



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C111215

1. DATE OF REPORT 1/15/2020	OFFICE USE ONLY
------------------------------------	-----------------

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 65205-7088	4. COMMITTEE TELEPHONE NUMBER (573) 355-5525
5. TREASURER'S NAME KAT CUNNINGHAM	
6. TREASURER'S MAILING ADDRESS PO BOX 7088 CITY / STATE / ZIP COLUMBIA MO 65205	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 445-3184 WORK: (573) 443-1234
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 10/1/2019 THROUGH 12/31/2019	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY CALEB ROWDEN PO BOX 7088 COLUMBIA MO 65205 (573) 355-5525 STATE SENATOR <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 checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input 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 Jan 15 2020 5:44PM _____ 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 Jan 15 2020 5:44PM _____ 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	1/15/2020	

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		\$ 416,335.82		
2. All Monetary Contributions Received This Period	\$ 64,400.00		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)	\$ 64,400.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 161,563.41
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 64,400.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 64,400.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 20,297.78
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 480,735.82	a) Disbursements By Check \$ 20,297.78 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		\$ 259,979.90	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 205,665.63
10. Expenditures made by cash or check this period	\$ 18,797.78		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)	\$ 18,797.78		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 278,777.68	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		\$ 17,567.20	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 1,500.00 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)	\$ 1,500.00		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 19,067.20	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	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. 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 1/15/2020	
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		+ \$ 64,400.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 64,400.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 64,400.00	
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)		\$ 64,400.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 64,400.00	



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE FRIENDS OF CALEB ROWDEN	DATE 1/15/2020
--	-------------------

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: Mark Andresen CITY/STATE: 14011 W 56th St EMPLOYER: Shawnee KS 66216 PCM -- Owner <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Diana Andresen CITY/STATE: 14011 W 56th St EMPLOYER: Shawnee KS 66216 St. Luke's Imaging -- MRI Tech <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Clay Bethune CITY/STATE: 5522 Prairie Creek Dr Columbia MO 65203 EMPLOYER: Self -- E-Commerce <input type="checkbox"/> COMMITTEE:	12/20/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chuck Bowman CITY/STATE: 5619 Bower Ln Columbia MO 65203 EMPLOYER: Monarch Title -- President <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill Costello CITY/STATE: 200 E Southhampton Dr Columbia MO 65203 EMPLOYER: Convergent Financial -- Vice President <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cyndi Curnutte CITY/STATE: 12400 West Michele St Rocheport MO 65279 EMPLOYER: University of Missouri -- Interior Designer <input type="checkbox"/> COMMITTEE:	12/31/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Warren Erdman CITY/STATE: 5340 Ward Pkwy Kansas City MO 64112 EMPLOYER: Kansas City Southern -- Officer <input type="checkbox"/> COMMITTEE:	12/23/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ben Fadler CITY/STATE: 11161 Overbrook Rd Leawood KS 66211 EMPLOYER: Ketchmark & McCreight -- Attorney <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 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 1/15/2020
--	-------------------

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: Courtney Fadler CITY/STATE: 11161 Overbrook Rd EMPLOYER: Leawood KS 66211 Homemaker <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Frantze CITY/STATE: 1201 Walnut St EMPLOYER: Kansas City MO 64106 Stinson, LLP -- Attorney <input type="checkbox"/> COMMITTEE:	12/23/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bo Fraser CITY/STATE: 1601 Stonehaven Rd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	12/20/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Griggs CITY/STATE: 6420 N Highway VV EMPLOYER: Columbia MO 65202 Self -- Self <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kenney Hubble CITY/STATE: 4110 Frontgate Dr EMPLOYER: Columbia MO 65203 Self -- Realtor <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Clark Jones CITY/STATE: 4111 Frontgate Dr EMPLOYER: Columbia MO 65203 Self -- Attorney <input type="checkbox"/> COMMITTEE:	12/27/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Willie Jones CITY/STATE: 11901 I-70 Dr NE EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	12/31/2019 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Ketchmark CITY/STATE: 11161 Overbrook Rd EMPLOYER: Leawood KS 66211 Ketchmark & McCreight -- Attorney <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 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 1/15/2020
--	-------------------

