

### Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

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

COMMITTEE BIOCESCORE RE			9/1/2020	
M.E.C. ID NO.	C201108	<del></del>		
INSTRUCTIONS ON REVERSE SIDE				
2. FULL NAME OF COMMITTEE			•	-
Citizens for Tim Taylor				
3. COMMITTEE MAILING ADDRESS			4. COMMITTEE TELEPHON	IE NUMBER
PO Box 544				
CITY / STATE / ZIP			(660) 888-0995	
Boonville MO 65233				
5. TREASURER'S NAME				
Matt Hudson				
6. TREASURER'S MAILING ADDRESS			7. TREASURER'S TELEPHO	ONE NUMBER
114 County Road 302			HOME: (660) 672-9828	
CITY / STATE / ZIP			Work	
Fayette MO 65248			WORK:	
8. DEPUTY TREASURER'S NAME CHECK IF NO DE	EPUTY TREA	ASURER		
Brenda Harriman				
9. DEPUTY TREASURER'S MAILING ADDRESS			10. DEPUTY TREASURER'S	S TELEPHONE NUMBER
15150 Highway 135 Pilot Grove MO 65276			HOME: (660) 815-1487	
CITY / STATE / ZIP			WORK:	
11. DATE OF ELECTION 12	2. TYPE OF E	ELECTION (CHECK	ONE)	
8/4/2020		O PRIMARY	O GENERAL	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT				
FROM 7/24/2020		THROUGH 8/29/2	020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NA ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISI POLITICAL PARTY		15. TYPE OF REPO	RT ER CAUCUS NOMINATION	
Tim Taylor		СОММІТТЕЕ	QUARTERLY REPORT	
13220 Old Palestine Rd.		Ja		Jul 15 Oct 15
Bunceton MO 65237		30 DAYS AFTI		
			N (ATTACH FORM CO-3)	
(660) 888-0995 State Representative			DEBT REPORT	
			in 15 Jul 15	
Missouri House of Representatives		ANNUAL SUPPLEMENTAL, JAN 15		
		15 DAYS AFTI	ER PETITION DEADLINE	
CHECK IF INCUMBENT		OTHER		
✓ REPUBLICAN DEMOCRAT		AMENDING P	REVIOUS REPORT DATED	20
16. COMMITTEE TREASURER'S SIGNATURE		17. CANDIDATE'S S	IGNATURE (CANDIDATE C	,
	N/ED			
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COPAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE ACCURATE.			THIS REPORT, COMPRISEI ATTACHED FORMS, IS COM	
ELECTRONICALLY FILED Sep 1 2020 10:02PM		ELECTRONI	CALLY FILED Sep 1 20:	20 10:02PM
TREASURER'S SIGNATURE		CANDIDAT	E'S SIGNATURE	



# Missouri Ethics Commission REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

Citizens for Tim

Taylor

Date of Report

Office Use Only

	D. This Calacatent			
A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition		
_	\$ 12,105.00			
\$ 3,320.00		Money On Hand		
+ 0.00				
+ 0.00		24. Money On Hand at the beginning of this reporting period (Including funds	¢ E Q 2 0 0	
\$ 3,320.00		in depository, cash, savings accounts and all other investments)	\$ 593.88	
+ 290.83		25. Monetary Receipts this Period	+3,320.00	
\$ 3,610.83		(From Item 5 - this page)	+ 3,320.00	
	\$ 15,715.83	<sup>26.</sup> Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 1,499.54	
A. This Period	B. This Calendar Yr or Election Cycle	a) Disbursements By Check \$1,499.54 b) Disbursements By Cash \$0.0	- 1,499.34	
	\$ 11,486.12	27. Money On Hand at the close of this reporting period	\$ 2,414.34	
\$ 1,499.54		(SUM 24 + 25 - 26)	,,	
+ 0.00				
+ 0.00		Indebtedness	3	
\$ 1,499.54		28.  Outstanding Indebtedness at the beginning of this period	\$ 4,500.00	
	\$ 12,985.66	29.	. 0.00	
A. This Period	B. This Calendar Yr or Election Cycle	Loans Neceived This Fellod	+ 0.00	
5	\$ 25.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00	
0.00	← Cash/Check ← Credit Card		+ 0.00	
+ 0.00		31.	0 00	
\$ 0.00		Payments wade on Loans This Period	- 0.00	
	\$ 25.00	32.  Debt Forgiven on Loans This Period	- 0.00	
A. This Period	B. This Calendar Yr or Election Cycle	Dober orgiven on Loans This Fellou	- 0.00	
+ 0.00		33. Payments Made This Period on Expenditures Incurred in Previous	- 0.00	
+ 0.00		(Line 21 this page)	0.00	
+ 0.00		Total Indebtedness at the Close of	<b>\$ 4,500.00</b>	
\$ 0.00		30A + 30B - 31 - 32 - 33)	© CD Common	
	\$ 3,320.00 + 0.00 \$ 3,320.00 + 290.83 \$ 3,610.83 A. This Period \$ 1,499.54 + 0.00 \$ 0.00 0.00 0.00 0.00 A. This Period 4 0.00 4 0.00 1	\$ 12,105.00 \$ 3,320.00 + 0.00 \$ 3,320.00 + 290.83 \$ 3,610.83  A. This Period	Statement of Beginning and End of Election Cycle   \$ 12,105.00	



