



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C111215

1. DATE OF REPORT 9/3/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends Of Caleb Rowden	
3. COMMITTEE MAILING ADDRESS PO Box 7088 CITY / STATE / ZIP Columbia MO 65205	4. COMMITTEE TELEPHONE NUMBER (573) 355-5525
5. TREASURER'S NAME Dave Johnson	
6. TREASURER'S MAILING ADDRESS 1555 E Calvert Hill Rd CITY / STATE / ZIP Columbia MO 65202	7. TREASURER'S TELEPHONE NUMBER HOME: (217) 440-3674 WORK: (660) 882-5566
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 8/4/2020	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/24/2020 THROUGH 8/29/2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY CALEB ROWDEN PO BOX 7088 COLUMBIA MO 65205 (573) 355-5525 State Senator Missouri State Senate <input type="checkbox"/> CHECK IF INCUMBENT <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Sep 3 2020 5:54PM _____ 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 Sep 3 2020 5:54PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends Of Caleb Rowden	9/3/2020	

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends Of Caleb Rowden		2. REPORT DATE 9/3/2020	
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		+ \$ 94,050.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 94,050.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 94,050.00	
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		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 94,050.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 94,050.00	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Caleb Rowden	DATE 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.

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: Steven Rache CITY / STATE: 216 Sunway Lane St Louis MO 63141 EMPLOYER: Spire -- Executive <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Keller CITY / STATE: 3610 Buttonwood Dr Suite 100 Columbia MO 65201 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joan Rawson CITY / STATE: 1705 Blue Ridge Columbia MO 65202 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Breanna Johnson CITY / STATE: 5560 Sillivan Drive Fulton MO 65251 EMPLOYER: Columbia Public Schools -- Teacher <input type="checkbox"/> COMMITTEE:	8/11/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Thompson CITY / STATE: 1202 Stablestone Lane Columbia MO 65201 EMPLOYER: Columbia Insurance Group -- President <input type="checkbox"/> COMMITTEE:	8/11/2020 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rick Rowden CITY / STATE: 1401 Berwick Ct Columbia MO 65203 EMPLOYER: The Information Source -- COO <input type="checkbox"/> COMMITTEE:	8/11/2020 ----- \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Miller CITY / STATE: 610 East Jefferson Pittsburgh KS 66762 EMPLOYER: Millers Imaging -- CEO <input type="checkbox"/> COMMITTEE:	8/18/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dewey Crepeau CITY / STATE: 212 Bright Star Dr Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/18/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Robert Doroghazi CITY / STATE: 115 Bingham Rd Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/18/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Carter CITY / STATE: 734 Champeix Lane Creve Couer MO 63141 EMPLOYER: Spire -- President <input type="checkbox"/> COMMITTEE:	8/18/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale Vaslow CITY / STATE: 2504 Lenox Place Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/24/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Hennigh CITY / STATE: 1816 Oakcliff Dr Columbia MO 65202 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/24/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jennifer Bukowsky CITY / STATE: 2140 E Bluebird Lane Columbia MO 65201 EMPLOYER: Self -- Attorney <input type="checkbox"/> COMMITTEE:	8/25/2020 ----- \$ 2,559.00	\$ 2,559.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Matt Moore CITY / STATE: 605 E Old Hawthorne Dr Columbia MO 65201 EMPLOYER: Shelter Insurance -- Executive <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randa Rawlins CITY / STATE: 5701 Shackelford Ct Columbia MO 65203 EMPLOYER: Shelter Insurance -- Executive <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Magruder CITY / STATE: 4704 Silver Cliff Dr Columbia MO 65203 EMPLOYER: Shelter Insurance -- Executive <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Caleb Rowden	DATE 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.

