



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C161082

1. DATE OF REPORT 9/2/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends Of Sara Walsh	
3. COMMITTEE MAILING ADDRESS PO Box 14 CITY / STATE / ZIP Ashland MO 65010	4. COMMITTEE TELEPHONE NUMBER (573) 808-6154
5. TREASURER'S NAME Rosa Robb	
6. TREASURER'S MAILING ADDRESS 4105 Blue Hollow Drive CITY / STATE / ZIP Columbia MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 875-2530 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Terry Spickert	
9. DEPUTY TREASURER'S MAILING ADDRESS 79255 Bennett Drive Columbia MO 65201 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 443-5706 WORK:
11. DATE OF ELECTION 8/4/2020	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/24/2020 THROUGH 8/29/2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Sara Walsh 6676 American Setter Drive Ashland MO 65010 (573) 808-6154 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 type="checkbox"/> 8 DAYS BEFORE <input checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Sep 2 2020 3:08PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Sep 2 2020 3:08PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends Of Sara Walsh	9/2/2020	

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		\$ 38,635.18		
2. All Monetary Contributions Received This Period	\$ 9,094.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 250.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 9,344.00			
6. In-kind Contributions Received This Period	+ 1,172.34			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 10,516.34			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 49,151.52		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 19,380.17		
10. Expenditures made by cash or check this period	\$ 3,285.28			
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)	\$ 3,285.28			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 22,665.45		
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 0.00	← Cash/Check		
	B 0.00	← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 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			
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)	\$ 24,356.72
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 9,344.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 3,285.28 b) Disbursements By Cash \$ 0.00	- 3,285.28
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 30,415.44
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 1,000.00
			29. Loans Received This Period	+ 0.00
			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)	\$ 1,000.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends Of Sara Walsh		2. REPORT DATE 9/2/2020	
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		+ \$ 9,541.34	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 9,541.34	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 8,369.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 1,172.34	
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		\$ 685.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 40.00	
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)		\$ 1,172.34	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 9,094.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 8,409.00	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Sara Walsh	DATE 9/2/2020
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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: Kaye Bertels CITY/STATE: 5867 Highway 133 EMPLOYER: Meta MO 65058 Retired <input type="checkbox"/> COMMITTEE:	7/24/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Scheetz CITY/STATE: PO Box 346 EMPLOYER: Hallsville MO 65255 IPES, Inc -- Environmental Consultant <input type="checkbox"/> COMMITTEE:	7/28/2020 ----- \$ 750.00	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale and Sandy Deraps CITY/STATE: 23397 Moniteau Farm Rd EMPLOYER: Jamestown MO 65046 Retired <input type="checkbox"/> COMMITTEE:	7/28/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Corn Growers Assn. State PAC CITY/STATE: 3118 Emerald LN EMPLOYER: Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE:	7/28/2020 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Russell Walker CITY/STATE: 8101 Dusty Rhodes Ln EMPLOYER: Columbia MO 65202 Self-Employed -- Medicare Insurance Sales <input type="checkbox"/> COMMITTEE:	7/29/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dennis Toalson CITY/STATE: 410 Hwy Dr EMPLOYER: Prairie Home MO 65068 Self-Employed -- Farmer <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cooper County Republican Committee CITY/STATE: 13267 Highway B EMPLOYER: Boonville MO 65233 <input checked="" type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 165.52	\$ 165.52 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Soybean Assn State PAC CITY/STATE: 734 S Country Club Dr EMPLOYER: Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 251.10	\$ 251.10 <input type="checkbox"/> MONETARY <input checked="" 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 Friends Of Sara Walsh	DATE 9/2/2020
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INSTRUCTIONS

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Dennis Schilb CITY/STATE: 27108 EE Hwy EMPLOYER: Prairie Home MO 65068 Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Nathan Alpers CITY/STATE: 9121 Hwy 87 EMPLOYER: Prairie Home MO 65068 Self-Employed -- Farmer <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 100.00	\$ 100.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Sara Walsh CITY/STATE: 6676 American Setter Dr. EMPLOYER: Ashland MO 65010 State of Missouri -- State Rep. <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 823.00	\$ 300.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Alpers CITY/STATE: 9117 Hwy 87 EMPLOYER: Prairie Home MO 65068 Self-Employed -- Farmer <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Cooper County Republican Club CITY/STATE: 235 Mohawk Trail EMPLOYER: Boonville MO 65233 <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 235.72	\$ 235.72 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Rosa Schleeter CITY/STATE: 4105 Blue Hollow Dr EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sharon Nelson CITY/STATE: 1891 S. El Dorado Dr. EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 475.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry and Donna Spickert CITY/STATE: 7925 S BENNETT DR EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 144.52	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Sara Walsh	DATE 9/2/2020
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INSTRUCTIONS

