



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C111215

| | |
|------------------------------------|-----------------|
| 1. DATE OF REPORT 7/27/2020 | OFFICE USE ONLY |
|------------------------------------|-----------------|

INSTRUCTIONS ON REVERSE SIDE

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|--|--|
| 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 7/1/2020 THROUGH 7/23/2020 | |
| 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 checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ |
| 16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jul 27 2020 4:29PM _____ TREASURER'S SIGNATURE | 17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jul 27 2020 4:29PM _____ 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 | 7/27/2020 | |

| 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 | | \$ 544,741.82 | | |
| 2. All Monetary Contributions Received This Period | \$ 18,758.00 | | 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) | \$ 18,758.00 | | 24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments) | \$ 237,262.31 |
| 6. In-kind Contributions Received This Period | + 0.00 | | 25. Monetary Receipts this Period (From Item 5 - this page) | + 18,758.00 |
| 7. Total All Receipts This Period (Sum 5A + 6A) | \$ 18,758.00 | | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) | - 4,713.27 |
| 8. Total All Receipts This Election (Sum 1B + 7A) | | \$ 563,499.82 | a) Disbursements By Check \$ 4,713.27 b) Disbursements By Cash \$ 0.00 | |
| Expenditures | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 9. Total Expenditures for this election previously reported | | \$ 311,187.00 | 27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26) | \$ 251,307.04 |
| 10. Expenditures made by cash or check this period | \$ 3,814.46 | | 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) | \$ 3,814.46 | | 28. Outstanding Indebtedness at the beginning of this period | \$ 0.00 |
| 14. Total Expenditures This Election (Sum 9B + 13A) | | \$ 315,001.46 | 29. Loans Received This Period | + 0.00 |
| Contributions Made | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 15. Total Contributions Made For This Election Previously Reported | | \$ 19,067.20 | 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 100.00 B 0.00 | ↔ Cash/Check ↔ Credit Card | B. New Contributions Made by Credit Card (Line 25B CD3) | + 0.00 |
| 17. All In-Kind Contributions Made This Period | + 0.00 | | 31. Payments Made on Loans This Period | - 0.00 |
| 18. Total Contributions Made This Period (Sum 16A + 17A) | \$ 100.00 | | 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 | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 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 | + 798.81 | | | |
| 23. Total Other Disbursements This Period (Sum 20A + 21A + 22A) | \$ 798.81 | | | |



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 7/27/2020 | |
| 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 |
| 6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) | | \$ 0.00 | |
| 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES | | + \$ 18,758.00 | |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ 18,758.00 | |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ 18,758.00 | |
| 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) | | \$ 18,758.00 | |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) | | \$ 18,758.00 | |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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| NAME OF COMMITTEE Friends Of Caleb Rowden | DATE 7/27/2020 |
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INSTRUCTIONS

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

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

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

| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) | 4. DATE RECEIVED AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|---|--|---|
| NAME: ADDRESS: Terry Lee CITY / STATE: 1106 Willow Creek Lane Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 7/2/2020 \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Shirley Farrah CITY / STATE: 1706 Kenwood Drive Columbia MO 65203 EMPLOYER: University of Missouri -- Academic Administrator <input type="checkbox"/> COMMITTEE: | 7/22/2020 \$ 350.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Clay Bethune CITY / STATE: 5522 Prairie Creek Drive Columbia MO 65203 EMPLOYER: Self -- Entrepreneur <input type="checkbox"/> COMMITTEE: | 7/2/2020 \$ 500.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Will Markel CITY / STATE: 4408 Glen Eagle Dr Columbia MO 65203 EMPLOYER: JES Holdings -- Executive <input type="checkbox"/> COMMITTEE: | 7/15/2020 \$ 2,500.00 | \$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Brian Kimes CITY / STATE: 2812 Ashwood Dr Columbia MO 65203 EMPLOYER: JES Holdings -- Executive <input type="checkbox"/> COMMITTEE: | 7/15/2020 \$ 2,500.00 | \$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Walker Smith CITY / STATE: PO Box 342 Columbia MO 65205 EMPLOYER: JES Holdings -- President <input type="checkbox"/> COMMITTEE: | 7/15/2020 \$ 2,500.00 | \$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jill Smith CITY / STATE: 2600 Woodberry St Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 7/15/2020 \$ 2,500.00 | \$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jeffrey Smith CITY / STATE: PO Box 342 Columbia MO 65205 EMPLOYER: JES Holdings -- Owner <input type="checkbox"/> COMMITTEE: | 7/15/2020 \$ 2,500.00 | \$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

