	Dala Maglau		\$ 200.00	
CITY / STATE:	Dale Vaslow 2504 Lenox Place	8/24/2020	Ι Ψ	
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY	
l —	Retired Retired	\$ 200.00	IN-KIND	
COMMITTEE:			IN-KIND	
NAME:			<b>c</b> 100 00	
ADDRESS:	Gary Hennigh	8/24/2020	\$ 100.00	
CITY / STATE:	1816 Oakcliff Dr Columbia MO 65202			
EMPLOYER:	Retired Retired	<b>\$</b> 100.00	<b>✓</b> MONETARY	
COMMITTEE:		Ψ 200.00	☐ IN-KIND	
NAME:				
ADDRESS:	Jennifer Bukowsky	0 /25 /2020	\$ 2,559.00	
CITY / STATE:	2140 E Bluebird Lane Columbia MO 65201	8/25/2020		
EMPLOYER:	Self Attorney	\$ 2,559.00	<b>✓</b> MONETARY	
COMMITTEE:		Ψ 2,339.00	IN-KIND	
NAME:				
ADDRESS:	Matt Moore	0 /05 /0000	\$ 250.00	
CITY / STATE:	605 E Old Hawthorne Dr Columbia MO 65201	8/27/2020		
EMPLOYER:	Shelter Insurance Executive	Φ 0-0-0	<b>✓</b> MONETARY	
COMMITTEE:		\$ 250.00	IN-KIND	
NAME:				
ADDRESS:	Randa Rawlins		\$ 250.00	
CITY / STATE:	5701 Shackelford Ct	8/27/2020	250.00	
EMPLOYER:	Columbia MO 65203 Shelter Insurance Executive		<b>✓</b> MONETARY	
COMMITTEE:	DECECT THE ALTER CONTROL OF THE PRODUCT OF THE PROD	\$ 250.00	IN-KIND	
NAME:			L IN INITE	
ADDRESS:	Mike Magruder		\$ 200.00	
CITY / STATE:	4704 Silver Cliff Dr	8/27/2020	Ψ 200.00	
EMPLOYER:	Columbia MO 65203		MONETARY	
COMMITTEE:	Shelter Insurance Executive	\$ 200.00	IN-KIND	
TOTAL: ITEMIZED CONTRIBUTIONS				
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)				



OFFICE USE ONLY

NAME OF COMMITTEE DATE
Friends Of Caleb Rowden 9/3/2020

#### **INSTRUCTIONS**

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

A. ITEMIZED CONTRIBUTIONS RECEIVED  FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.  3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)  NAME:  ADDRESS:  Brian Waller  CITY / STATE:  615 W Rollins Rd Columbia MO 65203 Shelter Insurance Executive  COMMITTEE:	4. DATE RECEIVED  AGGREGATE TO DATE  8/27/2020	5. AMOUNT RECEIVED  (CHECK IF MONETARY OR IN-KIND)
ADDRESS: Brian Waller CITY/STATE: 615 W Rollins Rd Columbia MO 65203 EMPLOYER: Shelter Insurance Executive COMMITTEE:		<b>c</b> 200 00
COMMITTEE:	Φ	\$ 200.00  MONETARY
	\$ 200.00	IN-KIND
NAME: ADDRESS: Luke Lenci CITY/STATE: 2246 E Claiborne St Springfield MO 65804	8/27/2020	\$ 100.00
EMPLOYER:  MEI MD  COMMITTEE:	\$ 100.00	MONETARY IN-KIND
NAME: ADDRESS: John Ney CITY/STATE: 5015 South Cowan Loop Columbia MO 65201 EMPLOYER: Huron Consulting Group Consultant COMMITTEE:	8/27/2020 \$ 100.00	\$ 100.00  MONETARY IN-KIND
NAME: ADDRESS: Bill Logan CITY/STATE: 608 Thilly Avenue Columbia MO 65203 EMPLOYER: Retired Retired COMMITTEE:	\$ 100.00	\$ 100.00  MONETARY IN-KIND
NAME:  ADDRESS: Gary Thompson  CITY/STATE: 1202 Stablestone Lane Columbia MO 65201  EMPLOYER: Columbia Insurance Group President  COMMITTEE:	\$ 1,000.00	\$ 1,000.00  MONETARY IN-KIND
NAME: ADDRESS: Gary Thompson CITY/STATE: 1202 Stablestone Lane Columbia MO 65201 EMPLOYER: Columbia Insurance Group President COMMITTEE:	\$ 1,000.00	\$ 1,000.00  MONETARY IN-KIND
NAME: ADDRESS: Alicia Curran CITY/STATE: 1200 Steelhead Court Columbia MO 65203 EMPLOYER: University of Missouri Director COMMITTEE:	8/28/2020 \$ 50.00	\$ 50.00  MONETARY IN-KIND
NAME: ADDRESS: Bill Dunn CITY/STATE: 4401 Mexico Gravel Road Columbia MO 65201	8/28/2020	\$ 50.00
EMPLOYER: ABB Factory Worker  COMMITTEE:	\$ 50.00	MONETARY IN-KIND



