



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C161082

1. DATE OF REPORT 1/14/2020	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	4. COMMITTEE TELEPHONE NUMBER (573) 808-6154
CITY / STATE / ZIP Ashland MO 65010	
5. TREASURER'S NAME Rosa Robb	
6. TREASURER'S MAILING ADDRESS 4105 Blue Hollow Drive	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 875-2530 WORK:
CITY / STATE / ZIP Columbia MO 65203	
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	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 443-5706 WORK:
CITY / STATE / ZIP	
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 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 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 14 2020 3:16PM _____ 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 14 2020 3:16PM _____ 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	1/14/2020	

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		\$ 6,215.00		
2. All Monetary Contributions Received This Period	\$ 13,840.00			
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)	\$ 13,840.00			
6. In-kind Contributions Received This Period	+ 1,358.27			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 15,198.27			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 21,413.27		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 8,052.05		
10. Expenditures made by cash or check this period	\$ 7,169.23			
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)	\$ 7,169.23			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 15,221.28		
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)	\$ 4,702.45
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 13,840.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 7,169.23 b) Disbursements By Cash \$ 0.00	- 7,169.23
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 11,373.22
			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 1/14/2020	
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		+ \$ 13,921.27	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 13,921.27	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 12,690.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 1,231.27	
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		\$ 1,150.00	
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		\$ 127.00	
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)		\$ 1,358.27	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 13,840.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 12,690.00	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Sara Walsh	DATE 1/14/2020
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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: Roger Moser CITY / STATE: PO Box 668 Fulton MO 65251 EMPLOYER: Moser's Foods -- CEO <input type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Janet Dickson CITY / STATE: 2909 Haden Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Dowell CITY / STATE: 1505 Canton Drive Columbia MO 65203 EMPLOYER: Alzheimer's Association <input type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Allyson Moore CITY / STATE: 9800 W. Sanbog Drive Rocheport MO 65279 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry and Sharon Nelson CITY / STATE: 1891 S. El Dorado Dr. Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jackie Beal CITY / STATE: 1241 Duane Swift Parkway Jefferson City MO 65109 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joan Rawson CITY / STATE: 1705 Bluebridge Rd. Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elizabeth Phillips CITY / STATE: 2670 E. Buffalo Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/25/2019 ----- \$ 25.00	\$ 25.00 <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 1/14/2020
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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. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Vernon Dickson CITY/STATE: 1620 Tanner Bridge Road Jefferson City MO 65101 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/7/2019 ----- \$ 60.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Hancock CITY/STATE: 1561 Candish Lane Chesterfield MO 63017 EMPLOYER: Hancock & Prouty, LLC <input type="checkbox"/> COMMITTEE:	11/6/2019 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathryn Hoflander CITY/STATE: PO Box603 Higginsville MO 64037 EMPLOYER: Hoflander Ford <input type="checkbox"/> COMMITTEE:	11/6/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donna and James Northeren CITY/STATE: 6704 American Setter Dr. Ashland MO 65010 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/5/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ned Beach CITY/STATE: 800 Lori Drive Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/5/2019 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Living Well PAC CITY/STATE: 205 E. Capidtal Ave Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/1/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: A Better Missouri CITY/STATE: 205 E. Capidtal Ave Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/1/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Kelly CITY/STATE: 2736 W. Shag Bark CT Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/1/2019 ----- \$ 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 1/14/2020
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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.