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Chris Bell CITY / STATE: 503 Terra Linda Ashland MO 65010 EMPLOYER: Capital Investment Realty -- Property Management <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Fitzpatrick CITY / STATE: PO Box 701 Ashland MO 65010 EMPLOYER: State of Missouri -- State Treasurer <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laura Gramlich CITY / STATE: 15274 Hwy 87 Boonville MO 65233 EMPLOYER: Medical Arts Pharmacy -- Pharmacy Technician <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gene & Diane Eulinger CITY / STATE: 56460 Highway N California MO 65018 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 350.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christy Linhart CITY / STATE: 235 Mohawk Trail Boonville MO 65233 EMPLOYER: Cooper County -- Assessor <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don Koonce CITY / STATE: 12818 County Road 4039 Holts Summit MO 65043 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tara Rentel CITY / STATE: 26401 EE Highway Prairie Home MO 65068 EMPLOYER: All American Dental -- Dental Hygienist <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 60.00	\$ 60.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Duane, Kathy & Caroline Sicht CITY / STATE: 10000 Sharp Rd Ashland MO 65010 EMPLOYER: Self-Employed -- Farmer <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 100.00	\$ 100.00 <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 Friends Of Sara Walsh	DATE 9/2/2020
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INSTRUCTIONS

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Joe Lutz CITY/STATE: 201 Hainen Dr Tipton MO 65081 EMPLOYER: Lutz's Famous BBQ <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert & Patricia Bail CITY/STATE: 12502 B Hwy Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kent Haden CITY/STATE: 21952 Audrain Rd 982 Mexico MO 65265 EMPLOYER: State of Missouri -- State Rep. <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Basye CITY/STATE: 15000 W Hwy 40 Rocheport MO 65279 EMPLOYER: State of Missouri -- State Rep. <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judy and R D Wittenberger CITY/STATE: 21785 Cave Spring Rd Jamestown MO 65046 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 600.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanette Alpers CITY/STATE: 12542 Hwy 87 Prairie Home MO 65068 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeannette and Michael Bernskoetter CITY/STATE: 5219 Glovers Ford Dr Jefferson City MO 65101 EMPLOYER: Arts Pest Control/Missouri Senate -- Business Owner/Senator <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 365.00	\$ 165.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donna & Gary Hennigh CITY/STATE: 1816 Oakcliff Drive Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 150.00	\$ 50.00 <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 Friends Of Sara Walsh	DATE 9/2/2020
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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: Boyce Custom Homes, LLC CITY/STATE: 5512 W Tracy Court EMPLOYER: Columbia MO 65202 <input type="checkbox"/> COMMITTEE:	7/27/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stanley Cox CITY/STATE: 202 W 4th Street EMPLOYER: Sedalia MO 65301 Self-Employed -- Attorney <input type="checkbox"/> COMMITTEE:	7/31/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vivian Algieri CITY/STATE: 15923 Graff Dr EMPLOYER: Jamestown MO 65046 Retired <input type="checkbox"/> COMMITTEE:	7/31/2020 ----- \$ 160.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Janet Dickson CITY/STATE: 2906 Shoreside Drive EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	8/3/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vernon Dickson CITY/STATE: 1620 Tanner Bridge Road EMPLOYER: Jefferson City MO 65101 Retired <input type="checkbox"/> COMMITTEE:	8/5/2020 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shelter Insurance Mo State PAC CITY/STATE: 1817 West Broadway EMPLOYER: Columbia MO 65218 <input checked="" type="checkbox"/> COMMITTEE:	8/12/2020 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rita Thackeray CITY/STATE: 7403 W Country Hill Rd EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	8/12/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nick Myers CITY/STATE: 5873 Riverside Dr EMPLOYER: Joplin MO 64804 Self-Employed -- CPA <input type="checkbox"/> COMMITTEE:	8/13/2020 ----- \$ 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 Sara Walsh	DATE 9/2/2020
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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: Sara and Steve Walsh 6676 American Setter Dr. CITY / STATE: Ashland MO 65010 EMPLOYER: State of Missouri/US House of Representatives -- State Rep./Media Director <input type="checkbox"/> COMMITTEE:	8/17/2020 ----- \$ 20.00	\$ 20.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Roy and Jackie Beal 1241 Duane Swift Parkway CITY / STATE: Jefferson City MO 65109 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/19/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gordon Kinne 4500 East Farm Rd 148 CITY / STATE: Springfield MO 65809 EMPLOYER: Med-Pay, -- Owner <input type="checkbox"/> COMMITTEE:	8/21/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Spencer 15399 Friendship Church Rd CITY / STATE: Hallsville MO 65255 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jane Robertson 28122 HWY 87 CITY / STATE: California MO 65018 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don Vanderfeltz 26683 Highway D CITY / STATE: California MO 65018 EMPLOYER: Self-Employed -- Optometrist <input type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mo Optometric PAC 100 East High Street CITY / STATE: Jefferson City MO 65101 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanne Kliethermes 705 W Meadow Lane CITY / STATE: California MO 65018 EMPLOYER: Prairie Home R-5 -- Teacher <input type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Sara Walsh	DATE 9/2/2020
--	------------------