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: Susan Ketchmark CITY / STATE: 11161 Overbrook Rd EMPLOYER: Leawood KS 66211 Homemaker <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roberta Kincade CITY / STATE: 2212 Bridgewater EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	12/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dudley McCarter CITY / STATE: 338 Peekskill Dr EMPLOYER: St Louis MO 63141 Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott McCreight CITY / STATE: 11161 Overbrook Rd EMPLOYER: Leawood KS 66211 Ketchmark & McCreight -- Attorney <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jennifer McCreight CITY / STATE: 11161 Overbrook Rd EMPLOYER: Leawood KS 66211 Homemaker <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steven Miltenberger CITY / STATE: 1124 Sara Matthews Ln EMPLOYER: Wildwood MO 63005 Torch Electronics -- Owner <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Matt Moore CITY / STATE: 605 E Old Hawthorne Dr EMPLOYER: Columbia MO 65201 Shelter Insurance -- Executive <input type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 750.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Minchew CITY / STATE: 2416 Kays Pointe Dr EMPLOYER: Columbia MO 65203 Hashtag Enterprises -- Consultant <input type="checkbox"/> COMMITTEE:	12/31/2019 ----- \$ 250.00	\$ 250.00 <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 1/15/2020
--	-------------------

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: Brian Neuner CITY/STATE: 7651 East Highway WW Columbia MO 65201 EMPLOYER: Special Olympics MO -- Development <input type="checkbox"/> COMMITTEE:	12/31/2019 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael OBrian CITY/STATE: 7224 Gravois Ave St Louis MO 63116 EMPLOYER: St. Louis Community Credit Union -- Executive <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rick Stauffer CITY/STATE: PO Box 221313 St Louis MO 63122 EMPLOYER: RVS Insurance -- Owner/CEO <input type="checkbox"/> COMMITTEE:	10/20/2019 \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Stuart CITY/STATE: 3411 Country Woods Rd. Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/31/2019 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Waller CITY/STATE: 615 W Rollins Columbia MO 65203 EMPLOYER: Shelter Insurance -- Executive <input type="checkbox"/> COMMITTEE:	10/30/2019 \$ 1,750.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Blake Brooks CITY/STATE: 800 Sunstone Lane Columbia MO 65201 EMPLOYER: Self -- Physician <input type="checkbox"/> COMMITTEE:	12/31/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ted Greene Jr CITY/STATE: 4950 Central St Kansas City MO 64112 EMPLOYER: N/A -- N/A <input type="checkbox"/> COMMITTEE:	12/23/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: J&J Ventures Gaming of MO CITY/STATE: 1400 S Raney St Effingham IL 62401 <input type="checkbox"/> COMMITTEE:	12/31/2019 \$ 2,500.00	\$ 2,000.00 <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 1/15/2020
--	-------------------

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: American Family Insurance Missouri PAC CITY/STATE: PO Box 1925 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: American Property Casualty Insurance Association PAC CITY/STATE: 8700 W Bryn Mawr Ave EMPLOYER: Chicago IL 60631 <input checked="" type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cerner PAC MO CITY/STATE: 2800 Rock Creek Pkwy EMPLOYER: Kansas City MO 64117 <input checked="" type="checkbox"/> COMMITTEE:	12/23/2019 ----- \$ 2,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cigna PAC CITY/STATE: 701 Pennsylvania Ave NW EMPLOYER: Washington DC 20004 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 2,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Commerce Bancshares, Inc. PAC CITY/STATE: PO Box 419248 EMPLOYER: Kansas City MO 64141 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Committee for Fair Apartment Legislation CITY/STATE: PO Box 1362 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Credit Union PAC CITY/STATE: 223 Madison St EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 1,650.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: GM PAC CITY/STATE: 221 Boliver St EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,500.00	\$ 1,500.00 <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 1/15/2020
--	-------------------

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: HBS MO State PAC CITY/STATE: PO Box 1108 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	12/23/2019 ----- \$ 2,500.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kansas City Southern Employee PAC CITY/STATE: 427 W 12th St EMPLOYER: Kansas City MO 64105 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: KC Biz PAC CITY/STATE: 30 W Pershing St EMPLOYER: Kansas City MO 64108 <input checked="" type="checkbox"/> COMMITTEE:	12/23/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Madison PAC CITY/STATE: PO Box 344 EMPLOYER: Clinton MO 64735 <input checked="" type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Architects PAC CITY/STATE: PO Box 105938 EMPLOYER: Jefferson City MO 65110 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 1,550.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Chamber PAC CITY/STATE: 428 E Capitol Ave EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 2,500.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Health Plan Association PAC CITY/STATE: 800 Market St EMPLOYER: St Louis MO 62101 <input checked="" type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Petroleum Makers Association PAC CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/7/2019 ----- \$ 2,000.00	\$ 1,000.00 <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 1/15/2020
--	-------------------