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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: James Imhoff CITY/STATE: 19206 HWY D EMPLOYER: California MO 65018 Self -- Farmer <input type="checkbox"/> COMMITTEE:	11/1/2019 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laura Burger CITY/STATE: 1184 Hampton Lane EMPLOYER: California MO 65018 Retired <input type="checkbox"/> COMMITTEE:	11/4/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Westhoff Rentals, LLC CITY/STATE: PO Box 198 EMPLOYER: Ashland MO 65010 <input type="checkbox"/> COMMITTEE:	11/19/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathy Forck CITY/STATE: 748 County Rd 388 EMPLOYER: New Bloomfield MO 65063 Retired <input type="checkbox"/> COMMITTEE:	11/19/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elaine Proctor CITY/STATE: 1201 Pamela Drive EMPLOYER: California MO 65018 Retired <input type="checkbox"/> COMMITTEE:	11/19/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eldred Proctor CITY/STATE: 1201 Pamela Drive EMPLOYER: California MO 65018 Retired <input type="checkbox"/> COMMITTEE:	11/19/2019 ----- \$ 50.00	\$ 50.00 <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:	12/9/2019 ----- \$ 70.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sally Kolilis CITY/STATE: 28 Fleming Drive EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	12/9/2019 ----- \$ 100.00	\$ 100.00 <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 1/14/2020
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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: Missouri Realtors PAC, INC. CITY/STATE: PO Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	12/4/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Taylor Burks CITY/STATE: 4925 Shadow Cir EMPLOYER: Columbia MO 65203 State of Missouri <input type="checkbox"/> COMMITTEE:	12/4/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Griggs CITY/STATE: 8420 N. Highway VV EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	12/4/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sara Walsh CITY/STATE: 6678 American Setter Dr. EMPLOYER: Ashland MO 65010 Missouri House of Rep. -- State Rep. <input type="checkbox"/> COMMITTEE:	12/12/2019 ----- \$ 488.00	\$ 35.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Moniteau County Farm Bureau CITY/STATE: 100 W Buchanan EMPLOYER: California MO 65018 <input type="checkbox"/> COMMITTEE:	11/14/2019 ----- \$ 313.87	\$ 313.87 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Moniteau County Cattlemen's Association CITY/STATE: 303 Case Street EMPLOYER: California MO 65018 <input type="checkbox"/> COMMITTEE:	11/14/2019 ----- \$ 329.40	\$ 329.40 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Dean and Mischelle Gibson CITY/STATE: 221 Renshaw Drive EMPLOYER: Clarksburg MO 65025 Self -- Crop Insurance/Farmer <input type="checkbox"/> COMMITTEE:	11/14/2019 ----- \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Dempsey CITY/STATE: 3503 Topanga Drive EMPLOYER: Columbia MO 65202 Peak Sport and Spine -- Trainer <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 250.00	\$ 250.00 <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 1/14/2020
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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.

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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: Donna and Terry Spickert CITY/STATE: 7925 S. Bennett Dr. EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	11/14/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeannette and Michael Bernskoetter CITY/STATE: 5219 Glovers Ford Dr EMPLOYER: Jefferson City MO 65101 Arts Pest Control/Missouri Senate -- Business Owner/Senator <input type="checkbox"/> COMMITTEE:	11/14/2019 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: HBS MO State PAC CITY/STATE: PO Box 1108 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: Andy Clay Farms CITY/STATE: 56995 Hwy P EMPLOYER: Jamestown MO 65046 <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Shaul CITY/STATE: 54598 Brickhouse Rd EMPLOYER: Jamestown MO 65046 Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Perry CITY/STATE: 59761 Fairview Rd EMPLOYER: California MO 65018 Self-Employed -- Attorney <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 125.00	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gene & Diane Eulinger CITY/STATE: 56460 Highway N EMPLOYER: California MO 65018 Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim and Lisa Meyer CITY/STATE: 104 Sea Eagle Dr EMPLOYER: Columbia MO 65202 Meyer Works, LLC -- Realtor <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 100.00	\$ 100.00 <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 1/14/2020
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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: Mac & Misty Finley CITY / STATE: 63526 Painters Rd Clarksburg MO 65025 EMPLOYER: Moniteau County -- Commissioner <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 130.00	\$ 130.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Mendenhall CITY / STATE: PO Box 69 Columbia MO 65205 EMPLOYER: REMM, LTD -- Real Estate <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 125.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rudy & Victoria Schroeder CITY / STATE: 24328 Hwy D California MO 65018 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanette Alpers CITY / STATE: 12542 Hwy 87 Boonville MO 65233 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judy & R.D. Wittenberger CITY / STATE: 21785 Cave Spring Rd Jamestown MO 65046 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Aslakson CITY / STATE: 5405 S Brooks Jefferson City MO 65109 EMPLOYER: Mo Department of Conservation -- Engineer <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Griffith CITY / STATE: 1207 Peyton Dr Jefferson City MO 65101 EMPLOYER: State of Missouri -- State Rep. <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AMEC PAC CITY / STATE: 2722 East McCarty St Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 300.00	\$ 300.00 <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 1/14/2020
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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: Brian & Christine Sapp 608 Appaloosa Dr CITY / STATE: Ashland MO 65010 EMPLOYER: US General Services Administration -- Lease Management Specialist <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 160.00	\$ 160.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale & Sandy Deraps CITY / STATE: PO Box 225 Jamestown MO 65046 EMPLOYER: Advanced Chimney Techniques, Inc <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andy & Kacey Clay CITY / STATE: 56995 Hwy P Jamestown MO 65046 EMPLOYER: Self-Employed -- Farmer <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 300.00	\$ 200.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Swearingen CITY / STATE: 17547 Hood Bridge Rd Clarksburg MO 65025 EMPLOYER: Mo Timber LLC -- Owner/Logger <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tony & Connie Koechner CITY / STATE: 72829 Hwy NN Tipton MO 65081 EMPLOYER: Self -- Farmer <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sara Walsh CITY / STATE: 6678 American Setter Dr. Ashland MO 65010 EMPLOYER: Missouri House of Rep. -- State Rep. <input type="checkbox"/> COMMITTEE:	11/15/2019 ----- \$ 453.00	\$ 353.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Vernon Dickson CITY / STATE: 1620 Tanner Bridge Road Jefferson City MO 65101 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	10/7/2019 ----- \$ 50.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Martin CITY / STATE: 400 Longfellow LN Columbia MO 65203 EMPLOYER: Pro Pumping & Hydrojetting LLC <input type="checkbox"/> COMMITTEE:	12/20/2019 ----- \$ 1,250.00	\$ 1,250.00 <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 1/14/2020
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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: Lisa Martin CITY/STATE: 400 Longfellow LN Columbia MO 65203 EMPLOYER: Pro Pumping & Hydrojetting LLC <input type="checkbox"/> COMMITTEE:	12/20/2019 \$ 1,250.00	\$ 1,250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Becky Windle CITY/STATE: 2908 Hayden Dr. Columbia MO 65202 EMPLOYER: Shelter Insurance <input type="checkbox"/> COMMITTEE:	12/20/2019 \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lathrop Gage Consulting PAC CITY/STATE: 314 E. High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	12/20/2019 \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vivian Algieri CITY/STATE: 15923 Greff Dr Jamestown MO 65046 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	12/27/2019 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Realtors PAC, INC. CITY/STATE: P O Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	12/27/2019 \$ 500.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: 417 PAC CITY/STATE: 901 E. Battlefield Rd. EMPLOYER: Springfield MO 65807 <input checked="" type="checkbox"/> COMMITTEE:	12/31/2019 \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donald Jenks CITY/STATE: 111 Eastside Dr. Ashland MO 65010 EMPLOYER: Self -- Optometrist <input type="checkbox"/> COMMITTEE:	12/30/2019 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Verna Koechner CITY/STATE: PO Box 826 Tipton MO 65081 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	11/15/2019 \$ 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
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C161082