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|----|
| -- |
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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 Caleb Rowden | DATE 7/27/2020 |
|--|-------------------|

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: Svetlana Aptekman CITY/STATE: 125 Bigelow Dr Sudbury MA 17760 EMPLOYER: High Gear Products -- President <input type="checkbox"/> COMMITTEE: | 7/15/2020 ----- \$ 2,500.00 | \$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Missouri Realtors PAC CITY/STATE: PO Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE: | 7/2/2020 ----- \$ 2,599.00 | \$ 999.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: MO BEV PAC CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE: | 7/12/2020 ----- \$ 1,500.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: STL Hotel Association PAC CITY/STATE: 6590B Scanlan Ave EMPLOYER: St Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE: | 7/12/2020 ----- \$ 2,000.00 | \$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: BNSF Rail PAC CITY/STATE: PO Box 961039 EMPLOYER: Ft Worth TX 76161 <input checked="" type="checkbox"/> COMMITTEE: | 7/12/2020 ----- \$ 2,559.00 | \$ 559.00 <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 |

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 Caleb Rowden | | 2. Report Date 7/27/2020 | |
| 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 | | | + 882.96 |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) | | | \$ 882.96 |
| 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) | | | \$ 2,931.50 |
| 13. Subtotal: Any Attached Pages | | | + 0.00 |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13) | | | \$ 2,931.50 |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14) | | | \$ 3,814.46 |
| 16. Amount of Line 15 Above which was Paid Out This Period | | | \$ 3,814.46 |
| 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: Cooper County Republican Committee | | 7/21/2020 | \$ 100.00 |
| Address: 13267 Highway B | | | <input checked="" type="checkbox"/> Monetary |
| City / State: Boonville MO 65233 | | | <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) | | | \$ 100.00 |
| 24. Subtotal: Any Attached Pages | | | \$ 0.00 |
| 25. Total: Monetary Contributions Made This Period | | A. By Cash / Check | \$ 100.00 |
| | | 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) | | | \$ 100.00 |
| 28. Total: In-Kind Contributions Made This Period, List Amount | | | \$ 0.00 |



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| NAME OF COMMITTEE Friends Of Caleb Rowden | | DATE 7/27/2020 |
| EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) | | AMOUNT PAID OR INCURRED THIS PERIOD |
| CATEGORY OF EXPENDITURE | | |
| Parking/Transportation | | \$ 100.91 |
| Phone/Conference | | \$ 67.51 |
| Email/Website Hosting | | \$ 108.60 |
| Marketing | | \$ 510.95 |
| Campaign Storage Space | | \$ 94.99 |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
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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 7/27/2020 | |
| 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: Murrys ADDRESS: 3107 Green Meadows Way CITY/STATE: Columbia MO 65203 | 7/13/2020 | Campaign Dinner \$ | \$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED |
| NAME: Google ADDRESS: 1600 Amphitheatre Parkway CITY/STATE: Mountain View CA 94043 | 7/17/2020 | Advertising \$ | \$ <input checked="" type="checkbox"/> PAID 860.10 <input type="checkbox"/> INCURRED |
| NAME: Boone County Livestock Auction ADDRESS: P.O.Box 30697 CITY/STATE: Columbia MO 65205 | 7/22/2020 | Livestock Purchase \$ | \$ <input checked="" type="checkbox"/> PAID 1,003.50 <input type="checkbox"/> INCURRED |
| NAME: Big Cedar Lodge ADDRESS: 190 Top of the Rock Rd CITY/STATE: Ridgedale MO 65739 | 7/8/2020 | Lodging \$ | \$ <input checked="" type="checkbox"/> PAID 867.90 <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 |
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| 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
ADDENDUM STATEMENT

M.E.C. ID NO. C111215

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Disbursement:

Repayment of contribution over limit.

Amount: 798.81