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: Jessica Robinson CITY / STATE: 81 E High Point Lane Columbia MO 65203 EMPLOYER: HLIC -- Communications Director <input type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cooper County Republican Committee CITY / STATE: 19741 Oakland Church Rd Clarksburg MO 65025 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 1,834.00	\$ 1,834.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim and Mary Lou Green CITY / STATE: 7701 E Zumwalt Rd Hartsburg MO 65039 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jennerfer Bukowsky CITY / STATE: 2140 E Bluebird Lane Ashland MO 65010 EMPLOYER: Bukowsky Law Firm <input type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harvey Tettlebaum CITY / STATE: 56295 Little Moniteau Rd California MO 65018 EMPLOYER: Husch-Blackwell, LLT -- Attorney <input type="checkbox"/> COMMITTEE:	8/26/2020 ----- \$ 100.00	\$ 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

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
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C161082

REPORT DATE

9/2/2020

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

Friends Of Sara Walsh

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

Nathan Alpers Farm
9121 Hwy 87
Prairie Home MO 65068

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

Fundraiser Event: Fried fish dinner and soft drinks served. Free will contributions in basket.

4. DATE OF ACTIVITY OR EVENT

7/27/2020

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Sara Walsh
6676 American Setter Dr.
Ashland MO 65010

5. NUMBER OF PARTICIPANTS

81

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 685.00

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 3,177.34

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 3,862.34

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

Contributions less than \$100 each not required.

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

Advertising

\$ 100.00

Printing of Invitation

\$ 60.92

Postage

\$ 180.00

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 340.92



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Friends Of Sara Walsh		2. Report Date 9/2/2020	
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			+ 322.53
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 322.53
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			+ 2,962.75
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,962.75
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 3,285.28
16. Amount of Line 15 Above which was Paid Out This Period			\$ 3,285.28
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE Friends Of Sara Walsh		DATE 9/2/2020
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		
Anedot Fees		\$ 12.02
Absentee Ballot Data List Request Expense / \$20, \$25		\$ 45.00
Printing Expense		\$ 60.92
Office Supplies Expense		\$ 83.95
Google Fees		\$ 12.00
Sign Expense		\$ 58.64
Advertising		\$ 50.00
		\$
		\$
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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 Sara Walsh		REPORT DATE 9/2/2020	
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: Cooper County Youth Fair ADDRESS: 16899 Dunkies Dr. CITY/STATE: Boonville MO 65233	7/24/2020	Purchase of Youth Bacon at Auction \$	\$ <input checked="" type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED
NAME: Cole County Fair Board ADDRESS: 1445 Fairgrounds Road CITY/STATE: Jefferson City MO 65109	7/29/2020	Bid Purchase of Youth Beef Auction \$	\$ <input checked="" type="checkbox"/> PAID 700.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 131 E Broadway CITY/STATE: Ashland MO 65010	7/31/2020	Postage Stamps \$	\$ <input checked="" type="checkbox"/> PAID 282.75 <input type="checkbox"/> INCURRED
NAME: California Area Chamber of Commerce ADDRESS: 500 S. Oak Street #C CITY/STATE: California MO 65018	8/5/2020	Hole Sponsorship for Golf Tournament \$	\$ <input checked="" type="checkbox"/> PAID 50.00 <input type="checkbox"/> INCURRED
NAME: Crazy Dick's Lawn and Garden ADDRESS: 503 Douglas Drive CITY/STATE: Ashland MO 65010	8/5/2020	Storage Rental \$	\$ <input checked="" type="checkbox"/> PAID 880.00 <input type="checkbox"/> INCURRED
NAME: Moniteau County 4H Council ADDRESS: 100 East Newton 4th Floor CITY/STATE: Versailles MO 65084	8/6/2020	Bid Purchase of 4H Youth Livestock Auction \$	\$ <input checked="" type="checkbox"/> PAID 450.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
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. C161082

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 Receipt:

Refund of \$250.00 from Friends of the City of Ashland as they cancelled fall event.

Amount: 250.00