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Caleb Rowden

DATE 9/3/2020

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	tion is needed concerning reporting itemized expenditures, see Form C		_
	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	4. DATE RECEIVED	5. AMOUNT RECEIVED
	O TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
3. NAME, ADDRESS	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			
ADDRESS:	Dale Roberts	0 / 20 / 20 20	\$ 300.00
CITY / STATE:	5820 Eagle Lake Dr Ashland MO 65010	8/28/2020	
EMPLOYER:	CPOA Executive Director	\$ 300.00	<b>✓</b> MONETARY
COMMITTEE:		<b>5</b> 300.00	☐ IN-KIND
NAME:			
ADDRESS:	Thomas Pitchford	8 / 30 / 30 30	\$ 30.00
CITY / STATE:	428 N Cedar Lake Dr W	8/29/2020	
EMPLOYER:	Columbia MO 65203 Retired Retired		<b>✓</b> MONETARY
COMMITTEE:	Redired Redired	\$ 30.00	IN-KIND
NAME:			
ADDRESS:	IIID Employees DAG		\$ 1,500.00
CITY / STATE:	HUB Employees PAC	8/5/2020	
EMPLOYER:	1587 Larkin Williams Rd Fenton MO 63026	Φ	<b>✓</b> MONETARY
COMMITTEE:	rencon MO 63026	\$ 1,500.00	IN-KIND
NAME:			
ADDRESS:	D 1 D10		\$ 1,000.00
CITY / STATE:	Relax PAC	8/5/2020	Ψ 1,000.00
EMPLOYER:	1675 Fenpark Fenton MO 63026		MONETARY
COMMITTEE:	rencon mo 03020	\$ 1,000.00	IN-KIND
NAME:			
ADDRESS:	T D D D D D D D D D D D D D D D D D D D		\$ 1,000.00
CITY / STATE:	Evergy Power PAC MO 1200 Main St	8/5/2020	Ψ 1,000.00
EMPLOYER:			<b>✓</b> MONETARY
COMMITTEE:	Kansas City MO 64105	\$ 2,500.00	IN-KIND
NAME:		+	IN-KIND
ADDRESS:			\$ 500.00
CITY / STATE:	MO Soybean Association - State PAC	8/5/2020	\$ 500.00
EMPLOYER:	734 S Country Club Dr Jefferson City MO 65109		MONETARY
COMMITTEE:	defferson city MO 65109	\$ 2,500.00	
		· ·	IN-KIND
NAME:			<b>c</b>
ADDRESS:	Health Care Leadership Committee PAC	8/11/2020	\$ 1,000.00
CITY / STATE:	PO Box 638	0/11/2020	
EMPLOYER:	Columbia MO 65205	\$ 1,000.00	MONETARY
COMMITTEE:		Ť	L IN-KIND
NAME:			Φ
ADDRESS:	Shamrock PAC	8/5/2020	\$ 2,500.00
CITY / STATE:	PO Box 327		
EMPLOYER:	Jefferson City MO 65102	\$ 2,500.00	MONETARY
COMMITTEE:			IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
	TO ITEM 7 "SUBTOTAL , ITEMIZED CONTRIBUTIONS FROM ANY ATT	ACHED DACES!! ON FORM OF	



