

# Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT	OFFICE USE ONLY
7/15/2020	

COMMITTEE DISCLOSURE REPORT C		7/15/2020	
M.E.C. ID NO	7		
INSTRUCTIONS ON REVERSE SIDE			
2. FULL NAME OF COMMITTEE		•	
Baker For Missouri			
3. COMMITTEE MAILING ADDRESS		4. COMMITTEE TELEPHO	NE NUMBER
PO Box 8031			
CITY / STATE / ZIP		(573) 864-5385	
Columbia MO 65205			
5. TREASURER'S NAME		•	
Nikki Krawitz			
6. TREASURER'S MAILING ADDRESS		7. TREASURER'S TELEPH	IONE NUMBER
901 Edgewood Ave		HOME: (573) 874-3917	
CITY / STATE / ZIP		WORK:	
Columbia MO 65203		Work w	
8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TRE	ASURER		
Sarah Bantz			
9. DEPUTY TREASURER'S MAILING ADDRESS		10. DEPUTY TREASURER	'S TELEPHONE NUMBER
1228 Ridge Rd. Columbia MO 65203		HOME: (573) 874-0692	
CITY / STATE / ZIP		WORK:	
11. DATE OF ELECTION 12. TYPE OF	ELECTION (CHECK	ONE)	
	O PRIMARY	O GENERAL	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT			
FROM 4/1/2020	THROUGH 6/30/2	020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY	15. TYPE OF REPO	RT ER CAUCUS NOMINATION	
Judy Baker	✓ COMMITTE	QUARTERLY REPORT	_
3075 South Rangeline Road	Ja DAYS BEFO		Jul 15 Oct 15
Columbia MO 65201		ER ELECTION	
(573) 864-5385		N (ATTACH FORM CO-3)	
State Senator		DEBT REPORT	
		an 15 🔲 Jul 15	
Missouri State Senate	ANNUAL SUF	PLEMENTAL, JAN 15	
	15 DAYS AFT	ER PETITION DEADLINE	
CHECK IF INCUMBENT	OTHER		
_	AMENDING P	REVIOUS REPORT DATED	
REPUBLICAN DEMOCRAT			
16. COMMITTEE TREASURER'S SIGNATURE	17. CANDIDATE'S S	SIGNATURE (CANDIDATE	COMMITTEES ONLY)
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.		THIS REPORT, COMPRISE ATTACHED FORMS, IS COI	
ELECTRONICALLY FILED Jul 15 2020 8:15AM	ELECTRON	ICALLY FILED Jul 15 20	)20 8:15AM
TREASURER'S SIGNATURE	CANDIDAT	E'S SIGNATURE	



Name of Committee

Baker For Missouri

Date of Report

Office Use Only

7/15/2020

		D. This Code 1 1			
Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of		
Total Receipts For This Election     Previously Reported		\$ 92,390.00	Beginning and Ending Financial Condition		
All Monetary Contributions Received     This Period	<b>\$</b> 75,465.00		Money On Hand		
3. All Loans Received This Period	+ 0.00				
4. Miscellaneous Receipts This Period	+ 2.00		24. Money On Hand at the beginning of this reporting period (Including funds	\$ 79,801.63	
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 75,467.00		and all other investments)	Ψ 79,001.03	
<ol> <li>In-kind Contributions Received This Period</li> </ol>	+ 0.00		25.  Monetary Receipts this Period	+ 75,467.00	
<ol> <li>Total All Receipts This Period (Sum 5A + 6A)</li> </ol>	\$ 75,467.00		(From Rem 3 - this page)	75,407.00	
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 167,857.00	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 20,085.82	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	a) Disbursements By Check \$\frac{20,085.82}{0.00}\$ b) Disbursements By Cash \$\frac{0.00}{0.00}\$		
Total Expenditures for this election previously reported		\$ 18,709.36	27. Money On Hand at the close of this reporting period	\$ 135,182.81	
<ol> <li>Expenditures made by cash or check this period</li> </ol>	\$ 16,683.82		(SUM 24 + 25 - 26)	¥ 133,102.01	
In-Kind Expenditures made this period	+ 343.42				
Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 6,143.50		Indebtedness	5	
<ol> <li>Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)</li> </ol>	\$ 23,170.74		28.  Outstanding Indebtedness at the beginning of this period	\$ 3,402.00	
14. Total Expenditures This Election (Sum 9B + 13A)		<b>\$</b> 41,880.10	29.	. 0.00	
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	Loans Received This Period	+ 0.00	
<ul><li>15. Total Contributions Made For This Election Previously Reported</li><li>16.</li></ul>		\$ 920.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 6,143.50	
All Contributions Made This Period (25A or 25B of CD3)	0.00	← Cash/Check ← Credit Card	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00	
17. All In-Kind Contributions Made This Period	+ 0.00		31.	0 00	
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		Payments Made on Loans This Period	- 0.00	
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 920.00	32.  Debt Forgiven on Loans This Period	- 0.00	
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	3 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 0.00	
<ul> <li>Funds Used For Paying Loans This Period Including Credit Card Payments</li> <li>Payments This Period on Prev Reported</li> </ul>	+ 0.00		33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only)	-3,402.00	
Expend Incurred (Paid by Cash/Check Only)	+ 3,402.00		(Line 21 this page)	,	
Any Miscellaneous Disbursement Not     Reported Elsewhere	+ 0.00		Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 +	\$ 6,143.50	
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 3,402.00		30A + 30B - 31 - 32 - 33)	, , , , , , , , , , , , , , , , , , , ,	



# MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY	
	-

1. NAME OF COMMITTEE	2. REPORT DATE	
Baker For Missouri	7/15/2020	
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	400050475.70	(CHECK IF
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO DATE	MONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:		\$
ADDRESS:		Ψ
CITY / STATE: View Supplemental Form(s)		MONETARY
EMPLOYER:	\$	MONETARY
COMMITTEE:	1	☐ IN-KIND
NAME:		\$
ADDRESS:		Φ
CITY / STATE:		MONETARY
EMPLOYER:	\$	MONETARY
COMMITTEE:	1	☐ IN-KIND
NAME:		¢.
ADDRESS:		\$
CITY / STATE:		MONETARY
EMPLOYER:	\$	=
COMMITTEE:	`	☐ IN-KIND
NAME: ADDRESS:		\$
CITY / STATE:		Ψ
EMPLOYER:		MONETARY
COMMITTEE:	\$	IN-KIND
NAME:		IIN-KIND
ADDRESS:		\$
CITY / STATE:		Ψ
EMPLOYER:		MONETARY
COMMITTEE:	\$	IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 75,465.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 75,465.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 75,465.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	I CD1A	\$ 0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$100 OR LESS	\$ 0.00
C. LOANS RECEIVED	16. DATE	17. AMOUNT OF LOAN
15. NAME AND ADDRESS OF LENDER	RECEIVED	(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)		\$ 0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 75,465.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DDE00 (01114 0 40 0 00)	\$ 75,465.00



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE 7/15/2020

#### **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.

ir further informa	ation is needed concerning reporting itemized expenditures, see Form C	ו-ט. וווstructions.	
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
· ·	O TO A COMMITTEE.	DATE	OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	BATE	
ADDRESS:	Aaron Smith		\$ 2,559.00
CITY / STATE:	2100 W Broadway	6/30/2020	, ·
EMPLOYER:	Columbia MO 65203 AW Smith Law Attorney	Φ	MONETARY
COMMITTEE:	In Switch Law incountry	\$ 2,559.00	IN-KIND
NAME:			
ADDRESS:	Adam Clapper	4/30/2020	\$ 500.00
CITY / STATE:	1916 Ridgemont Columbia MO 65203	4/30/2020	
EMPLOYER:	Boyce and Bynum Pathology Physician	\$ 500.00	<b>■</b> MONETARY
COMMITTEE:		Ψ 300.00	☐ IN-KIND
NAME:			<b>A</b> 500 00
ADDRESS:	Aimee Davenport	5/20/2020	\$ 500.00
CITY / STATE:	403 Stewart Road Columbia MO 65203	5/20/2020	
EMPLOYER:	Stinson Attorney	\$ 500.00	MONETARY
COMMITTEE:		\$ 333.33	IN-KIND
NAME:			•
ADDRESS:	Alanna Bauer	6/16/2020	\$ 100.00
CITY / STATE:	2245 W Augusta Blvd Apt 3R Chicago IL 60622		LA MONETARY
EMPLOYER:	Cerner Consultant	\$ 200.00	MONETARY
COMMITTEE: NAME:		·	L IN-KIND
ADDRESS:	Alice Kitchen		\$ 100.00
CITY / STATE:	3725 Valentine Rd	6/13/2020	\$ 100.00
EMPLOYER:	Kansas City MO 64111 UMKC Adjunct/social worker		MONETARY
COMMITTEE:	omice Adjunce/Social Worker	\$ 300.00	IN-KIND
NAME:			
ADDRESS:	Alice Kitchen		\$ 100.00
CITY / STATE:	3725 Valentine Rd	4/22/2020	
EMPLOYER:	Kansas City MO 64111 UMKC adjunct/social worker	Φ	MONETARY
COMMITTEE:		\$ 200.00	IN-KIND
NAME:			
ADDRESS:	Aline Kultgen		\$ 100.00
CITY / STATE:	1012 Hickory Hill Dr Columbia MO 65203	6/30/2020	
EMPLOYER:	none Retired	\$ 100.00	<b>✓</b> MONETARY
COMMITTEE:		<b>\$</b> 100.00	IN-KIND
NAME:			
ADDRESS:	Amir Hermelin	4/23/2020	\$ 50.00
CITY / STATE:	139 Carlisle Way Sunnyvale CA 94087		
EMPLOYER:	SoFi Vice President	\$ 50.00	MONETARY
COMMITTEE:		Ψ 55.55	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CAPP)	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM OF	)-1)
(CARRI	TO TIEM / SUBTOTAL. HEMIZED CONTRIBUTIONS FROM ANT ATTA	COLLED FAGES ON FORM CL	<i>7</i> -1 <i>)</i>