REPORT DATE

1/14/2020

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

Clay Farms
56987 State HWY P.
Jamestown MO 65046

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

Fund-Raising Dinner: Burgers, Hot Dogs, Sides, Drink & Desert. Freewill Donations & Auction

4. DATE OF ACTIVITY OR EVENT

11/14/2019

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Sara Walsh
6678 American Setter Dr.
Ashland MO 65010

5. NUMBER OF PARTICIPANTS

88

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

\$ 1,150.00

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

\$ 5,411.27

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

\$ 6,561.27

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

not required for fund-raiser events

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

Copy paper for flyers

\$ 4.27

Facebook Ad

\$ 24.98

table covers

\$ 22.62

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 51.87



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 1/14/2020	
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			+ 258.31
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 258.31
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			+ 6,910.92
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 6,910.92
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 7,169.23
16. Amount of Line 15 Above which was Paid Out This Period			\$ 7,169.23
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



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FORM CD 3 SUP A



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Sara Walsh		REPORT DATE 1/14/2020	
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: Sam's Club ADDRESS: 101 Conley Road CITY/STATE: Columbia MO 65201	10/8/2019	Parade Candy \$	\$ 299.06 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Walmart ADDRESS: 724 Stadium West Blv CITY/STATE: Jefferson City MO 65109	10/15/2019	Parade Refreshments \$	\$ 44.36 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 1750 Jefferson Street CITY/STATE: Jefferson City MO 65109	10/15/2019	Stamps \$	\$ 220.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Ellinger and Associates, LLC ADDRESS: 308 East High Street Suite 300 CITY/STATE: Jefferson City MO 65101	10/24/2019	Attorney Fees \$	\$ 2,307.50 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Primrose Hill ADDRESS: 1212 County Rd. 2696 CITY/STATE: Clark MO 65243	10/29/2019	S. Thampy's campaign contribution \$	\$ 200.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Lincoln University ADDRESS: 820 Chestnut St. CITY/STATE: Jefferson City MO 65101	11/2/2019	Dinner-50 yr Nursing School \$	\$ 200.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Ellinger and Associates, LLC ADDRESS: 308 East High Street Suite 300 CITY/STATE: Jefferson City MO 65101	11/21/2019	Attorney Fees \$	\$ 1,800.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Ellinger and Associates, LLC ADDRESS: 308 East High Street Suite 300 CITY/STATE: Jefferson City MO 65101	12/9/2019	Attorney Fees \$	\$ 1,740.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Coyote Hill Christian Children's Home ADDRESS: 9501 W. Coyote Hill Rd. CITY/STATE: Harrisburg MO 65256	10/18/2019	Raise Your Stick Fund \$	\$ 100.00 <input checked="" 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)			\$ --