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Caleb Rowden

DATE

9/3/2020

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

If further informat	ion is needed concerning reporting itemized expenditures, see Form C	D-1 Instructions.	
A. ITEMIZED CONTR	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	ES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
	TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)
	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	,
NAME:			\$ 1,500.00
ADDRESS:	MAFP Political Committee	8/5/2020	\$ 1,500.00
CITY / STATE:	722 W High St		MONETARY
EMPLOYER:  COMMITTEE:	Jefferson City MO 65101	\$ 1,500.00	MONETARY IN-KIND
NAME:			
ADDRESS:	MIDA DAG	0.411.40000	\$ 2,500.00
CITY / STATE:	MIBA PAC PO Box 1765	8/11/2020	1
EMPLOYER:	Jefferson City MO 65102	Φ	<b>▼</b> MONETARY
COMMITTEE:	octicison city no ostoz	\$ 2,500.00	IN-KIND
NAME:			
ADDRESS:	MO Establish DAG		<b>\$</b> 500.00
CITY / STATE:	MO Truck PAC	8/5/2020	<b>*</b>
EMPLOYER:	PO Box 89 Eldon MO 65026	Φ	MONETARY
COMMITTEE:	EIGOII MO 65026	\$ 2,500.00	IN-KIND
NAME:			
ADDRESS:	Central to Good Government PAC	8/5/2020	\$ 2,500.00
CITY / STATE:	PO Box 725	8/5/2020	
EMPLOYER:	Jefferson City MO 65102	\$ 2,500.00	<b>✓</b> MONETARY
COMMITTEE:		<b>y</b> 2,500.00	☐ IN-KIND
NAME:			
ADDRESS:	MO ACTE PAC		\$ 250.00
CITY / STATE:	PO Box 1865	8/5/2020	
EMPLOYER:	Jefferson City MO 65102	\$ 250.00	<b>✓</b> MONETARY
COMMITTEE:		<b>y</b> 250.00	☐ IN-KIND
NAME:			
ADDRESS:	Cooper County Republican Committee	0./10./0000	\$ 2,000.00
CITY / STATE:	n/a	8/19/2020	
EMPLOYER:	not applicable MO 00000	<b>c</b> 0 000 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 2,000.00	☐ IN-KIND
NAME:			
ADDRESS:	MO ACTE PAC		\$ 250.00
CITY / STATE:	PO Box 1865	8/5/2020	
EMPLOYER:	Jefferson City MO 65102		<b>✓</b> MONETARY
COMMITTEE:	•	\$ 250.00	IN-KIND
NAME:			
ADDRESS:	Missouri Corn Growers Association State PAC	0 /F /2020	\$ 1,000.00
CITY / STATE:	318 Emerald Lane	8/5/2020	
EMPLOYER:	Jefferson City MO 65109	<b>c</b> 1 750 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 1,750.00	IN-KIND
TOTAL - ITEMIZE	D CONTRIBUTIONS	•	
TOTAL. ITEMIZE	2 CONTRIBUTIONS		



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Caleb Rowden

DATE

9/3/2020

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If further informa	ation is needed concerning reporting itemized expenditures, see Form C	JD-1 Instructions.	
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	DATE	OR IN-KIND)
<u>3. NAME, ADDRES:</u> NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS:			\$ 850.00
CITY / STATE:	Credit Union PAC	8/5/2020	<b>J</b> • • • • • • • • • • • • • • • • • • •
EMPLOYER:	223 Madison Jefferson City MO 65101		<b>✓</b> MONETARY
COMMITTEE:	defferson city Mo 65101	\$ 1,500.00	IN-KIND
NAME:			
ADDRESS:	MGA PAC	8/5/2020	\$ 1,000.00
CITY / STATE:	608 Washington Ave	0, 3, 2020	
EMPLOYER:	St Louis MO 63101	\$ 1,000.00	<b>■</b> MONETARY
COMMITTEE:		Ψ 1,000.00	IN-KIND
NAME:			<b>A</b> 1 500 00
ADDRESS:	MO Criminal Defense Lawyers PAC	8/5/2020	\$ 1,500.00
CITY / STATE:	PO Box 1543	6/5/2020	
EMPLOYER:	Jefferson City MO 65102	\$ 1,500.00	MONETARY
COMMITTEE:		Ψ =/300.00	IN-KIND
NAME:			•
ADDRESS:	MO Organization of Defense Lawyers PAC	8/5/2020	\$ 1,500.00
CITY / STATE:	PO Box 1072		
EMPLOYER:	Jefferson City MO 65102	\$ 1,500.00	MONETARY
COMMITTEE:		<b>,</b>	L IN-KIND
NAME:			¢.
ADDRESS: CITY / STATE:	Missouri Concrete Association PAC	8/5/2020	\$ 1,500.00
EMPLOYER:	PO Box 392		<b>✓</b> MONETARY
COMMITTEE:	Jefferson City MO 65102	\$ 1,500.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 1,500.00
CITY / STATE:	Missouri Asphalt Pavement Association PAC	8/19/2020	\$ 1,500.00
EMPLOYER:	PO Box 104855 Jefferson City MO 65109		<b>✓</b> MONETARY
COMMITTEE:		\$ 1,500.00	IN-KIND
NAME:			IIA-IXIIAD
ADDRESS:	MO G-1-1- DAG		\$ 2,500.00
CITY / STATE:	MO Cable PAC PO Box 1895	8/19/2020	Ψ ∠,500.00
EMPLOYER:	Jefferson City MO 65102		<b>✓</b> MONETARY
COMMITTEE:		\$ 2,500.00	IN-KIND
NAME:			
ADDRESS:	HBS MO State PAC	0.45.5.5.5	\$ 2,500.00
CITY / STATE:	PO Box 1108	8/19/2020	
EMPLOYER:	Jefferson City MO 65102	Φ 0.500.00	<b>✓</b> MONETARY
COMMITTEE:		\$ 2,500.00	IN-KIND
IOIAL: IIEMIZE	ED CONTRIBUTIONS		