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri 7/15/2020

#### **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.

DATE

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 informa	ntion is needed concerning reporting itemized expenditures, see Form C	D-1 Instructions.	
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)
•	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del> </del>
NAME:			\$ 750.00
ADDRESS:	Amy Gossett 4900 E Deer Knoll Rd	4/20/2020	\$ 750.00
CITY / STATE:	Columbia MO 65201		MONETARY
EMPLOYER:  COMMITTEE:	Lincoln University Professor	<b>\$</b> 750.00	MONETARY
NAME:			IN-KIND
ADDRESS:			\$ 100.00
CITY / STATE:	Andrea Routh 306B 58th Street	5/31/2020	φ 100.00
EMPLOYER:	Holmes Beach FL 34217		<b>✓</b> MONETARY
COMMITTEE:	self employed non profit consultant coach	\$ 500.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 19.00
CITY / STATE:	Andy Emerson 2100 Bluff Pointe Dr	4/10/2020	Ψ = 3.00
EMPLOYER:	Columbia MO 65201		<b>✓</b> MONETARY
COMMITTEE:	University of Mo Fiscal manager	\$ 19.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 100.00
CITY / STATE:	Ann Schroeder 609 W Main St	4/22/2020	φ 100.00
EMPLOYER:	Union MO 63084		MONETARY
COMMITTEE:	none Retired	\$ 600.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	Ann Korschgen		\$ 75.00
CITY / STATE:	6951 S. Lakota Ridge Lane	6/29/2020	<b>\$</b> 75.00
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:	Not Buiployed Not Buiployed	\$ 175.00	IN-KIND
NAME:			1
ADDRESS:	Ann Korschgen		\$ 50.00
CITY / STATE:	6951 S. Lakota Ridge Lane	5/22/2020	Ψ 30.00
EMPLOYER:	Columbia MO 65203  Not Employed Not Employed		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Ann Ross		\$ 25.00
CITY / STATE:	7 Mountview Ct	5/28/2020	Ψ Δ5.00
EMPLOYER:	Ballwin MO 63011 Not employed Not employed	Φ	<b>✓</b> MONETARY
COMMITTEE:		\$ 25.00	IN-KIND
NAME:			<u> </u>
ADDRESS:	Anna Forder	4 /07 /0000	\$ 100.00
CITY / STATE:	4501 Lindell Bl # 7B	4/27/2020	
EMPLOYER:	St Louis MO 63208 Not employed Not employed	Φ 200 00	MONETARY
COMMITTEE:		\$ 300.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED BAGES" ON EODM CE	
(CARRI	TO TIEM / SUBTOTAL. HEINIZED CONTRIBUTIONS FROM ANT ATTA	CHED FAGES ON FORM CL	<i>7</i> -1 <i>)</i>



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE 7/15/2020

#### **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 informa	tion is needed concerning reporting itemized expenditures, see Form C	D-1 Instructions.	
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	O TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRESS NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	+
ADDRESS:			\$ 100.00
CITY / STATE:	Anna Lingo 608 Spring Valley	5/14/2020	Φ 100.00
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	Markel & Lingo Law Offices Attorney	\$ 100.00	IN-KIND
NAME:			1
ADDRESS:	Anna Jinkerson	- 40 4 40000	\$ 25.00
CITY / STATE:	4034 7th St NEIA Washington DC 20017	5/24/2020	•
EMPLOYER:	American Society of Clinical Oncology Assistant to the Chief Medical Officer		<b>■</b> MONETARY
COMMITTEE:	office!	\$ 75.00	IN-KIND
NAME:			
ADDRESS:	Anne Fitzsimmons		\$ 250.00
CITY / STATE:	509 Westmount Ave	6/17/2020	<b>T</b>
EMPLOYER:	Columbia MO 65203 University of Missouri Physician		MONETARY
COMMITTEE:	University of Missouri Physician	<b>\$</b> 1,250.00	IN-KIND
NAME:			1
ADDRESS:	Acmo Dono		\$ 15.00
CITY / STATE:	Asma Raza 1728 Stifel Lane Dr	4/19/2020	Ψ 13.00
EMPLOYER:	Chesterfield MO 63017		MONETARY
COMMITTEE:	BJC pharmacist	\$ 15.00	IN-KIND
NAME:			I II I
ADDRESS:	Audrey Spieler		\$ 20.00
CITY / STATE:	1018 Danforth Drive	5/29/2020	Ψ 20.00
EMPLOYER:	Columbia MO 65201 self real estate sales		<b>✓</b> MONETARY
COMMITTEE:	Sell lear estate sales	\$ 60.00	IN-KIND
NAME:			1
ADDRESS:	Audrey Buzzard		\$ 10.00
CITY / STATE:	7708 Shelby 449	6/16/2020	Ψ 10.00
EMPLOYER:	Shelbina MO 63468 Shelby County Recorder of Deeds		MONETARY
COMMITTEE:	biciby councy Recorder of Beeds	<b>\$</b> 35.00	IN-KIND
NAME:			
ADDRESS:	Bandy Jacobs		\$ 50.00
CITY / STATE:	6250 E Highway WW	4/2/2020	Ψ 50.00
EMPLOYER:	Columbia MO 65201 none Retired		<b>✓</b> MONETARY
COMMITTEE:	none rectifed	\$ 50.00	IN-KIND
NAME:			
ADDRESS:	Barbara Fraser		\$ 100.00
CITY / STATE:	581 Stratford Ave.	6/1/2020	Ψ 100.00
EMPLOYER:	St Louis MO 63130 St Louis County Education Liaison		MONETARY
COMMITTEE:	So Isale Councy Education Education	\$ 100.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM CE	<i>P</i> -1)



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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 informa	tion is needed concerning reporting itemized expenditures, see Form C	D-1 Instructions.	
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del> </del>
NAME:			\$ 100.00
ADDRESS:	Barbara Rupp 305 Devine Ct	5/12/2020	Φ 100.00
CITY / STATE:	Columbia MO 65203		MONETARY
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	\$ 200.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:	Daubana Williamsan		<b>\$</b> 59.00
CITY / STATE:	Barbara Williamson 200 Wild Ginger Court	4/10/2020	Ψ 33.00
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 59.00	IN-KIND
NAME:			
ADDRESS:	Barbara Robinson		<b>\$</b> 50.00
CITY / STATE:	4110 Town Square Dr	5/22/2020	*
EMPLOYER:	Columbia MO 65203 none Retired		MONETARY
COMMITTEE:	none Retired	\$ 50.00	IN-KIND
NAME:			<del></del>
ADDRESS:	Barbara Mitchell		\$ 25.00
CITY / STATE:	624 Whitestone Farm Ct	6/30/2020	Ψ = 23.33
EMPLOYER:	Chesterfield MO 63017 Not Employed Not Employed	Φ	<b>✓</b> MONETARY
СОММІТТЕЕ:	Not Employed Not Employed	\$ 25.00	IN-KIND
NAME:			† <del>-</del>
ADDRESS:	Ben Pepper		\$ 250.00
CITY / STATE:	8512 N Beaman Ave	5/29/2020	230.00
EMPLOYER:	Kansas City MO 64154 Bank Banker	Φ 0.50 0.0	<b>✓</b> MONETARY
COMMITTEE:		\$ 250.00	IN-KIND
NAME:			
ADDRESS:	Benjamin Kreeger	6/20/0000	\$ 10.00
CITY / STATE:	400 Nashua Rd	6/30/2020	,
EMPLOYER:	Liberty MO 64068 Not employed Not employed	<b>c</b> 10.00	<b>✓</b> MONETARY
COMMITTEE:		\$ 10.00	IN-KIND
NAME:			
ADDRESS:	Bennett Greenspan		\$ 10.00
CITY / STATE:	150 River Club Lane North Augusta SC 29841	6/29/2020	
EMPLOYER:	North Augusta SC 29841 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:		\$ 10.00	IN-KIND
NAME:			
ADDRESS:	Bernita Cauthon	5/26/2020	\$ 20.00
CITY / STATE:	4200 Tracy Apt. 209 Kansas City MO 64110	5/20/2020	
EMPLOYER:	United Way of Greater Kansas City Call Specialist		<b>✓</b> MONETARY
COMMITTEE:		\$ 20.00	☐ IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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.