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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: Brian Waller CITY/STATE: 615 W Rollins Rd Columbia MO 65203 EMPLOYER: Shelter Insurance -- Executive <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Luke Lenci CITY/STATE: 2246 E Claiborne St Springfield MO 65804 EMPLOYER: MEI -- MD <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Ney CITY/STATE: 5015 South Cowan Loop Columbia MO 65201 EMPLOYER: Huron Consulting Group -- Consultant <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill Logan CITY/STATE: 608 Thilly Avenue Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Thompson CITY/STATE: 1202 Stablestone Lane Columbia MO 65201 EMPLOYER: Columbia Insurance Group -- President <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Thompson CITY/STATE: 1202 Stablestone Lane Columbia MO 65201 EMPLOYER: Columbia Insurance Group -- President <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alicia Curran CITY/STATE: 1200 Steelhead Court Columbia MO 65203 EMPLOYER: University of Missouri -- Director <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill Dunn CITY/STATE: 4401 Mexico Gravel Road Columbia MO 65201 EMPLOYER: ABB -- Factory Worker <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Dale Roberts CITY/STATE: 5820 Eagle Lake Dr Ashland MO 65010 EMPLOYER: CPOA -- Executive Director <input type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Pitchford CITY/STATE: 428 N Cedar Lake Dr W Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 30.00	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: HUB Employees PAC CITY/STATE: 1587 Larkin Williams Rd EMPLOYER: Fenton MO 63026 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Relax PAC CITY/STATE: 1675 Fenpark EMPLOYER: Fenton MO 63026 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Evergy Power PAC MO CITY/STATE: 1200 Main St EMPLOYER: Kansas City MO 64105 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 2,500.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Soybean Association - State PAC CITY/STATE: 734 S Country Club Dr EMPLOYER: Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 2,500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Health Care Leadership Committee PAC CITY/STATE: PO Box 638 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	8/11/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shamrock PAC CITY/STATE: PO Box 327 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: MAFP Political Committee CITY/STATE: 722 W High St EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MIBA PAC CITY/STATE: PO Box 1765 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/11/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Truck PAC CITY/STATE: PO Box 89 EMPLOYER: Eldon MO 65026 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 2,500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Central to Good Government PAC CITY/STATE: PO Box 725 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO ACTE PAC CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cooper County Republican Committee CITY/STATE: n/a EMPLOYER: not applicable MO 00000 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 ----- \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO ACTE PAC CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Corn Growers Association State PAC CITY/STATE: 318 Emerald Lane EMPLOYER: Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,750.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">--</div>
(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 Caleb Rowden	DATE 9/3/2020
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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: Credit Union PAC CITY/STATE: 223 Madison EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,500.00	\$ 850.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MGA PAC CITY/STATE: 608 Washington Ave EMPLOYER: St Louis MO 63101 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Criminal Defense Lawyers PAC CITY/STATE: PO Box 1543 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Organization of Defense Lawyers PAC CITY/STATE: PO Box 1072 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Concrete Association PAC CITY/STATE: PO Box 392 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Asphalt Pavement Association PAC CITY/STATE: PO Box 104855 EMPLOYER: Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Cable PAC CITY/STATE: PO Box 1895 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: HBS MO State PAC CITY/STATE: PO Box 1108 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Caleb Rowden	DATE 9/3/2020
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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: Grote Group LLC CITY/STATE: 28 N 8th St Ste 317 EMPLOYER: Columbia MO 65201 <input checked="" type="checkbox"/> COMMITTEE:	8/20/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: The PAC CITY/STATE: 28 N 8th St Ste 317 EMPLOYER: Columbia MO 65201 <input checked="" type="checkbox"/> COMMITTEE:	8/20/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Physicians Led Anesthesia Care PAC CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/20/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Soybean Association - State PAC CITY/STATE: 734 S Country Club Dr EMPLOYER: Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE:	8/20/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Cattlemans Association PAC CITY/STATE: 2306 Bluff Creek Dr EMPLOYER: Columbia MO 65201 <input checked="" type="checkbox"/> COMMITTEE:	8/20/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: American Family PAC CITY/STATE: PO Box 1925 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AMECPAC CITY/STATE: PO Box 1645 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/19/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MOSFA PAC CITY/STATE: 121 Madison St EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 2,559.00	\$ 2,559.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: FEAPAC of Missouri CITY/STATE: 7340 W Memorial EMPLOYER: Oklahoma City OK 73142 <input checked="" type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Insurance Coalition PAC CITY/STATE: 220 E High St EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 2,559.00	\$ 2,559.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shelter Insurance MO State PAC CITY/STATE: 1817 W Broadway EMPLOYER: Columbia MO 65218 <input checked="" type="checkbox"/> COMMITTEE:	8/27/2020 ----- \$ 2,559.00	\$ 2,559.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ameren Missouri PAC CITY/STATE: PO Box 780 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/28/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Hospital Association PAC CITY/STATE: PO Box 60 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 2,559.00	\$ 2,559.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Association of Nurse Anesthetists PAC CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: A Better Missouri PAC CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: PT-PAC of Missouri CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Missouri First PAC CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Living Well PAC CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Petroleum Marketers Association PAC CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AT Government Strategies LLC CITY/STATE: 7700 Forsyth Blvd EMPLOYER: St Louis MO 63105 <input checked="" type="checkbox"/> COMMITTEE:	8/22/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ford Motor Company Civic Action Fund - MO CITY/STATE: 8121 NE Highway 69 EMPLOYER: Claycomo MO 64119 <input checked="" type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Clarius CITY/STATE: 25 N 9th St EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Clarius CITY/STATE: 25 N 9th St EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	8/29/2020 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(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 Caleb Rowden		2. Report Date 9/3/2020	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 1,296.23
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 1,296.23
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 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 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



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

AMOUNT PAID OR
INCURRED THIS PERIOD

Parking/Transportation	\$	10.70
Marketing	\$	637.53
Campaign Phone / Conference Line	\$	221.94
Gas	\$	259.79
Storage Unit	\$	166.27
	\$	
	\$	
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TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)	\$	--



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Caleb Rowden		REPORT DATE 9/3/2020	
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: Boone County Fair ADDRESS: 5212 N Oakland Gravel Rd CITY/STATE: Columbia MO 65202	8/25/2020	Livestock Purchase \$	\$ <input checked="" type="checkbox"/> PAID 2,200.00 <input type="checkbox"/> INCURRED
NAME: Columbia Chamber of Commerce ADDRESS: 300 S Providence Rd CITY/STATE: Columbia MO 65203	8/11/2020	Golf Tournament Sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED
NAME: First Chance for Children ADDRESS: 1010 Fay St CITY/STATE: Columbia MO 65201	8/4/2020	Event Sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 524.80 <input type="checkbox"/> INCURRED
NAME: GP Made Foundation ADDRESS: P.O. Box 665 CITY/STATE: Columbia MO 65205	8/26/2020	Event Sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 750.00 <input type="checkbox"/> INCURRED
NAME: Columbia Chamber of Commerce ADDRESS: 300 S Providence Rd CITY/STATE: Columbia MO 65203	8/11/2020	Chamber Membership \$	\$ <input checked="" type="checkbox"/> PAID 425.00 <input type="checkbox"/> INCURRED
NAME: Boonville Kiwanis Club ADDRESS: 1719 Daniel Boone L CITY/STATE: Boonville MO 65233	8/4/2020	Event Sponsorship \$	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025	8/14/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Fast Yowi Tees ADDRESS: 2703 E Broadway #226 CITY/STATE: Columbia MO 65201	8/11/2020	T-Shirt Printing \$	\$ <input checked="" type="checkbox"/> PAID 295.48 <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
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)			\$ --