



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C161082

1. DATE OF REPORT  7/15/2020	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	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 4/1/2020 THROUGH 6/30/2020	
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 checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" 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 Jul 15 2020 1:21PM _____ 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 15 2020 1:21PM _____ 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	7/15/2020	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 23,633.27		
2. All Monetary Contributions Received This Period	\$ 12,902.20			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 75.19			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 12,977.39			
6. In-kind Contributions Received This Period	+ 79.52			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 13,056.91			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 36,690.18		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 15,933.80		
10. Expenditures made by cash or check this period	\$ 2,436.99			
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. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 2,436.99			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 18,370.79		
<b>Contributions Made</b>	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. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	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. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 12,880.70
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 12,977.39
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 2,436.99 b) Disbursements By Cash \$ 0.00	- 2,436.99
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 23,421.10
			<b>Indebtedness</b>	
			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 7/15/2020	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> 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		+ \$ 12,422.52	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 12,422.52	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 12,343.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 79.52	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 559.20	
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	
<b>C. LOANS RECEIVED</b>			
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)		\$ 79.52	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 12,902.20	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 12,343.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Sara Walsh	DATE 7/15/2020
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Vernon Dickson CITY / STATE: 1620 Tanner Bridge Road Jefferson City MO 65101 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/5/2020 ----- \$ 110.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Mendenhall CITY / STATE: PO Box 69 Columbia MO 65205 EMPLOYER: REMM, LTD -- Real Estate <input type="checkbox"/> COMMITTEE:	4/15/2020 ----- \$ 175.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joan Rawson CITY / STATE: 1705 Blueridge Rd. Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/15/2020 ----- \$ 125.00	\$ 50.00 <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:	4/15/2020 ----- \$ 250.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vivian Algieri CITY / STATE: 15923 Graff Dr Jamestown MO 65046 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	4/15/2020 ----- \$ 85.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rita Thackeray CITY / STATE: 7403 N Country Hill Rd Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/1/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judith Hon CITY / STATE: 19073 Bear Trail Rd Wildwood MO 63005 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/1/2020 ----- \$ 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:	5/1/2020 ----- \$ 300.00	\$ 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 7/15/2020
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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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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Vernon Dickson CITY/STATE: 1620 Tanner Bridge Road Jefferson City MO 65101 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/5/2020 \$ 120.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Mendenhall CITY/STATE: PO Box 69 Columbia MO 65205 EMPLOYER: REMM, LTD -- Real Estate <input type="checkbox"/> COMMITTEE:	5/19/2020 \$ 225.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Kolb CITY/STATE: 2812 Brush Creek Court Jefferson City MO 65109 EMPLOYER: State of Missouri -- Occupation Manager <input type="checkbox"/> COMMITTEE:	5/17/2020 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pam Anderson CITY/STATE: 305 Oakridge Court Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/19/2020 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim Meyer CITY/STATE: 104 Sea Eagle Dr Columbia MO 65202 EMPLOYER: Meyer Works, LLC -- Realtor <input type="checkbox"/> COMMITTEE:	5/20/2020 \$ 150.00	\$ 50.00 <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:	5/18/2020 \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roy and Jackie Beal CITY/STATE: 1241 Duane Swift Parkway Jefferson City MO 65109 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/18/2020 \$ 75.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joan Rawson CITY/STATE: 1705 Blueridge Rd. Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/18/2020 \$ 175.00	\$ 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 7/15/2020
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Harvey Tettlebaum CITY / STATE: 56295 Little Moniteau Rd California MO 65018 EMPLOYER: Husch-Blackwell, LLP -- Attorney <input type="checkbox"/> COMMITTEE:	5/26/2020 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Mendenhall CITY / STATE: PO Box 69 Columbia MO 65205 EMPLOYER: REMM, LTD -- Real Estate <input type="checkbox"/> COMMITTEE:	5/26/2020 ----- \$ 250.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bob Dixson CITY / STATE: 2611 Stratford Chase Pkwy Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	5/26/2020 ----- \$ 150.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sanjiv Sethi CITY / STATE: 2417 Lacewood Dr Columbia MO 65205 EMPLOYER: State of Missouri -- Physician <input type="checkbox"/> COMMITTEE:	5/26/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Moser CITY / STATE: PO Box 668 Fulton MO 65251 EMPLOYER: Moser's Foods -- CEO <input type="checkbox"/> COMMITTEE:	6/2/2020 ----- \$ 850.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don Vanderfeltz CITY / STATE: 26683 Highway D California MO 65018 EMPLOYER: Vision Health Eyecare Center -- Optometrist <input type="checkbox"/> COMMITTEE:	6/2/2020 ----- \$ 750.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carl and Helen Kliethermes CITY / STATE: 10148 Eastwood RD Bunceton MO 65237 EMPLOYER: Self -- Farming - Poultry <input type="checkbox"/> COMMITTEE:	6/2/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: J Kelly Quick CITY / STATE: 2227 E Bearfield Subdivision Columbia MO 65620 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/2/2020 ----- \$ 20.00	\$ 20.00 <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 7/15/2020
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Jerry Anderson CITY / STATE: 5151 E. Woodson Harris Rd. EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	6/2/2020 ----- \$ 70.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Larry Rohrbach CITY / STATE: 25420 HWY D EMPLOYER: California MO 65018 Self -- Farmer <input type="checkbox"/> COMMITTEE:	6/6/2020 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robin Wenneker CITY / STATE: 1404 Torrey Pines Dr. EMPLOYER: Columbia MO 65203 Self -- Farm Management <input type="checkbox"/> COMMITTEE:	6/6/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carolyn Wenneker CITY / STATE: PO Box 914 EMPLOYER: Columbia MO 65205 Self -- Land Management <input type="checkbox"/> COMMITTEE:	6/6/2020 ----- \$ 100.00	\$ 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:	6/5/2020 ----- \$ 130.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Keith Beardslee CITY / STATE: 542 N Clay AVE EMPLOYER: St Louis MO 63122 KMB Innovations -- Communications/PR <input type="checkbox"/> COMMITTEE:	6/4/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don Jenks CITY / STATE: 111 Eastside Dr EMPLOYER: Ashland MO 65010 Self -- Optometrist <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George and Jane Stuart CITY / STATE: 3411 Country Woods RD EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	6/16/2020 ----- \$ 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 7/15/2020
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Jim Meyer CITY / STATE: 104 Sea Eagle Dr Columbia MO 65202 EMPLOYER: Meyer Works, LLC -- Realtor <input type="checkbox"/> COMMITTEE:	6/16/2020 ----- \$ 200.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lisa Martin CITY / STATE: 400 Longfellow LN Columbia MO 65203 EMPLOYER: Pro Pumping & Hydrojetting LLC <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 2,046.00	\$ 796.00  <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:	6/12/2020 ----- \$ 2,046.00	\$ 796.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eldred and Elaine Proctor CITY / STATE: 1201 Pamela Drive California MO 65018 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 200.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Alliance PAC CITY / STATE: 3913 NE 56th Terr. Gladstone MO 64119 <input checked="" type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 250.00	\$ 250.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Matt Goodsell CITY / STATE: 107 Ersan Lane Ashland MO 65010 EMPLOYER: Ashland Baptist Church -- Pastor <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale Roberts CITY / STATE: 5820 Eagle Lake Drive Ashland MO 65010 EMPLOYER: Columbia Police Officer Association <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Fries CITY / STATE: 6501 E Gilpin Rd. Ashland MO 65010 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 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 7/15/2020
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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: David Griggs CITY/STATE: 11 Lemmen Drive EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 300.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judy and R D Wittenberger CITY/STATE: 21785 Cave Spring Rd EMPLOYER: Jamestown MO 65046 Retired <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 450.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry and Sharon Nelson CITY/STATE: 1891 S. El Dorado Dr. EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 375.00	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Dempsey CITY/STATE: 3500 Topanga Dr EMPLOYER: Columbia MO 65202 Peak Sport and Spine -- Athletic Trainer <input type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 500.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: University of Missouri Flagship Council PAC, INC CITY/STATE: 3610 Buttonwood Drive EMPLOYER: Columbia MO 65201 <input checked="" type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Forward PAC CITY/STATE: PO Box 2112 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	6/12/2020 ----- \$ 2,046.00	\$ 2,046.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sara and Steve Walsh CITY/STATE: 6678 American Setter Dr. EMPLOYER: Ashland MO 65010 Mo House of Rep./US House of Rep. <input type="checkbox"/> COMMITTEE:	6/11/2020 ----- \$ 523.00	\$ 35.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Donna and Terry Spickert CITY/STATE: 7925 S. Bennett Dr. EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	6/15/2020 ----- \$ 144.52	\$ 44.52 <input type="checkbox"/> MONETARY <input checked="" 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 7/15/2020
--	-------------------