ii further informa	ition is needed concerning reporting itemized expenditures, see Form C	D-1 instructions.	
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.  S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:	S AND OCCOPATION (LIST COMMUNITIEES FIRST)	277.12	
ADDRESS:	Bernita Cauthon		<b>\$</b> 5.00
CITY / STATE:	4200 Tracy Apt. 209	6/8/2020	<b>*</b>
EMPLOYER:	Kansas City MO 64110 United Way of Greater Kansas City Call Specialist	Φ	<b>✓</b> MONETARY
COMMITTEE:		\$ 25.00	IN-KIND
NAME:			
ADDRESS:	Blake Markus	5/26/2020	\$ 200.00
CITY / STATE:	1202 W. High St. Jefferson City MO 65109	3/20/2020	_
EMPLOYER:	Carson & Coil P.C Attorney	\$ 200.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 200.00	☐ IN-KIND
NAME:			100.00
ADDRESS:	Bob Buckley	5/31/2020	\$ 100.00
CITY / STATE:	7150 Chimney Ridge Road Columbia MO 65203	5/31/2020	
EMPLOYER:	Schreimann Rackers & Francka Attorney	\$ 100.00	MONETARY
COMMITTEE:		Ψ ±00.00	IN-KIND
NAME:			Φ.
ADDRESS:	Bondi Wood 7801 E Mexico Gravel Rd	6/29/2020	\$ 100.00
CITY / STATE:	Columbia MO 65202		
EMPLOYER:	Self Employed Writer	\$ 100.00	MONETARY
COMMITTEE:			L IN-KIND
NAME:			<b>c</b>
ADDRESS: CITY / STATE:	Bonnie Trickey 708 Silverton Ct	4/10/2020	\$ 50.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	Not employed Not employed	\$ 200.00	IN-KIND
NAME:			IIN-KIIND
ADDRESS:	Brian Toohey		\$ 100.00
CITY / STATE:	3306 Snow Leopard Dr	5/4/2020	Ψ 100.00
EMPLOYER:	Columbia MO 65202 Columbia Board of Realtors CEO		MONETARY
COMMITTEE:	COLUMNIA DOULA OF REALFOLD CEO	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Brian Sadlo		\$ 25.00
CITY / STATE:	P.O.Box 96	6/16/2020	4 25.00
EMPLOYER:	Saint Albans MO 63073 none retired	<b>^</b> 25 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 25.00	IN-KIND
NAME:			
ADDRESS:	Brian & Holly Ford	6/29/2020	<b>\$</b> 50.00
CITY / STATE:	7104 Cascades Dr Columbia MO 65203	6/29/2020	
EMPLOYER:	Churchnet Clergy	<b>\$</b> 50.00	<b>✓</b> MONETARY
COMMITTEE:		φ 50.00	☐ IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CADDY	TO ITEM 7 "CUDTOTAL. ITEMIZED CONTRIBUTIONS FROM ANY ATT	ACHED DAGES! ON FORM OF	
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	<i>)</i> -1)



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

**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 informa	ntion is needed concerning reporting itemized expenditures, see Form C	CD-1 Instructions.	
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRES	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	+
· · · · · · · - ·			\$ 100.00
ADDRESS:	Bryant Liddle 4050 State Road JJ	6/17/2020	Φ 100.00
CITY / STATE:	Fulton MO 65251		MONETARY
EMPLOYER:  COMMITTEE:	Not employed Not employed	\$ 200.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 100.00
CITY / STATE:	Candace Iveson 6430 E Palmer Rd	5/29/2020	Ψ 100.00
EMPLOYER:	Columbia MO 65202		<b>✓</b> MONETARY
COMMITTEE:	University of Missouri teacher	\$ 100.00	IN-KIND
NAME:			1
ADDRESS:	Candi Galen		<b>\$</b> 25.00
CITY / STATE:	505 South Glenwood Avenue	6/2/2020	*
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	University of Missouri Professor	\$ 125.00	IN-KIND
NAME:			
ADDRESS:	Candi Galen		\$ 25.00
CITY / STATE:	505 South Glenwood Avenue	4/2/2020	Ψ = 23.33
EMPLOYER:	Columbia MO 65203 University of Missouri Professor	Φ	<b>✓</b> MONETARY
Сомміттев:	University of Missouri Floressor	\$ 75.00	IN-KIND
NAME:			† <del>-</del>
ADDRESS:	Candi Galen		\$ 25.00
CITY / STATE:	505 South Glenwood Avenue	5/2/2020	23.00
EMPLOYER:	Columbia MO 65203 University of Missouri Professor	Ф 100 00	<b>✓</b> MONETARY
COMMITTEE:	-	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Carl Neitzert	5 /05 /0000	\$ 50.00
CITY / STATE:	3808 Southland Dr.	5/26/2020	·
EMPLOYER:	COLUMBIA MO 65201 Creative Photo Photographer	C 150 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 150.00	IN-KIND
NAME:			
ADDRESS:	Carl Neitzert		\$ 25.00
CITY / STATE:	3808 Southland Dr. COLUMBIA MO 65201	6/29/2020	
EMPLOYER:	Creative Photo Photographer		<b>✓</b> MONETARY
COMMITTEE:		\$ 175.00	☐ IN-KIND
NAME:			
ADDRESS:	Carol Beahan	5/31/2020	\$ 100.00
CITY / STATE:	809 Greenwood Ct Columbia MO 65203	3/31/2020	
EMPLOYER:	Not Employed Not Employed	\$ 100.00	<b>MONETARY</b>
COMMITTEE:		ψ 100.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CO	
(OAINI)	COSTOTAL TELESCOPPINISONOROR ANT ATTA	.525 . 7.625 6.4 . 6.4 . 6.	· -,



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

**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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	4. DATE RECEIVED	5. AMOUNT RECEIVED
	O TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			
ADDRESS:	Carole Kennedy	F /22 /2020	\$ 100.00
CITY / STATE:	704 Wildwood Dr	5/22/2020	'
EMPLOYER:	Columbia MO 65203 none Retired	<b>c</b> 100 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Carole Patterson	4 /00 /000	\$ 100.00
CITY / STATE:	910 Leland Ridge Rd	4/20/2020	*
EMPLOYER:	Columbia MO 65203 self photographer		<b>✓</b> MONETARY
СОММІТТЕЕ:	sell photographer	\$ 200.00	IN-KIND
NAME:			
ADDRESS:	Carolin Edican		\$ 1,000.00
CITY / STATE:	Carolyn Edison 3700 Lenoir St #214	6/13/2020	Ι Ψ ΄
EMPLOYER:	Columbia MO 65201		<b>✓</b> MONETARY
COMMITTEE:	none Retired	\$ 1,000.00	IN-KIND
NAME:			IN-KIND
			<b>C</b> 100 00
ADDRESS:	Carolyn Landry 600 Rivers Edge Dr Apt 325	5/22/2020	\$ 100.00
CITY / STATE:	St Charles MO 63303		- I MONETARY
EMPLOYER:	none Retired	\$ 100.00	MONETARY
COMMITTEE:		<b></b>	☐ IN-KIND
NAME:			
ADDRESS:	Carolyn Dollar 2405 E. Thomas Hill Rd.	5/26/2020	<b>\$</b> 50.00
CITY / STATE:	Sturgeon MO 65284	5/20/2020	l
EMPLOYER:	Not Employed Not Employed	\$ 50.00	MONETARY
COMMITTEE:		Ψ 30.00	☐ IN-KIND
NAME:			
ADDRESS:	Carrie McDonald	4/19/2020	<b>\$</b> 50.00
CITY / STATE:	3622 Belleview Ave Kansas City MO 64111	4/19/2020	
EMPLOYER:	Not employed Not employed	\$ 50.00	<b>✓</b> MONETARY
COMMITTEE:		\$ 50.00	☐ IN-KIND
NAME:			
ADDRESS:	Catey Terry		\$ 100.00
CITY / STATE:	508 S. Garth Avenue	6/30/2020	
EMPLOYER:	Columbia MO 65203 University of Missouri Outreach Director	<b>f</b> 100 00	<b>✓</b> MONETARY
COMMITTEE:	_	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Cathy Gunther		\$ 25.00
CITY / STATE:	102 Edgewood Ave	4/11/2020	
EMPLOYER:	Columbia MO 65203 University of Missouri Instructor		MONETARY
COMMITTEE:	oniversity of missouri instituted	\$ 25.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY	(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

#### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.				
A. ITEMIZED CONTRIBUTIONS RECEIVED  FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.  3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)  4. DATE RECEIVED  CHECK IF MONETARY OR IN-KIND)				
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	5,112		
ADDRESS: CITY / STATE:	Charles Broomfield 4619 N Holly Ct Kansas City MO 64116	6/6/2020	\$ 150.00	
EMPLOYER:  COMMITTEE:	Self Owner	\$ 150.00	MONETARY IN-KIND	
NAME:				
ADDRESS:	Charles Bentley	6/29/2020	\$ 25.00	
CITY / STATE:	542 n. Sequoia St. Columbia MO 65201			
EMPLOYER:  COMMITTEE:	Self Medicaid Consultant	\$ 50.00	MONETARY IN-KIND	
NAME:				
ADDRESS: CITY / STATE:	Charles Bentley 542 n. Sequoia St.	5/12/2020	\$ 25.00	
EMPLOYER:	Columbia MO 65201 Self Medicaid Consultant		<b>✓</b> MONETARY	
COMMITTEE:	Sell Medicald Consultant	\$ 25.00	IN-KIND	
NAME:				
ADDRESS: CITY / STATE:	Charlie OReilly 1898 Monet Rd.	6/29/2020	\$ 1,500.00	
EMPLOYER:	Nixa MO 65714		<b>✓</b> MONETARY	
COMMITTEE:	Not Employed Not Employed	\$ 1,500.00	IN-KIND	
NAME:		+	IN-KIND	
ADDRESS:	Charlette Door		\$ 250.00	
CITY / STATE:	Charlotte Dean 1906 S Fairview Rd	5/26/2020	<b>\$</b> 250.00	
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY	
COMMITTEE:	Not Employed Not Employed	\$ 250.00	IN-KIND	
NAME:		· ·	IN-KIND	
ADDRESS:			\$ 50.00	
	Chase Barnes 1300 N Harrison Apt B-601	5/6/2020	\$ 50.00	
CITY / STATE:	Wilmington DE 19806		I MONETARY	
EMPLOYER:	Univ Delaware Bldg Mgr	\$ 50.00	MONETARY	
COMMITTEE:			IN-KIND	
NAME:			¢	
ADDRESS:	Chimene Schwach 1232 Sunset Drive	5/14/2020	\$ 25.00	
CITY / STATE:	Columbia MO 65203	3/11/2020	MONITARY	
EMPLOYER:	Ragtag Film Society Manager	\$ 90.00	MONETARY	
COMMITTEE:		· ·	IN-KIND	
NAME:			<b>c</b> 25 22	
ADDRESS:	Chimene Schwach 1232 Sunset Dr	4/27/2020	\$ 25.00	
CITY / STATE:	Columbia MO 65203		TATI MONETARY	
EMPLOYER:  COMMITTEE:	Ragtag Film Society Manager	\$ 65.00	MONETARY IN-KIND	
TOTAL: ITEMIZE	D CONTRIBUTIONS			
	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM CD	-1)	



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

**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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRESS NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
ADDRESS:			\$ 1,000.00
	Chris Teeter 107 E. Ridgelely Road	6/30/2020	<b>D</b> 1,000.00
CITY / STATE:	Columbia MO 65203		MONETARY
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	\$ 2,000.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:	Chuighing Marines		\$ 500.00
CITY / STATE:	Christine Mezines 3800 Faurot Dr	6/22/2020	Ψ 333.33
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	none Retired	\$ 500.00	IN-KIND
NAME:			IIV-IXIND
ADDRESS:	Chairting William		\$ 49.00
CITY / STATE:	Christine Wilson 1000 Yale	4/10/2020	Ψ 22.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
	Not Employed Not Employed	\$ 49.00	IN-KIND
L COMMITTEE:		<del>-  </del>	IN-KIND
			<b>c</b> 50.00
ADDRESS:	Christopher Cummins 1708 Grayson Dr.	6/30/2020	\$ 50.00
CITY / STATE:	Columbia MO 65202		
EMPLOYER:	University of Missouri Office Support Specialist	\$ 100.00	MONETARY
COMMITTEE:			L IN-KIND
NAME:			•
ADDRESS:	Cindy Fulton 224 Papin Avenue	6/30/2020	\$ 100.00
CITY / STATE:	Webster Groves MO 63119	0/30/2020	
EMPLOYER:	CPA Self	\$ 100.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 100.00	☐ IN-KIND
NAME:			
ADDRESS:	Cindy Mustard	6/17/2020	\$ 50.00
CITY / STATE:	600 S Greenwood Dr Columbia MO 65203		
EMPLOYER:	none Retired	\$ 150.00	<b>₩</b> MONETARY
COMMITTEE:		Ψ 130.00	☐ IN-KIND
NAME:			
ADDRESS:	Connie Cunningham	F /0 /000	\$ 50.00
CITY / STATE:	4440 Hwy 179 Centertown MO 65023	5/9/2020	
EMPLOYER:	STL County Childrens Services Fund Executive Director	\$ 50.00	<b>✓</b> MONETARY
COMMITTEE:		φ 50.00	☐ IN-KIND
NAME:			
ADDRESS:	Contessa Brundridge	6/20/2020	\$ 100.00
CITY / STATE:	720 Olive St Apt 2011 Willard MO 65781	6/30/2020	
EMPLOYER:	Jackson Lewis Attorney		<b>✓</b> MONETARY
COMMITTEE:		\$ 300.00	☐ IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CABBY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS EDOM ANY ATTA	ACHED BACES" ON EODM OF	
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	TORED PAGES" ON FORM CD	<i>;</i> -1 <i>)</i>



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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.

	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
	0 TO A COMMITTEE.	DATE	OR IN-KIND)
<u>s. name, addres:</u> NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS:	G		\$ 200.00
CITY / STATE:	Crystal Williams 3633 Charlotte St	6/21/2020	Ψ 200.00
EMPLOYER:	Kansas City MO 64109		<b>✓</b> MONETARY
COMMITTEE:	Jackson County Legislator Legislator	\$ 200.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 500.00
CITY / STATE:	Curtis Cunningham 3807 Triple Crown Dr	6/29/2020	φ 500.00
EMPLOYER:	Columbia MO 65202		MONETARY
COMMITTEE:	USDA Administrator	\$ 1,000.00	IN-KIND
NAME:			IIN-MIND
ADDRESS:	Complete Makes 15-		\$ 1,000.00
CITY / STATE:	Cynthia Metcalfe 150 Carondelet Plaza #1702	6/12/2020	Ψ -,:::::
EMPLOYER:	Clayton MO 63105		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 1,000.00	IN-KIND
NAME:			
ADDRESS:	Complete Welman		\$ 250.00
CITY / STATE:	Cynthia Holmes 6530 Clayton Rd	5/26/2020	Ψ 250.00
EMPLOYER:	St Louis MO 63117		MONETARY
COMMITTEE:	Self Attorney	\$ 250.00	IN-KIND
NAME:			IN TAIND
ADDRESS:	Dan Edidin		\$ 100.00
CITY / STATE:	503 W Lathrop Rd	6/21/2020	Ψ 100.00
EMPLOYER:	Columbia MO 65203 University of Missouri Professor		MONETARY
COMMITTEE:	oniversity of hissouri from the first state of the	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Daniel Kuebler		\$ 50.00
CITY / STATE:	2001 Winchester Dr.	4/27/2020	J 50.00
EMPLOYER:	Columbia MO 65202 Not employed Not employed	Φ	<b>✓</b> MONETARY
COMMITTEE:		\$ 50.00	IN-KIND
NAME:			
ADDRESS:	Daniel Kuebler		\$ 25.00
CITY / STATE:	2001 Winchester Dr.	6/30/2020	23.00
EMPLOYER:	Columbia MO 65202 Not employed Not employed	<b>¢</b> 75.00	<b>✓</b> MONETARY
COMMITTEE:		\$ 75.00	IN-KIND
NAME:			
ADDRESS:	David Barnett	6/12/2020	\$ 250.00
CITY / STATE:	PO Box 101 Summersville MO 65571	6/13/2020	,
EMPLOYER:	Security Bank of the Ozarks Banker/Retired	<b>C</b> 250 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 250.00	IN-KIND
TOTAL: ITEMIZE	ED CONTRIBUTIONS	•	:
. JIAL. HEMIZE			
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM C	D-1)



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

#### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 0 TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:	THE GOOD THON (EIGH COMMITTEE OF INCOT)		
ADDRESS:	David Mehr	F /21 /0000	\$ 250.00
CITY / STATE:	714 Ingleside Dr	5/31/2020	
EMPLOYER:	Columbia MO 65201 University of Missouri Physician/professor	\$ 2,250.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 2,230.00	☐ IN-KIND
NAME:			
ADDRESS:	David Mehr	6/30/2020	\$ 250.00
CITY / STATE:	714 Ingleside Dr Columbia MO 65201		
EMPLOYER:	University of Missouri Physician/professor	<b>\$</b> 2,500.00	MONETARY
COMMITTEE:		<b>,</b> ,	IN-KIND
NAME:			\$ 250.00
ADDRESS: CITY / STATE:	David Riedel 68 Lake Forest Drive	6/30/2020	\$ 250.00
EMPLOYER:	Saint Louis MO 63117		<b>✓</b> MONETARY
COMMITTEE:	BJC Physicians Group Physician	\$ 250.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	2.110		\$ 200.00
CITY / STATE:	David Sapp 1025 Hickory Hill Dr.	5/7/2020	Ψ 200.00
EMPLOYER:	Columbia MO 65203		MONETARY
СОММІТТЕЕ:	Not Employed Not Employed	\$ 200.00	IN-KIND
NAME:			
ADDRESS:	David Allen		\$ 100.00
CITY / STATE:	3706 Shadow Glen Ct. Columbia MO 65203	6/22/2020	
EMPLOYER:	none none	\$ 600.00	<b>✓</b> MONETARY
COMMITTEE:		φ 800.00	☐ IN-KIND
NAME:			
ADDRESS:	David Allen	4/22/2020	\$ 100.00
CITY / STATE:	3706 Shadow Glen Ct. Columbia MO 65203	7/22/2020	
EMPLOYER:	none none	\$ 400.00	MONETARY
COMMITTEE:		<b>\$</b> 100.00	IN-KIND
NAME:			•
ADDRESS:	David Allen 3706 Shadow Glen Ct.	5/22/2020	\$ 100.00
CITY / STATE:	Columbia MO 65203	3/22/2020	<b>✓</b> MONETARY
EMPLOYER:  COMMITTEE:	none none	\$ 500.00	IN-KIND
NAME:			IIN-MIND
ADDRESS:	David Fedder		\$ 50.00
CITY / STATE:	36 Morwood Lane	4/30/2020	30.00
EMPLOYER:	Creve Coeur MO 63141 Dentons US LLP Attorney	Δ	MONETARY
COMMITTEE:		\$ 50.00	IN-KIND
	D CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	-1)