### MISSOURI ETHICS COMMISSION

CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE			
1. NAME OF COMMITTEE	2. REPORT DATE		
Citizens for Tim Taylor	9/1/2020		
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT R	ECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECI	KIF
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	MONET	
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-K	IND)
NAME: ADDRESS:		\$	
		Ψ	
CITY / STATE: View Supplemental Form(s)			ETARY
COMMITTEE:	\$		
NAME:			10
ADDRESS:		\$	
CITY / STATE:		*	
EMPLOYER:	Φ	☐ MONE	ETARY
COMMITTEE:	\$	I IN-KIN	٧D
NAME:			
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$	☐ MONE	ETARY
COMMITTEE:	9	☐ IN-KIN	1D
NAME:			
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$	_	ETARY
COMMITTEE:	Ψ	☐ IN-KIN	1D
NAME:		•	
ADDRESS:		\$	
CITY / STATE:			
EMPLOYER:	\$	. =	ETARY
COMMITTEE:	<u> </u>	☐ IN-KIN	
SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)      SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		<b>\$ +</b> \$ 3,	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			,520.00
<u> </u>		Φ	520.00
			320.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS  B. NON-ITEMIZED CONTRIBUTIONS RECEIVED		\$ AMOU	200.00
(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		RECEI	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	1 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	\$	90.83
C. LOANS RECEIVED	16. DATE	17. AMOUN	
15. NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE TH	IAN \$100
NAME:		ATTACH C	;D-1B)
ADDRESS:			
CITY / STATE:		\$	
NAME:		<u> </u>	
ADDRESS:			
CITY / STATE:		\$	
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)	-	\$	0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	
· · · · · · · · · · · · · · · · · · ·		Φ	290.83
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 3,	320.00

23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)

\$

OFFICE USE ONLY



### MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

Citizens for Tim Taylor

DATE

9/1/2020

#### 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.  3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)  NAME:  ADDRESS:  Dave Muntzel  14011 Hwy. 5  Boonville MO 65233  State of Missouri State Representative  COMMITTEE:	4. DATE RECEIVED  AGGREGATE TO DATE  8/6/2020	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
ADDRESS: Dave Muntzel CITY/STATE: 14011 Hwy. 5 Boonville MO 65233 EMPLOYER: State of Missouri State Representative COMMITTEE:	· ·	
	\$ 100.00	\$ 100.00  MONETARY
NAME: ADDRESS: Taylor Woods CITY/STATE: 13520 Rosedown Ct. Boonville MO 65233 Retired COMMITTEE:	8/7/2020 \$ 100.00	\$ 100.00  MONETARY IN-KIND
NAME: ADDRESS: Randolph County Republican Central Committee 323 W. Reed St. EMPLOYER: Moberly MO 65270 COMMITTEE:	8/12/2020 \$ 750.00	\$ 750.00  MONETARY IN-KIND
NAME: ADDRESS: Kenneth Stegner CITY/STATE: 14789 Billingsville Rd. Boonville MO 65233 EMPLOYER: Self-employed Farmer COMMITTEE:	8/19/2020 \$ 100.00	\$ 100.00  MONETARY IN-KIND
NAME: ADDRESS: Ron Taylor CITY / STATE: 13815 Old Hwy. 40 Boonville MO 65233 EMPLOYER: Retired COMMITTEE:	8/19/2020 \$ 100.00	\$ 100.00  MONETARY IN-KIND
NAME: ADDRESS: Gerlinde Miller CITY/STATE: PO Box 521 Boonville MO 65233 EMPLOYER: Retired COMMITTEE:	\$ 20.00	\$ 20.00  MONETARY IN-KIND
NAME: ADDRESS: Cooper County Republican Committee CITY/STATE: 13308 U Highway EMPLOYER: Boonville MO 65233  COMMITTEE:	\$ 2,000.00	\$ 2,000.00  MONETARY IN-KIND
NAME: ADDRESS: John Stretz CITY/STATE: 18928 Imhoff Dr. Blackwater MO 65322 EMPLOYER: Retired COMMITTEE:	\$ 50.00	\$ 50.00  MONETARY IN-KIND