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: Missouri Soybean Association PAC CITY/STATE: PO Box 04778 EMPLOYER: Jefferson City MO 65110 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 2,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri State Troopers Association, Inc., PAC CITY/STATE: 1729 E Elm EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 800.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MLPA Legislative Fund CITY/STATE: PO Box 1725 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Spire PAC CITY/STATE: 700 Market St EMPLOYER: St Louis MO 63101 <input checked="" type="checkbox"/> COMMITTEE:	11/6/2019 ----- \$ 2,500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Merek and CO Employee PAC CITY/STATE: 601 Pennsylvania Ave NW EMPLOYER: Washington DC 20004 <input checked="" type="checkbox"/> COMMITTEE:	10/1/2019 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Catalyst PAC CITY/STATE: PO Box 7143 EMPLOYER: Kansas City MO 64113 <input checked="" type="checkbox"/> COMMITTEE:	10/20/2019 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Heal PAC CITY/STATE: 308 E High St EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mednax INC PAC MO CITY/STATE: 621 S New Ballas Rd EMPLOYER: St Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE:	12/10/2019 ----- \$ 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 1/15/2020
--	-------------------

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: Missouri Beer Wholesalers Association CITY/STATE: 2305 Expressview Dr EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missourians For Effective Leadership PAC CITY/STATE: 2345 Grand Blvd EMPLOYER: Kansas City MO 64018 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Professional Fire Fighters of Eastern Missouri 2665 PAC CITY / STATE: Fund 115 McMenamy Rd EMPLOYER: St Peters MO 63376 <input checked="" type="checkbox"/> COMMITTEE:	10/30/2019 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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 1/15/2020	
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			+ 3,800.97
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 3,800.97
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			+ 14,996.81
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 14,996.81
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 18,797.78
16. Amount of Line 15 Above which was Paid Out This Period			\$ 18,797.78
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: Boone County Republican Central Committee		12/19/2019	\$ 1,000.00
Address: PO Box 1541			<input checked="" type="checkbox"/> Monetary
City / State: Columbia MO 65205			<input type="checkbox"/> In-Kind
Name: Columbia Pachyderms		10/8/2019	\$ 500.00
Address: 1903 Business Loop 70 E			<input checked="" type="checkbox"/> Monetary
City / State: Columbia MO 65203			<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)			\$ 1,500.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 1,500.00
		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)			\$ 1,500.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE FRIENDS OF CALEB ROWDEN		DATE 1/15/2020
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		\$ 40.89
Marketing Resources		\$ 1,840.77
Food		\$ 748.87
Email / Web Hosting		\$ 817.88
Storage Unit		\$ 284.97
Phone / Conference Line		\$ 67.59
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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 1/15/2020	
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: Fast Yeti Tees ADDRESS: 2703 E Broadway #226 CITY/STATE: Columbia MO 65201	11/13/2019	T-Shirts \$	\$ 652.08 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Facebook ADDRESS: 1 Hacker Way CITY/STATE: Menlo Park CA 94025	11/7/2019	Marketing / Ads \$	\$ 3,859.73 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: American Airlines ADDRESS: 4333 Amon Carter Blvd CITY/STATE: Fort Worth TX 76155	10/12/2019	Airfare \$	\$ 1,498.58 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: SAMs Club ADDRESS: 101 Conley Rd CITY/STATE: Columbia MO 65201	11/7/2019	Parade Candy \$	\$ 1,277.42 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Amazon ADDRESS: 410 Terry Ave N CITY/STATE: Seattle WA 98109	12/21/2019	christmas Presents for Campaign Staff \$	\$ 2,000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Westin ADDRESS: 1 East Pershing Rd CITY/STATE: Kansas City MO 64108	10/28/2019	Lodging \$	\$ 494.62 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Millers Professional Imaging ADDRESS: 1712 E Pointe Dr, CITY/STATE: Columbia MO 65201	12/17/2019	Christmas Cards \$	\$ 367.50 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: UPrinting.com ADDRESS: 1431 W Knox St b700 CITY/STATE: Torrance CA 90501	10/18/2019	Printing \$	\$ 932.79 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Barred Owl Butcher & Table ADDRESS: 47 E Broadway CITY/STATE: Columbia MO 65203	12/24/2019	Campaign Dinner \$	\$ 400.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Luetkemeyer Signs ADDRESS: 211 Commerce Dr CITY/STATE: Jefferson City MO 65109	10/14/2019	Van Wrap \$	\$ 907.20 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Fast Yeti Tees ADDRESS: 2703 E Broadway #226 CITY/STATE: Columbia MO 65201	10/14/2019	T-Shirt Printing \$	\$ 736.01 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Airbnb ADDRESS: 888 Brannan Street CITY/STATE: San Fransisco CA 94123	11/13/2019	Lodging \$	\$ 370.88 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Tod Bradley ADDRESS: 320 W Ashley Rd CITY/STATE: Boonville MO 65233	10/8/2019	Truck Rental \$	\$ 500.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Primrose Hill ADDRESS: PO Box 47 CITY/STATE: Clark MO 65243	12/12/2019	Charitable Contribution \$	\$ 1,000.00 <input checked="" 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)			\$ --