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Caleb Rowden

DATE

9/3/2020

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A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	DATE	OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS:			\$ 2,500.00
CITY / STATE:	Grote Group LLC 28 N 8th St Ste 317	8/20/2020	Ψ =,
EMPLOYER:	Columbia MO 65201		MONETARY
COMMITTEE:	COTUMBIA MO 05201	\$ 2,500.00	IN-KIND
NAME:			
ADDRESS:	The PAC	0./20./2020	\$ 2,500.00
CITY / STATE:	28 N 8th St Ste 317	8/20/2020	
EMPLOYER:	Columbia MO 65201	¢ 2 500 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 2,500.00	☐ IN-KIND
NAME:			
ADDRESS:	Physicians Led Anesthesia Care PAC	0 / 20 / 20 20	\$ 2,500.00
CITY / STATE:	PO Box 1865	8/20/2020	
EMPLOYER:	Jefferson City MO 65102	\$ 2,500.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 2,300.00	IN-KIND
NAME:			
ADDRESS:	MO Soybean Association - State PAC	8/20/2020	\$ 2,500.00
CITY / STATE:	734 S Country Club Dr		l
EMPLOYER:	Jefferson City MO 65109	\$ 2,500.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ =,333.33	☐ IN-KIND
NAME:			Φ.
ADDRESS:	Missouri Cattlemans Association PAC	8/20/2020	\$ 2,500.00
CITY / STATE:	2306 Bluff Creek Dr		TATA MONITARY
EMPLOYER:  COMMITTEE:	Columbia MO 65201	\$ 2,500.00	MONETARY IN-KIND
NAME:		•	IN-KIND
ADDRESS:			\$ 2,500.00
CITY / STATE:	American Family PAC PO Box 1925	8/19/2020	\$ 2,500.00
EMPLOYER:	Jefferson City MO 65102		MONETARY
COMMITTEE:	ocilorson ore, no ocion	\$ 2,500.00	IN-KIND
NAME:			L IN INITE
ADDRESS:	AMECDAC		\$ 2,500.00
CITY / STATE:	AMECPAC PO Box 1645	8/19/2020	4 2,300.00
EMPLOYER:	Jefferson City MO 65102	Φ 0.500.00	<b>✓</b> MONETARY
COMMITTEE:	ocificial field in the contract of the contrac	\$ 2,500.00	IN-KIND
NAME:			
ADDRESS:	MOSFA PAC	0 / 0 17 / 0 0 0 0	\$ 2,559.00
CITY / STATE:	121 Madison St	8/27/2020	, , , , , , , , , , , , , , , , , , , ,
EMPLOYER:	Jefferson City MO 65101	<b>c</b> 0 550 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 2,559.00	IN-KIND
TOTAL · ITEMIZE	D CONTRIBUTIONS	•	·
/			