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

**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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	,
NAME:			• 30.00
ADDRESS:	David Mallory	5/15/2020	\$ 30.00
CITY / STATE:	602 Shakertown Way Columbia MO 65203	3/13/2020	
EMPLOYER:	Not Employed Not Employed	\$ 30.00	MONETARY
COMMITTEE:		Ψ 30.00	L IN-KIND
NAME:			
ADDRESS:	Deanna Ronchetti	6/21/2020	\$ 500.00
CITY / STATE:	#25 Eastwood Drive	6/21/2020	
EMPLOYER:	St. Joseph MO 64506 Not Employed Not Employed	Φ	<b>✓</b> MONETARY
COMMITTEE:	Not imployed Not imployed	\$ 500.00	IN-KIND
NAME:			
ADDRESS:	Debbie Sheals		\$ 50.00
CITY / STATE:	406 W Broadway	6/1/2020	*
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	Historic Preservation Consulting Architectural historian	\$ 50.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 10.00
	Debby Satten 411 Waverley Street	4/17/2020	\$ 10.00
CITY / STATE:	Menlo Park CA 94025		LA MONETARY
EMPLOYER:	Not Employed Not Employed	\$ 10.00	MONETARY
COMMITTEE:		Ť	IN-KIND
NAME:			
ADDRESS:	Deborah Finley	6/24/2020	\$ 100.00
CITY / STATE:	3804 Berrywood Drive Columbia MO 65201	0/24/2020	
EMPLOYER:	Primaris Director	\$ 200.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 200.00	L IN-KIND
NAME:			
ADDRESS:	Deborah Zemke	F /12 /0000	\$ 25.00
CITY / STATE:	513 Westwood Ave	5/13/2020	·
EMPLOYER:	Columbia MO 65203 Self Author/Illustrator	Φ	<b>✓</b> MONETARY
COMMITTEE:		\$ 25.00	IN-KIND
NAME:			
ADDRESS:	Dennis Hodo		\$ 10.00
CITY / STATE:	4205 Steinbrooke Terrace	6/26/2020	10.00
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:	Not Emproyed Not Emproyed	\$ 10.00	IN-KIND
NAME:			IN-KIND
	T		\$ 25.00
ADDRESS:	Diana Kornfeld 4416 SW Admiral Byrd Dr.	6/30/2020	\$ 25.00
CITY / STATE:	Lees Summit MO 64082		Manager and
EMPLOYER:	Not employed Not employed	\$ 25.00	MONETARY
COMMITTEE:		<b>—</b>	IN-KIND
TOTAL: ITEMIZE	ED CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	CHED PAGES" ON FORM CO	D-1)



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

**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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRES:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
ADDRESS:			\$ 250.00
	Dolores Shearon 8010 Jackson St.	6/16/2020	Φ 230.00
CITY / STATE:	Omaha NE 68114		MONETARY
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	\$ 500.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Don Day		<b>\$</b> 50.00
CITY / STATE:	2515 Fleetwood Dr	6/6/2020	•
EMPLOYER:	Columbia MO 65202 none Retired		MONETARY
COMMITTEE:	none Retired	\$ 50.00	IN-KIND
NAME:		-	
ADDRESS:	Donald Baker		\$ 500.00
CITY / STATE:	6210 Bridle Bend Dr.	5/31/2020	_
EMPLOYER:	Columbia MO 65201		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 1,350.00	IN-KIND
NAME:		-	
ADDRESS:	Donald Asbee		\$ 25.00
CITY / STATE:	7281 E Zumwalt Rd	5/30/2020	Ψ 23.00
EMPLOYER:	Hartsburg MO 65039		MONETARY
COMMITTEE:	Asbee Metal Studio Sculptor	\$ 50.00	IN-KIND
NAME:			I IVINIE
ADDRESS:	Donna Moog		\$ 75.00
CITY / STATE:	6230 E Alta Hacienda Dr	6/29/2020	γ /5.00
EMPLOYER:	Scottsdale AZ 85251 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:	NOC Employed NOC Employed	\$ 125.00	IN-KIND
NAME:			I IVINIE
ADDRESS:	Donna Ross		\$ 50.00
CITY / STATE:	1323 S Cedar Grove Blvd	5/22/2020	$\Psi$ 50.00
EMPLOYER:	Columbia MO 65201		<b>✓</b> MONETARY
COMMITTEE:	none Retired	\$ 200.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	Donna Moog		\$ 25.00
CITY / STATE:	6230 E Alta Hacienda Dr	6/29/2020	<b>\$</b> 25.00
EMPLOYER:	Scottsdale AZ 85251		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 50.00	IN-KIND
NAME:			IIN-KIIND
ADDRESS:	Donna Maag		\$ 25.00
CITY / STATE:	Donna Moog 6230 E Alta Hacienda Dr	5/27/2020	<b>ψ</b> 45.00
	Scottsdale AZ 85251		MONETARY
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	\$ 25.00	MONETARY IN-KIND
	-D CONTRIBUTIONS	<del>- !</del>	1 14 141145
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	<i>)</i> -1)



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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.

