



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C201108

1. DATE OF REPORT 7/26/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Citizens for Tim Taylor	
3. COMMITTEE MAILING ADDRESS PO Box 544 CITY / STATE / ZIP Boonville MO 65233	4. COMMITTEE TELEPHONE NUMBER (660) 888-0995
5. TREASURER'S NAME Matt Hudson	
6. TREASURER'S MAILING ADDRESS 114 County Road 302 CITY / STATE / ZIP Fayette MO 65248	7. TREASURER'S TELEPHONE NUMBER HOME: (660) 672-9828 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Brenda Harriman	
9. DEPUTY TREASURER'S MAILING ADDRESS 15150 Highway 135 Pilot Grove MO 65276 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (660) 815-1487 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 Tim Taylor 13220 Old Palestine Rd. Bunceton MO 65237 (660) 888-0995 State Representative Missouri House of Representatives <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 26 2020 12:29PM _____ 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 26 2020 12:29PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Citizens for Tim Taylor	7/26/2020	

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		\$ 9,695.00		
2. All Monetary Contributions Received This Period	\$ 910.00			
3. All Loans Received This Period	+ 1,500.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 2,410.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 2,410.00			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 12,105.00		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 8,771.94		
10. Expenditures made by cash or check this period	\$ 2,714.18			
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)	\$ 2,714.18			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 11,486.12		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 25.00 B 0.00	← Cash/Check ← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 25.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 25.00		
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			
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			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 923.06
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 2,410.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 2,739.18 b) Disbursements By Cash \$ 0.00	- 2,739.18
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 593.88
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 3,000.00
			29. Loans Received This Period	+ 1,500.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 4,500.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for Tim Taylor		2. REPORT DATE 7/26/2020	
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:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 910.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 910.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 910.00	
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		\$ 1,500.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 1,500.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 910.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 2,410.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Tim Taylor	DATE 7/26/2020
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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: Russell Bonen CITY / STATE: 1486 Hwy. 3 EMPLOYER: Armstrong MO 65230 Self-employed -- Farmer <input type="checkbox"/> COMMITTEE:	7/6/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Darryl Kempf CITY / STATE: 907 Wingate Dr. EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bobbie Pauley CITY / STATE: PO Box 396 EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	7/10/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eddie Brickner CITY / STATE: 19671 J Hwy. EMPLOYER: Bunceton MO 65237 Retired <input type="checkbox"/> COMMITTEE:	7/13/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sheryl Luster CITY / STATE: 3187 Hwy. T EMPLOYER: Bunceton MO 65237 Self-employed -- Insurance <input type="checkbox"/> COMMITTEE:	7/14/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Blake Fevert CITY / STATE: 14100 Old Hwy. 40 EMPLOYER: Boonville MO 65233 Harry S Truman VA Hospital <input type="checkbox"/> COMMITTEE:	7/14/2020 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Sturgis CITY / STATE: 20048 Pearre Ln. EMPLOYER: Boonville MO 65233 Self-employed -- Aircraft maintenance <input type="checkbox"/> COMMITTEE:	7/19/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Greg Bacon CITY / STATE: 814 7th St. Terrace EMPLOYER: Boonville MO 65233 Retired <input type="checkbox"/> COMMITTEE:	7/20/2020 ----- \$ 40.00	\$ 40.00 <input checked="" 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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Citizens for Tim Taylor	DATE 7/26/2020
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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: Patrick Hanna CITY / STATE: 600 3rd Street EMPLOYER: Boonville MO 65233 Self-employed -- Advertising/Art <input type="checkbox"/> COMMITTEE:	7/22/2020 ----- \$ 400.00	\$ 100.00 <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
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
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☒ LOAN RECEIVED

☐ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

Citizens for Tim Taylor

REPORT DATE

7/26/2020

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER

TimTaylor
13220 Old Palestine Rd.
Bunceton MO 65237

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

Tim Taylor
13220 Old Palestine Rd.
Bunceton MO 65237

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

7/17/2020

5. AMOUNT OF LOAN

\$ 1,500.00

6. ANNUAL RATE OF INTEREST

N/A %

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

None

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

None

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT
OR CREDIT

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Citizens for Tim Taylor		2. Report Date 7/26/2020	
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			+ 50.95
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 50.95
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			+ 2,663.23
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,663.23
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,714.18
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,714.18
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: Randolph Area Pachyderm Club		7/2/2020	\$ 25.00
Address: 2457 Co. Rd. 1330			<input checked="" type="checkbox"/> Monetary
City / State: Moberly MO 65270			<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)			\$ 25.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 25.00
		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)			\$ 25.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



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NAME OF COMMITTEE
Citizens for Tim Taylor

DATE	7/26/2020
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(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)

AMOUNT PAID OR
INCURRED THIS PERIOD[illegible]

Office supplies

\$	11.95
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Postage

\$	11.00
----	-------

Post office box fee

\$	28.00
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\$

\$

\$

\$

\$

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[illegible]

	Q

	\$

	\$

	\$
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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 Citizens for Tim Taylor		REPORT DATE 7/26/2020	
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: Slater News ADDRESS: 222 N. Main St. CITY/STATE: Slater MO 65349	7/14/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: KWRT Radio ADDRESS: 1600 Radio Hill Rd. CITY/STATE: Boonville MO 65233	7/14/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 450.00 <input type="checkbox"/> INCURRED
NAME: Boonville Daily News ADDRESS: 412 High St. CITY/STATE: Boonville MO 65233	7/15/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 372.00 <input type="checkbox"/> INCURRED
NAME: The Fayette Advertiser ADDRESS: 203 N. Main PO Box 32 CITY/STATE: Fayette MO 65248	7/17/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 455.18 <input type="checkbox"/> INCURRED
NAME: Chariton County Journal ADDRESS: 317 S. Broadway CITY/STATE: Salisbury MO 65281	7/20/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 283.50 <input type="checkbox"/> INCURRED
NAME: Glasgow Missourian ADDRESS: 109 Market St. CITY/STATE: Glasgow MO 65254	7/21/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 236.25 <input type="checkbox"/> INCURRED
NAME: Marshall Democrat News ADDRESS: 121 N. Lafayette Ave. CITY/STATE: Marshall MO 65340	7/21/2020	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 366.30 <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)			\$ --