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



### MISSOURI ETHICS COMMISSION **CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

DFFI	CE	USE	ONL	_Y

NAME OF COMMITTEE	DATE
Citizens for Tim Taylor	9/1/2020

#### **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

If further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.					
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED			
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY			
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)			
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	, ,			
NAME:					
ADDRESS: Robert Horne	8/28/2020	\$ 100.00			
CITY/STATE: PO Box 432 Boonville MO 65233	0/20/2020				
EMPLOYER: Retired Records	\$ 100.00	<b>✓</b> MONETARY			
COMMITTEE:	<b>5</b> 100.00	☐ IN-KIND			
NAME:					
ADDRESS: Sheryl Luster	0 / 25 / 20 20	\$ 200.00			
CITY/STATE: 3187 Hwy. T	8/25/2020	<u> </u>			
EMPLOYER:  Bunceton MO 65237  Self-employed Insurance		MONETARY			
COMMITTEE:	\$ 200.00	IN-KIND			
NAME:					
ADDRESS:		\$			
CITY / STATE:		Ψ			
EMPLOYER:		MONETARY			
COMMITTEE:	\$	IN-KIND			
		L IN-KIND			
NAME:					
ADDRESS:		\$			
CITY / STATE:					
EMPLOYER:	\$	MONETARY			
COMMITTEE:	Ψ	LIN-KIND			
NAME:					
ADDRESS:		\$			
CITY / STATE:					
EMPLOYER:	\$	MONETARY			
COMMITTEE:	Ψ	☐ IN-KIND			
NAME:					
ADDRESS:		\$			
CITY / STATE:		, ·			
EMPLOYER:		MONETARY			
COMMITTEE:	\$	IN-KIND			
NAME:					
ADDRESS:		\$			
CITY / STATE:		Ψ			
EMPLOYER:		MONETARY			
COMMITTEE:	\$	IN-KIND			
NAME:		IN-KIND			
		\$			
ADDRESS:		Ψ			
CITY / STATE:		I MONETARY			
EMPLOYER:	\$	MONETARY			
COMMITTEE:		☐ 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
Instructions on Reverse Side

Office Use Only	

Name of Committee		2. Report Date		
Citizens for Tim Taylor		9/1/2020		
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below) 3. Category of Expenditure			4. /	Amount Paid or Incurred This Period
View Supplemental Form(s)				
view duppiementai i dini(3)				
Subtotal: Non-Itemized Expenditures This Page (Sum Column	4)		\$	0.00
Subtotal: Non-Itemized Experiations This Fage (Sum Column)     Subtotal: Non-Itemized Expenditures Any Attached Pages	4)		Ψ	235.54
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$	235.54
B. Itemized Expenditures All Over \$100		10. Purpose - (If	Ψ	233.31
And All Payments To Campaign Workers	9. Date	Payment was to a Campaign Worker, Show	11.	Amount This Period
Name and Address of Recipient		Aggregate Paid)	r r	
Name: USPS Address: 526 E. Spring St. Boonville MO 65233 City / State:	7/27/2020	Postage	\$   <b>\Z</b>	Paid 264.00
Name: Tint Shop Address: 17990 Boonslick Road Boonville MO 65233 City / State:	8/26/2020	Advertising	\$ 	Paid 1,000.00 Incurred
Name: Address: City / State:			\$   	Paid Incurred
12. Subtotal: This Page (Sum Column 11)			\$	1,264.00
13. Subtotal: Any Attached Pages			+	0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$	1,264.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$	1,499.54
16. Amount of Line 15 Above which was Paid Out This Period			\$	1,499.54
17. Amount of Line 15 Which Were Expenditures Incurred This Po	eriod Including Payments	Made by Credit Cards	\$	0.00
18. If Committee Made Any In-Kind Expenditures This Period, Lis	t Amount		\$	0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attac	ch Form CD1B - amount go	pes 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		Z1. Date		ZZ. Amount
Name: Address: City / State:			\$     	Monetary In-Kind
Name: Address: City / State:				Monetary In-Kind
Name:			\$	
Address:				Monetary
City / State:				In-Kind
23. Subtotal: This Page (Sum Column 22)			\$	0.00
24. Subtotal: Any Attached Pages			\$	0.00
OF Tatala Managaran Oct. 11. 12. M. J. Till D. 1. J.		A. By Cash / Check	\$	0.00
25. Total: Monetary Contributions Made This Period		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 Perio	od (Sum 25 + 26)		\$	0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$	0.00
MO 300-1315 (1-10)				Form CD3

## MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM

OFFICE USE ONLY

	DATE		
Citizens for Tim Taylor	9/1/2020		
EXPENDITURES OF \$100 OR LESS BY CATEGORY  (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP ICATEGORY OF EXPENDITURE	3)	AMOUNT INCURRED T	
Advertising material		\$	86.06
Food for volunteers		\$	51.48
Bank service charge		\$	3.00
Advertising		\$	40.00
Postage		\$	55.00
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL: ITEMIZED EXPENDITURES THIS PAGE			
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$	