DDRESS	If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
MORE THAN \$100 TO A COMMITTEE:   AGREGATE TO DATE	A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$100 TO A COMMITTEE:   ADDRESS AND OCCUPATION_LIST COMMITTEES FIRST)	FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
AME	· ·			<b>Y</b>
DDRESS		S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
A				<b>c</b> 5.00
MONETARY			4/27/2020	<b>D</b> 3.00
COMMITTEE:		Saint Louis MO 63131		MONETARY
IAME:   DDRESS:   Douglas Witt		Webster University Adjunct professor	\$ 5.00	ı <b>=</b>
Self Serokeded Cir	NAME:			
Self Serokeded Cir	ADDRESS:	Douglas Witt	5 / 2 / 2 2 2 2	\$ 100.00
MPLOYER	CITY / STATE:	8655 Brookside Cir	. , ,	·
COMMITTEE:   S	EMPLOYER:			MONETARY
AMME:   DORESS:   Kd   Manson		Sell maployed Consulting	\$ 100.00	_
Annum	NAME:			
Amelon	ADDRESS:	Ed Hanson		\$ 20.00
MPLOYER:   Not Employed Not Employed   \$ 30.00			6/30/2020	<b>*</b>
COMMITTEE:   \$ 30.00				MONETARY
AMME:   DDRESS:   Ed Hanson		Not Employed Not Employed	\$ 30.00	
DDRESS:   Ed Hanson   1106 Vintage Drive     1000 Wintage Drive				IIV-IXIND
Columbia Mo 65203		-1		<b>\$</b> 10.00
MPLOYER:   Columbia Mo 65203   Not Employed Not Employed   \$ 10.00			6/8/2020	Ψ 10.00
COMMITTEE:		Columbia MO 65203		MONETARY
AMME:   DDRESS:   Edward Campbell   MONETARY   MONETA		Not Employed Not Employed	\$ 10.00	_
DDRESS:   Edward Campbell   1902 S Baltimore St Ste 300				LIN-KIND
1902 S Baltimore St Ste 300		71 10 111		¢
MONETARY			6/1/2020	<b>Φ</b> 250.00
COMMITTEE:   \$ 250.00		Kirksville MO 63501	· · · ·	MONETARY
AMME: ADDRESS: Edward Coe ATTY/STATE: 206 Heather In Columbia M0 65203 AMPLOYER: none not employed  AMME: ADDRESS: Edward Coe AMPLOYER: none not employed  AMME: ADDRESS: Edward Coe ATTY/STATE: 206 Heather In Columbia M0 65203 AMPLOYER: none not employed  AMPLOYER: none not employed  AMONETARY		Campbell Law Firm Attorney	<b>\$</b> 250.00	
### ADDRESS: Edward Coe			· ·	IN-KIND
### A 19/2020  #################################				<b>c</b>
Columbia MO 65203   None not employed   \$ 550.00			4/19/2020	<b>5</b> 100.00
COMMITTEE:  AME:  ADDRESS: Edward Coe  CITY / STATE: 206 Heather Ln  Columbia Mo 65203  EMPLOYER: none not employed  COMMITTEE:  AME:  ADDRESS: Edward Ricciotti  COLUMDIA MO 65202  EMPLOYER: ACT Social Worker  COMMITTEE:  TOTAL: ITEMIZED CONTRIBUTIONS  IN-KIND    IN-KIND     550.00   IN-KIND     100.00     5719/2020     5719/2020     5700.00     MONETARY     IN-KIND     6/17/2020     MONETARY     IN-KIND     IN-KIND     100.00     MONETARY     IN-KIND     IN-KIND     100.00				
IAME:  ADDRESS: Edward Coe  ATTY/STATE: 206 Heather Ln Columbia M0 65203 AMPLOYER: none not employed  COMMITTEE:  ADDRESS: Edward Ricciotti AME: ADDRESS: Edward Ricciotti AF21 E. Brynleigh Ct. Columbia M0 65202 ACT Social Worker  TOTAL: ITEMIZED CONTRIBUTIONS   \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00    MONETARY     MON		none not employed	\$ 550.00	l <b>==</b>
ADDRESS: Edward Coe CITY/STATE: 206 Heather Ln Columbia M0 65203 none not employed \$ 700.00  COMMITTEE:  ADDRESS: Edward Ricciotti ADDRESS: Edward Ricciotti COLUMBIA M0 65202 CITY/STATE: Columbia M0 65202 CITY/STATE: Columbia M0 65202 CITY/STATE: ACT Social Worker  COMMITTEE:  TOTAL: ITEMIZED CONTRIBUTIONS  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00  \$ 100.00			+	IN-KIND
## STATE: 206 Heather In Columbia M0 65203  ## PLOYER: none not employed	NAME:			Φ.
Columbia MO 65203 none not employed  COMMITTEE:  ADDRESS: ADDRESS: Columbia MO 65202 ACT Social Worker  COMMITTEE:  MONETARY IN-KIND  6/17/2020  MONETARY IN-KIND  6/17/2020  MONETARY IN-KIND  TOTAL: ITEMIZED CONTRIBUTIONS	ADDRESS:		5/19/2020	<b>5</b> 100.00
MONETARY    COMMITTEE:   None not employed   \$ 700.00   MONETARY     IN-KIND       MONETARY     IN-KIND       MONETARY     IN-KIND       MONETARY     IN-KIND       MONETARY     IN-KIND       MONETARY     IN-KIND       MONETARY     IN-KIND     MONETARY     IN-KIND     MONETARY     IN-KIND	CITY / STATE:			
L COMMITTEE:  IAME:  IAME:  IADDRESS: Edward Ricciotti  IN-KIND  6/17/2020  IN-KIND  6/17/2020  IMPLOYER: ACT Social Worker  COMMITTEE:  TOTAL: ITEMIZED CONTRIBUTIONS  IN-KIND  100.00  \$ 100.00  \$ 100.00	EMPLOYER:	none not employed	\$ 700.00	
ADDRESS: Edward Ricciotti 4521 E. Brynleigh Ct. Columbia MO 65202  EMPLOYER: ACT Social Worker  COMMITTEE:  TOTAL: ITEMIZED CONTRIBUTIONS  SHOW A Ricciotti 6/17/2020  MONETARY IN-KIND			Ψ	IN-KIND
## AS21 E. Brynleigh Ct. Columbia M0 65202  #MPLOYER: ACT Social Worker  COMMITTEE:  ## MONETARY IN-KIND  TOTAL: ITEMIZED CONTRIBUTIONS	NAME:			
## MONETARY  ## Columbia M0 65202  ## COMMITTEE:  **COMMITTEE:**  **COMMITTEE:**  **COMMITTEE:**  **MONETARY  IN-KIND  **IN-KIND  **	ADDRESS:		6/17/2020	\$ 100.00
MPLOYER: ACT Social Worker  COMMITTEE:  TOTAL: ITEMIZED CONTRIBUTIONS  SOCIAL WORKER  \$ 200.00  IN-KIND	CITY / STATE:			
TOTAL: ITEMIZED CONTRIBUTIONS	EMPLOYER:			<b>✓</b> MONETARY
	COMMITTEE:		Ψ 200.00	☐ IN-KIND
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)	TOTAL: ITEMIZE	D CONTRIBUTIONS		
	(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CE	D-1)



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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.

If further informa	tion is needed concerning reporting itemized expenditures, see Form C	If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED		
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY		
· ·	0 TO A COMMITTEE. S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)		
NAME:	S AND OCCUPATION (LIST COMINITY LEES FIRST)	271.2	+		
ADDRESS:	Edward Coe		<b>\$</b> 50.00		
CITY / STATE:	206 Heather Ln	6/9/2020	· ·		
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		<b>✓</b> MONETARY		
COMMITTEE:	Not Imployed	\$ 750.00	IN-KIND		
NAME:					
ADDRESS:	Edward Coe	4 /0 /000	\$ 50.00		
CITY / STATE:	206 Heather Ln	4/9/2020			
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	<b>f</b> 450.00	<b>✓</b> MONETARY		
COMMITTEE:	Not Employed Not Employed	\$ 450.00	IN-KIND		
NAME:					
ADDRESS:	Edward Coe	_ ,	\$ 50.00		
CITY / STATE:	206 Heather Ln	5/9/2020			
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		✓ MONETARY		
COMMITTEE:		\$ 600.00	☐ IN-KIND		
NAME:					
ADDRESS:	Edward McFowland	4/27/2020	\$ 50.00		
CITY / STATE:	2921 Bishop PL Scott Ave	4/2//2020			
EMPLOYER:	St. Louis MO 63107 City Of Wellston Inspector	\$ 50.00	<b>✓</b> MONETARY		
COMMITTEE:		<b>y</b> 50.00	IN-KIND		
NAME:					
ADDRESS:	Edwards Coe	6 /10 /2020	\$ 100.00		
CITY / STATE:	206 Heather Ln Columbia MO 65203	6/19/2020			
EMPLOYER:	none not employed	\$ 850.00	<b>✓</b> MONETARY		
COMMITTEE:		Ψ 030.00	L IN-KIND		
NAME:					
ADDRESS:	Elinor Miller	4/16/2020	\$ 25.00		
CITY / STATE:	1525 Hampton Hall Dr Chesterfield MO 63017	1/10/2020			
EMPLOYER:	none Retired	\$ 25.00	<b>✓</b> MONETARY		
COMMITTEE:		Ψ 23.00	☐ IN-KIND		
NAME:			•		
ADDRESS:	Elizabeth Garrett 2409 Kyle Drive	4/10/2020	\$ 59.00		
CITY / STATE:	Columbia MO 65203	4/10/2020			
EMPLOYER:	University of Missouri Physician	<b>\$</b> 159.00	MONETARY		
COMMITTEE:		<u> </u>	L IN-KIND		
NAME:			Φ		
ADDRESS:	Ellen Burkemper 206 Main St	6/1/2020	\$ 200.00		
CITY / STATE:	Troy MO 63379		<b>A</b>		
EMPLOYER:	none Retired	<b>\$</b> 200.00	MONETARY		
COMMITTEE:		Ť	L IN-KIND		
TOTAL: ITEMIZED CONTRIBUTIONS					
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM CE	D-1)		



OFFICE USE ONLY

NAME OF COMMITTEE Baker For Missouri DATE 7/15/2020

#### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 0 TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			
ADDRESS:	Ellen Rippeto	4 /10 /0000	\$ 109.00
CITY / STATE:	806 West Blvd S	4/10/2020	
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	_	<b>✓</b> MONETARY
COMMITTEE:		\$ 709.00	☐ IN-KIND
NAME:			
ADDRESS:	Ellis O Jackson	4/25/2020	\$ 100.00
CITY / STATE:	3807 Ivanhoe Blvd	4/23/2020	
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:		\$ 100.00	☐ IN-KIND
NAME:			
ADDRESS:	Erica Dobreff		\$ 50.00
CITY / STATE:	12115 Grand Avenue	5/12/2020	
EMPLOYER:	Kansas City MO 64145 self affordable housing consultant	•	<b>✓</b> MONETARY
COMMITTEE:	-	\$ 50.00	☐ IN-KIND
NAME:			
ADDRESS:	Erick Mullen	4 / 9 / 2 0 2 0	\$ 25.00
CITY / STATE:	1421 Locust Road NW	4/8/2020	
EMPLOYER:	Washington DC 20012 Mercury Public Affairs Managing Director	4	✓ MONETARY
COMMITTEE:		\$ 25.00	☐ IN-KIND
NAME:			
ADDRESS:	Frances Beach	4 / 1 / 4 / 2 2 2 2	\$ 50.00
CITY / STATE:	PO Box 5466 Madison WI 53705	4/14/2020	
EMPLOYER:	none Retired	\$ 50.00	✓ MONETARY
COMMITTEE:		φ 50.00	☐ IN-KIND
NAME:			
ADDRESS:	Frances Reynolds	E /20 /2020	\$ 50.00
CITY / STATE:	902 E. Sunset Lane Columbia MO 65203	5/20/2020	
EMPLOYER:	University of Missouri-Columbia Educator	\$ 75.00	<b>✓</b> MONETARY
COMMITTEE:		\$ 75.00	☐ IN-KIND
NAME:			
ADDRESS:	Frank J. Thomeczek	6 /20 /0000	\$ 10.00
CITY / STATE:	4709 Pierrre Street Columbia MO 65202	6/30/2020	
EMPLOYER:	Ricks Taxi Taxi Driver	\$ 59.99	<b>✓</b> MONETARY
COMMITTEE:		ψ 37.77	☐ IN-KIND
NAME:			
ADDRESS:	Frederick Schmidt	5/6/2020	\$ 200.00
CITY / STATE:	110 Anderson Ave Columbia MO 65203	5, 5, 2020	
EMPLOYER:	self employed accountant	\$ 250.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 250.00	☐ IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	-1)
,			<u> </u>