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Caleb Rowden

DATE 9/3/2020

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A. ITEMIZED CONTRIBUTIONS RECEIVED 4. DATE RECEIVED 5. AMOUNT RE						
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY			
	O TO A COMMITTEE.	DATE	OR IN-KIND)			
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)  NAME:						
ADDRESS:			\$ 1,000.00			
CITY / STATE:	FEAPAC of Missouri 7340 W Memorial	8/27/2020	Ψ =, σσσ. σσ			
EMPLOYER:	Oklahoma City OK 73142		MONETARY			
COMMITTEE:	ONTATIONIA CITY ON 13112	\$ 1,000.00	IN-KIND			
NAME:						
ADDRESS:	Missouri Insurance Coalition PAC	0 / 27 / 20 20	\$ 2,559.00			
CITY / STATE:	220 E High St	8/27/2020	·			
EMPLOYER:	Jefferson City MO 65101	<b>c</b> 0 550 00	<b>✓</b> MONETARY			
COMMITTEE:		\$ 2,559.00	☐ IN-KIND			
NAME:						
ADDRESS:	Shelter Insurance MO State PAC		\$ 2,559.00			
CITY / STATE:	1817 W Broadway	8/27/2020				
EMPLOYER:	Columbia MO 65218		<b>✓</b> MONETARY			
COMMITTEE:	COTAMBIA 110 USZIU	\$ 2,559.00	☐ IN-KIND			
NAME:						
ADDRESS:	Ameren Missouri PAC	0 / 20 / 20 20	\$ 1,000.00			
CITY / STATE:	PO Box 780	8/28/2020				
EMPLOYER:	Jefferson City MO 65102	\$ 1,000.00	<b>✓</b> MONETARY			
COMMITTEE:		ψ 1,000.00	IN-KIND			
NAME:						
ADDRESS:	Missouri Hospital Association PAC	8 / 20 / 20 20	\$ 2,559.00			
CITY / STATE:	PO Box 60	8/29/2020				
EMPLOYER:	Jefferson City MO 65102	\$ 2,559.00	MONETARY			
COMMITTEE:		\$ 2,333.00	IN-KIND			
NAME:						
ADDRESS:	MO Association of Nurse Anesthetists PAC	8/29/2020	\$ 2,500.00			
CITY / STATE:	205 E Capitol Ave					
EMPLOYER:	Jefferson City MO 65102	\$ 2,500.00	MONETARY			
COMMITTEE:		+ -/555.55	L IN-KIND			
NAME:						
ADDRESS:	A Better Missouri PAC	8/29/2020	\$ 2,500.00			
CITY / STATE:	205 E Capitol Ave		A HOUST TO			
EMPLOYER:	Jefferson City MO 65102	\$ 2,500.00	MONETARY			
COMMITTEE:		<del></del>	L IN-KIND			
NAME:			\$ 2,500.00			
ADDRESS:	PT-PAC of Missouri	8/29/2020	\$ 2,500.00			
CITY / STATE: EMPLOYER:	205 E Capitol Ave Jefferson City MO 65102		MONETARY			
COMMITTEE:	DELIGIBOUR CITCA MO DOING	\$ 2,500.00	IN-KIND			
			IIN-KINU			
TOTAL: ITEMIZE	D CONTRIBUTIONS					
/						



OFFICE USE ONLY

NAME OF COMMITTEE DATE Friends Of Caleb Rowden 9/3/2020

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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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.					
FROM COMMITTE MORE THAN \$100	RIBUTIONS RECEIVED  EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING  TO A COMMITTEE.  BAND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED  AGGREGATE TO DATE	5. AMOUNT RECEIVED  (CHECK IF MONETARY  OR IN-KIND)		
NAME: ADDRESS: CITY / STATE: EMPLOYER:	Missouri First PAC 205 E Capitol Ave Jefferson City MO 65102	8/29/2020 \$ 2,500.00	\$ 2,500.00  MONETARY		
COMMITTEE:  NAME:  ADDRESS:  CITY / STATE:  EMPLOYER:	Living Well PAC 205 E Capitol Ave Jefferson City MO 65102	8/29/2020 \$ 2,500.00	\$ 2,500.00  MONETARY		
COMMITTEE:  NAME:  ADDRESS:  CITY / STATE:  EMPLOYER:  COMMITTEE:	Missouri Petroleum Marketers Association PAC 205 E Capitol Ave Jefferson City MO 65102	8/29/2020 \$ 1,000.00	\$ 1,000.00  MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	AT Government Strategies LLC 7700 Forsyth Blvd St Louis MO 63105	\$ 1,000.00	\$ 1,000.00  MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Ford Motor Company Civic Action Fund - MO 8121 NE Highway 69 Claycomo MO 64119	8/29/2020 \$ 2,500.00	\$ 2,500.00  MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Clarius 25 N 9th St Columbia MO 65201	\$ 2,500.00	\$ 2,500.00  MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Clarius 25 N 9th St Columbia MO 65201	\$/29/2020 \$ 2,500.00	\$ 2,500.00  MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:		**************************************	\$  MONETARY IN-KIND		
TOTAL: ITEMIZED CONTRIBUTIONS					
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)					

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	MISSOURI ETHICS COMMISSION
	EXPENDITURES AND CONTRIBUTIONS MADE
	Instructions on Reverse Side