**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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Kirk and Angela Demars CITY/STATE: 3745 HWY 179 Jefferson City MO 65109 EMPLOYER: Sports Locker Magazine -- Magazine Owners <input type="checkbox"/> COMMITTEE:	6/22/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carl and Carolyn Landwehr CITY/STATE: 2011 Windvalley Ct Jefferson City MO 65101 EMPLOYER: Self-Employed -- Consultants <input type="checkbox"/> COMMITTEE:	6/22/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ray and Barbara Spencer CITY/STATE: 1539 E Ffriendship Church RD Hallsville MO 65255 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	6/22/2020 ----- \$ 50.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AMEC PAC CITY/STATE: PO Box 1645 EMPLOYER: Jefferson City MO 65202 <input checked="" type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 600.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Maurizi CITY/STATE: 2015 Woodhollow DR Columbia MO 65203 EMPLOYER: Self-Employed -- Physician <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 1,350.00	\$ 1,350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tina Maurizi CITY/STATE: 2015 Woodhollow DR Columbia MO 65203 EMPLOYER: Self-Employed -- Registered Nurse <input type="checkbox"/> COMMITTEE:	6/23/2020 ----- \$ 1,350.00	\$ 1,350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Realtors PAC, INC. CITY/STATE: PO Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	6/26/2020 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Pork PAC CITY/STATE: 6235 West Cunningham DR EMPLOYER: Columbia MO 95202 <input checked="" type="checkbox"/> COMMITTEE:	6/29/2020 ----- \$ 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 7/15/2020
--	-------------------