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

#### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$10	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 0 TO A COMMITTEE.  S AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	27.1.2	
ADDRESS: CITY / STATE:	Frederick Schmidt 1613 Harvard St NW Apt 305	5/5/2020	\$ 50.00
EMPLOYER:  COMMITTEE:	Washington DC 20009 self accountant	\$ 50.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Gabriel Fried	6/26/2020	\$ 10.00
CITY / STATE:	906 Crestland Ave	0/20/2020	
EMPLOYER:  COMMITTEE:	Columbia MO 65203 University of Missouri professor	\$ 30.00	MONETARY IN-KIND
NAME:			
ADDRESS: CITY / STATE:	Gabriel Fried 906 Crestland Ave	4/26/2020	\$ 10.00
EMPLOYER:	Columbia MO 65203 University of Missouri professor	\$ 10.00	MONETARY IN-KIND
NAME:			
ADDRESS: CITY / STATE:	Gabriel Fried 906 Crestland Ave	5/26/2020	\$ 10.00
EMPLOYER:	Columbia MO 65203 University of Missouri professor	\$ 20.00	MONETARY IN-KIND
NAME:			
ADDRESS: CITY / STATE:	Gary Fennewald 1316 Willowcreek Lane	6/26/2020	\$ 100.00
EMPLOYER:  COMMITTEE:	Columbia MO 65203 none Retired	\$ 100.00	MONETARY IN-KIND
NAME:			INFRING
ADDRESS: CITY / STATE:	Gary Murphy 20910 County Road 780	6/30/2020	\$ 30.00
EMPLOYER:  COMMITTEE:	Bernie MO 63822 farmer self	\$ 30.00	MONETARY IN-KIND
NAME:			
ADDRESS: CITY / STATE:	Gary Bloom 6010 Chaparrall Creek Ct Apt 2914	6/26/2020	\$ 5.00
EMPLOYER:  COMMITTEE:	Hazelwood MO 63042 Arcvision Engineer	\$ 20.00	MONETARY IN-KIND
NAME:		<del>                                     </del>	
ADDRESS: CITY / STATE:	Gary Bloom 6010 Chaparrall Creek Ct Apt 2914	4/17/2020	\$ 5.00
EMPLOYER:  COMMITTEE:	Hazelwood MO 63042 Arcvision Engineer	\$ 10.00	MONETARY IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS	<u> </u>	<u> </u>
	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	
			·



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

#### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
	0 TO A COMMITTEE.  S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)		-
ADDRESS:	Gary Bloom	5/17/2020	\$ 5.00
CITY / STATE:	6010 Chaparrall Creek Ct Apt 2914 Hazelwood MO 63042	3,17,2020	
EMPLOYER:  COMMITTEE:	Arcvision Engineer	\$ 15.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Gene Forrester	6/10/2020	\$ 250.00
CITY / STATE:	2400 Blackthorne	0/10/2020	!
EMPLOYER:	Columbia MO 65201 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:		\$ 250.00	☐ IN-KIND
NAME:			
ADDRESS:	George Lopez		\$ 250.00
CITY / STATE:	3748 Washington	6/29/2020	
EMPLOYER:	Kansas City MO 64111 Celink Mortgage Banker	_	<b>✓</b> MONETARY
COMMITTEE:		\$ 250.00	☐ IN-KIND
NAME:			
ADDRESS:	Glenda Nickell	6 /01 /0000	\$ 25.00
CITY / STATE:	12230 S Andrew Sapp Road	6/21/2020	· '
EMPLOYER:	Ashland MO 65010 Not Employed Not Employed	ф ог оо	<b>✓</b> MONETARY
COMMITTEE:	1 2 2	\$ 25.00	IN-KIND
NAME:			
ADDRESS:	Gloria Crull		\$ 50.00
CITY / STATE:	2301 Limerick Lane Columbia MO 65203	6/29/2020	
EMPLOYER:	Not Employed Not Employed	_	<b>✓</b> MONETARY
COMMITTEE:		\$ 100.00	☐ IN-KIND
NAME:			
ADDRESS:	Gordon Waller	C /1 /0000	\$ 250.00
CITY / STATE:	PO Box 972 Sikeston MO 63801	6/1/2020	
EMPLOYER:	First Midwest Bank Banker		<b>✓</b> MONETARY
COMMITTEE:		\$ 250.00	☐ IN-KIND
NAME:			
ADDRESS:	Gordon Rogers	F /1 / / 2 2 2 2	\$ 25.00
CITY / STATE:	111 Anderson Ave Columbia MO 65203	5/14/2020	
EMPLOYER:	Not Employed Not Employed	\$ 25.00	<b>✓</b> MONETARY
COMMITTEE:		φ 25.00	IN-KIND
NAME:			
ADDRESS:	Greg Ahrens	5/7/2020	\$ 25.00
CITY / STATE:	1504 Sylvan Lane Columbia MO 65202	5,7,2020	
EMPLOYER:	Not Employed Not Employed	\$ 25.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 25.00	IN-KIND
TOTAL: ITEMIZE	ED CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	D-1)



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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.

ii iuriner imorma	tion is needed concerning reporting itemized expenditures, see Form CL	-1 mstructions.	
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.  S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
3. NAME; ADDRESS	S AND OCCUPATION (LIST COMMINITIEES FIRST)	D/(IL	
ADDRESS:	Gretchen Maune		<b>\$</b> 19.00
CITY / STATE:	1919 E. Walnut St. 203 Columbia MO 65201	4/10/2020	Ψ
EMPLOYER:	Missouri national education Association Governmental relations consultant	Φ	MONETARY
COMMITTEE:		\$ 19.00	I IN-KIND
NAME:			
ADDRESS:	Gretchen Maune	F /20 /2020	\$ 10.00
CITY / STATE:	1919 E Walnut Apt. 203	5/20/2020	
EMPLOYER:	Columbia MO 65201 MNEA Governmental Relations Consultant	<b>c</b> 20.00	<b>✓</b> MONETARY
COMMITTEE:		\$ 29.00	☐ IN-KIND
NAME:			
ADDRESS:	Guy Adams	6 / 6 / 0 0 0 0	\$ 50.00
CITY / STATE:	309 Shelbark Court Columbia MO 65203	6/6/2020	
EMPLOYER:	Not employed Not employed	\$ 50.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 50.00	☐ IN-KIND
NAME:			
ADDRESS:	Harold Baker	6/8/2020	<b>\$</b> 15.00
CITY / STATE:	65 Chinkapin Lane Lonedell MO 63060		
EMPLOYER:	Not Employed Not Employed	<b>\$</b> 15.00	<b>■</b> MONETARY
COMMITTEE:		Ψ 10.00	IN-KIND
NAME:			
ADDRESS:	Harry Walz 2104 Smiley Lane-	6/29/2020	\$ 25.00
CITY / STATE:	Columbia MO 65202		Less Manustania
EMPLOYER:	Not Employed Not Employed	\$ 25.00	MONETARY
COMMITTEE: NAME:			IN-KIND
ADDRESS:			\$ 10.00
CITY / STATE:	Home Bentley 542 N. Sequoia St.	4/1/2020	\$ 10.00
EMPLOYER:	Columbia MO 65201		<b>✓</b> MONETARY
COMMITTEE:	Compass Healthcare Public Insurance consultant	\$ 10.00	IN-KIND
NAME:			IIA-IXIIAD
ADDRESS:	Houston Roberts		\$ 19.00
CITY / STATE:	3002 Frederick Avenue	4/10/2020	<b>Ψ</b> 19.00
EMPLOYER:	Saint Joseph MO 64506 St. Joseph Youth Alliance Youth Employment Specialist	•	MONETARY
COMMITTEE:		\$ 84.00	IN-KIND
NAME:			
ADDRESS:	Houston Roberts	6 /1 /2020	<b>\$</b> 15.00
CITY / STATE:	3002 Frederick Avenue	6/1/2020	
EMPLOYER:	Saint Joseph MO 64506 St. Joseph Youth Alliance Youth Employment Specialist	<b>C</b> 114 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 114.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS	<del></del>	
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	CHED PAGES" ON FORM C	D-1)