Office Use Only

MECCEST				
1. Name of Committee 2. Report Date			•	
Friends Of Caleb Rowden		9/3/2020		
A. Expenditures of \$100 or Less by Category			4 Amour	nt Paid or Incurred
(List Payments to Campaign Workers in Section B Below)		his Period		
Category of Expenditure				
View Supplemental Form(s)				
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column	4)		\$	0.00
Subtotal: Non-Itemized Expenditures Any Attached Pages			+	1,296.23
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$	1,296.23
B. Itemized Expenditures All Over \$100		10. Purpose - (If Payment was to a	1	
And All Payments To Campaign Workers  8. Name and Address of Recipient	9. Date	Campaign Worker, Show Aggregate Paid)	11. Amo	ount This Period
Name:		riggrogato i ala)	\$	
Address:			Paid	
City / State:			Incu	rred
Name:			\$	
Address:			Paid	l
City / State:			Incu	rred
Name:			\$	
Address:			Paid	
City / State:			Incu	rred
12. Subtotal: This Page (Sum Column 11)			\$	0.00
13. Subtotal: Any Attached Pages			+	5,695.28
14. Total: Itemized Expenditures This Period (Sum 12 + 13)				5,695.28
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$	6,991.51
16. Amount of Line 15 Above which was Paid Out This Period			\$	6,991.51
17. Amount of Line 15 Which Were Expenditures Incurred This Pe	eriod Including Paymer	nts Made by Credit Cards	\$	0.00
18. If Committee Made Any In-Kind Expenditures This Period, List	t Amount		\$	0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attack	ch 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:			<b> \$</b>	
Address:				etary
City / State:			In-Ki	ind
Name: Address:			Φ   , , ,	-1
City / State:			In-Ki	etary
Name:			\$	iriu
Address:			↓ Mon	etary
City / State:			In-Ki	•
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 B. By Credit Card			\$	0.00
			\$	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
MO 300-1315 (1-10)				Form CD3

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**EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM** 

NAME OF COMMITTEE DATE Friends Of Caleb Rowden 9/3/2020 **EXPENDITURES OF \$100 OR LESS BY CATEGORY** AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) INCURRED THIS PERIOD CATEGORY OF EXPENDITURE Parking/Transportation 10.70 \$ Marketing 637.53 \$ Campaign Phone / Conference Line 221.94 \$ Gas 259.79 \$ Storage Unit 166.27 \$ \$ \$ \$ \$ \$ \$ 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

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NAME OF COMMITTEE R			REPORT DATE	
Friends Of				
AND ALL	ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: ADDRESS: CITY / STATE:	Boone County Fair 5212 N Oakland Gravel Rd Columbia MO 65202	8/25/2020	Livestock Purchase	\$ 2,200.00 PAID INCURRED
NAME: ADDRESS: CITY / STATE:	Columbia Chamber of Commerce 300 S Providence Rd Columbia MO 65203	8/11/2020	Golf Tournament Sponsorship	\$ 600.00 PAID INCURRED
NAME: ADDRESS: CITY / STATE:	First Chance for Children 1010 Fay St Columbia MO 65201	8/4/2020	Event Sponsorship	\$ 524.80 INCURRED
NAME: ADDRESS: CITY / STATE:	GP Made Foundation P.O. Box 665 Columbia MO 65205	8/26/2020	Event Sponsorship	\$ 750.00 PAID 750.00 INCURRED
NAME: ADDRESS: CITY / STATE:	Columbia Chamber of Commerce 300 S Providence Rd Columbia MO 65203	8/11/2020	Chamber Membership	\$ 425.00 INCURRED
NAME: ADDRESS: CITY / STATE:	Boonville Kiwanis Club 1719 Daniel Boone L Boonville MO 65233	8/4/2020	Event Sponsorship	\$ 500.00 incurred
NAME: ADDRESS: CITY / STATE:	Facebook 1 Hacker Way Menlo Park CA 94025	8/14/2020	Advertising \$	\$ 400.00 INCURRED
NAME: ADDRESS: CITY / STATE:	Fast Yowi Tees 2703 E Broadway #226 Columbia MO 65201	8/11/2020	T-Shirt Printing	PAID 295.48 INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$     PAID     INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$     PAID     INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$     PAID     INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$     PAID     INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$     PAID     INCURRED
NAME: ADDRESS: CITY / STATE:			\$	PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
TOTAL: ITE (CA	\$			