**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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Matthew Scheidt CITY / STATE: 59002 Walker Road EMPLOYER: California MO 65018 Advanced Chimney Techniques, Inc <input type="checkbox"/> COMMITTEE:	6/29/2020 ----- \$ 25.00	\$ 25.00 <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
<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">--</div>

(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

7/15/2020

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

Columbia Board of Realtors  
2309 Interstate 70 Dr. NW  
Columbia MO 65202

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

Fundraiser Event with pizza and soft drinks served attendees. Free will contributions in basket.

4. DATE OF ACTIVITY OR EVENT

6/11/2020

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Sara Walsh  
6678 American Setter Dr.  
Ashland MO 65010

5. NUMBER OF PARTICIPANTS

47

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

\$ 559.20

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

\$ 5,963.00

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

\$ 6,522.20

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

Pizza \$ 459.71

Space Rent for Event \$ 100.00

Ice for event \$ 10.04

Ice Chest, napkins and hand sanitizer for event \$ 96.81

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 666.56



**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 7/15/2020	
<b>A. Expenditures of \$100 or Less by Category</b> (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			+ 330.42
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 330.42
<b>B. Itemized Expenditures All Over \$100</b> <b>And All Payments To Campaign Workers</b>		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			+ 2,106.57
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,106.57
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,436.99
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,436.99
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
<b>C. Contributions Made (Regardless of Amount)</b>		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 7/15/2020
<b>EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> <b>(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)</b>		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Google Fees		\$ 36.00
Anedot Fees		\$ 27.57
Membership Fees/Mo Corn Growers, Mo Farm Bureau, & Mo Cattlemens		\$ 160.00
Event Expenses/Ice, Cooler, napkins, hand sanitizer		\$ 106.85
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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		\$
		\$
		\$
		\$
		\$
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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 7/15/2020	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Columbia Chamber of Commerce ADDRESS: PO Box 1016 CITY/STATE: Columbia MO 65205	4/8/2020	Membership Dues \$	\$ <input checked="" type="checkbox"/> PAID 190.00 <input type="checkbox"/> INCURRED
NAME: Walmart ADDRESS: 724 Stadium West Blv CITY/STATE: Jefferson City MO 65109	5/16/2020	Stamps \$	\$ <input checked="" type="checkbox"/> PAID 165.00 <input type="checkbox"/> INCURRED
NAME: Shakespeares ADDRESS: 3911 Peachtree Ct. CITY/STATE: Columbia MO 65203	6/11/2020	Pizza for event \$	\$ <input checked="" type="checkbox"/> PAID 459.71 <input type="checkbox"/> INCURRED
NAME: Columbia Board of Realtors ADDRESS: 2309 I-70 Drive NW CITY/STATE: Columbia MO 65202	6/11/2020	Facility Rent for event \$	\$ <input checked="" type="checkbox"/> PAID 100.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 131 E Broadway CITY/STATE: Ashland MO 65010	6/15/2020	Stamps \$	\$ <input checked="" type="checkbox"/> PAID 275.00 <input type="checkbox"/> INCURRED
NAME: Missouri Soybean Assn ADDRESS: 734 S Country Club Dr CITY/STATE: Jefferson City MO 65109	6/22/2020	Membership Dues \$	\$ <input checked="" type="checkbox"/> PAID 100.00 <input type="checkbox"/> INCURRED
NAME: Online Stores, LLC ADDRESS: 1000 Westinghouse Dr Suite 1 CITY/STATE: New Stanton PA 15672	6/28/2020	Flags for campaign purposes \$	\$ <input checked="" type="checkbox"/> PAID 566.86 <input type="checkbox"/> INCURRED
NAME: Boone County Youth Livestock ADDRESS: Dana Duncan/Treasurer CITY/STATE: 1000 Kayler Bridge Rd Centertown MO 65023	6/29/2020	Sponsorship/Bo Co Fair \$	\$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED
NAME: Southern Boone Chamber of Commerce ADDRESS: PO Box 525 CITY/STATE: Ashland MO 65010	5/14/2020	Membership \$	\$ <input checked="" type="checkbox"/> PAID 50.00 <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
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (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:

Returned Cooler (leaking) to WalMart

Amount: 75.19