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri 7/15/2020

#### **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.

DATE

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 CONTR	IBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTE	ES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRESS NAME:	AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
10000			<b>\$</b> 15.00
	Houston Roberts 3002 Frederick Avenue	4/1/2020	<b>5</b> 13.00
CITT/STATE.	Saint Joseph MO 64506		MONETARY
EMPLOYER:  COMMITTEE:	St. Joseph Youth Alliance Youth Employment Specialist	\$ 65.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Houston Roberts	F /1 /0000	<b>\$</b> 15.00
CITY / STATE:	3002 Frederick Avenue	5/1/2020	
	Saint Joseph MO 64506 St. Joseph Youth Alliance Youth Employment Specialist	Ф	MONETARY
COMMITTEE:	be. Toden Fillance Toden Employment Specialise	\$ 99.00	IN-KIND
NAME:			
A DDDECO.	Howard Cavner		<b>\$</b> 250.00
	4466 East Culloden Lane	5/27/2020	
EMPLOYED:	Springfield MO 65809		<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 250.00	IN-KIND
NAME:			IIV IXIIVE
ADDDECC.			\$ 200.00
	Hugh Murrell 1400 Torrey Pines Dr	6/17/2020	Ψ 200.00
EMPLOYED	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 200.00	IN-KIND
NAME:			IN-KIND
	Humanna Ouadin		\$ 250.00
	Humayun Quadir 10004 Kennerly Rd Ste 315A	5/22/2020	\$ 250.00
	St Louis MO 63128		MONETARY
COMMITTEE:	St Louis Nephrology Associates MD	\$ 250.00	MONETARY IN-KIND
		· ·	L IN-KIND
NAME:			Φ
	Ida Fogle 409 W Broadway	5/31/2020	\$ 10.00
CITT/STATE.	Columbia MO 65203		
	Daniel Boone Regional Library Library Associate	\$ 20.00	MONETARY
COMMITTEE:		+	IN-KIND
NAME:			
	James Preston 1804 Princeton Dr	6/6/2020	\$ 100.00
CITY / STATE:	Columbia MO 65203	0/0/2020	
	University of Missouri Asst Exec Dir. MU Extension	\$ 800.00	MONETARY
COMMITTEE:		Ψ	☐ IN-KIND
NAME:			
	James Bryan	4/2/2020	\$ 25.00
CITY/STATE:	3413 Whitney Ct Columbia MO 65203		
	none Retired	\$ 25.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 23.00	IN-KIND
TOTAL: ITEMIZED	CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

#### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		(CHECK IF MONETARY
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			
ADDRESS:	James Figueroa-Robnett Jr.	4/20/2020	\$ 25.00
CITY / STATE:	1675 County Road 390 Holts Summit MO 65043		
EMPLOYER:  COMMITTEE:	none Retired	\$ 25.00	MONETARY IN-KIND
NAME:			
ADDRESS:	James Swope		\$ 7.00
CITY / STATE:	1401 Windsor Street	6/29/2020	*
EMPLOYER:	Columbia MO 65201		<b>✓</b> MONETARY
СОММІТТЕЕ:	none none	\$ 49.00	IN-KIND
NAME:			
ADDRESS:	James Swope		\$ 7.00
CITY / STATE:	1401 Windsor Street	4/29/2020	,
EMPLOYER:	Columbia MO 65201 none none		<b>✓</b> MONETARY
COMMITTEE:	none none	\$ 35.00	IN-KIND
NAME:			
ADDRESS:	James Swope	- / O O / O O O O	\$ 7.00
CITY / STATE:	1401 Windsor Street	5/29/2020	•
EMPLOYER:	Columbia MO 65201 none none	Φ	<b>✓</b> MONETARY
Сомміттев:	none none	\$ 42.00	IN-KIND
NAME:			
ADDRESS:	James Harmon		\$ 5.00
CITY / STATE:	813 E Normal St	6/17/2020	] + 3.00
EMPLOYER:	Kirksville MO 63501 none none	Φ	<b>✓</b> MONETARY
COMMITTEE:		<b>\$</b> 15.00	IN-KIND
NAME:			
ADDRESS:	James Harmon	4 /1 7 / 2 2 2 2	\$ 5.00
CITY / STATE:	813 E Normal St	4/17/2020	
EMPLOYER:	Kirksville MO 63501 none none	Φ	<b>✓</b> MONETARY
COMMITTEE:		\$ 5.00	☐ IN-KIND
NAME:			
ADDRESS:	James Harmon		\$ 5.00
CITY / STATE:	813 E Normal St	5/17/2020	3.00
EMPLOYER:	Kirksville MO 63501 none none	<b>f</b> 10.00	<b>✓</b> MONETARY
COMMITTEE:		\$ 10.00	IN-KIND
NAME:			
ADDRESS:	James R Dowd	6/24/2020	\$ 500.00
CITY / STATE:	3 Whitfield Lane Saint Louis MO 63124	6/24/2020	
EMPLOYER:	Self Attorney	<b>C</b> 1 500 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 1,500.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE 7/15/2020

#### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTI	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	O TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRESS NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
ADDRESS:			\$ 500.00
	James R. Dowd 3 Whitfield Ln.	6/17/2020	<b>D</b> 300.00
CITY / STATE:	Saint Louis MO 63124		MONETARY
EMPLOYER:  COMMITTEE:	Self Attorney	\$ 1,000.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 100.00
CITY / STATE:	Jan Swaney 4008 Curt Drive	6/11/2020	<b>y</b> 100.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 500.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 100.00
CITY / STATE:	Jan Swaney 4008 Curt Drive	4/11/2020	Ψ
	Columbia MO 65203		MONETARY
EMPLOYER:	Not Employed Not Employed	\$ 300.00	ı <b>=</b>
L COMMITTEE:		· ·	L IN-KIND
I			<b>f</b> 100 00
ADDRESS:	Jan Swaney 4008 Curt Drive	5/11/2020	\$ 100.00
CITY / STATE:	Columbia MO 65203		
EMPLOYER:	Not Employed Not Employed	\$ 400.00	MONETARY
COMMITTEE:		*	L IN-KIND
NAME:			Φ.
ADDRESS:	Jan Beckett 706 Thilly	4/10/2020	\$ 49.00
CITY / STATE:	Columbia MO 65203	1/10/2020	
EMPLOYER:	Not Employed Not Employed	\$ 249.00	MONETARY
COMMITTEE:		<u> </u>	L IN-KIND
NAME:			
ADDRESS:	Jane Bogetto	5/29/2020	\$ 100.00
CITY / STATE:	2017 Meadowtree Lane Kirkwood MO 63122		
EMPLOYER:	Not Employed Not Employed	\$ 100.00	MONETARY
COMMITTEE:		Ψ 100.00	IN-KIND
NAME:			
ADDRESS:	Jane Aylward 649 W. 67th Terr	6/6/2020	\$ 50.00
CITY / STATE:	Kansas City MO 64113	6/6/2020	
EMPLOYER:	Self Interior Designer	\$ 50.00	MONETARY
COMMITTEE:		Ψ	IN-KIND
NAME:			
ADDRESS:	Jane Cooper	4/3/2020	\$ 50.00
CITY / STATE:	500 Longfellow Ln Columbia MO 65203		l
EMPLOYER:	University of Missouri FNP	\$ 50.00	MONETARY
COMMITTEE:		Ψ 30.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

**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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 0 TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:	THE GOOT THOU LIGHT COMMITTEE OF THOSE		
ADDRESS:	Jane Cooper	5 /00 /0000	\$ 50.00
CITY / STATE:	500 Longfellow Lane Columbia MO 65203	5/29/2020	
EMPLOYER:	University of MO RN	\$ 100.00	<b>✓</b> MONETARY
COMMITTEE:		<b>y</b> 100.00	☐ IN-KIND
NAME:			
ADDRESS:	Janet Archer	5/26/2020	\$ 100.00
CITY / STATE:	6153 N. Mattox Road Kansas City MO 64151		
EMPLOYER:	R & J Archer Petroleum LLC Owner	\$ 100.00	MONETARY
COMMITTEE:		•	IN-KIND
NAME:			\$ 100.00
ADDRESS: CITY / STATE:	Janet Archer 6153 North Mattox Road	6/3/2020	\$ 100.00
EMPLOYER:	Kansas City MO 64151		<b>✓</b> MONETARY
COMMITTEE:	R & J Archer Petroleum LLC self employed owner	\$ 200.00	IN-KIND
NAME:			L IN-KIND
ADDRESS:	Janet Harrison		\$ 100.00
CITY / STATE:	2101 Corona Rd. Ste 102	5/23/2020	Ψ 100.00
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Janet Wright		\$ 100.00
CITY / STATE:	1111 Canterbury Columbia MO 65203	4/28/2020	
EMPLOYER:	none Retired	\$ 100.00	<b>✓</b> MONETARY
COMMITTEE:		<b>y</b> 100.00	☐ IN-KIND
NAME:			
ADDRESS:	Janet Archer	6/22/2020	\$ 50.00
CITY / STATE:	6153 North Mattox Road Kansas City MO 64151		
EMPLOYER:	R & J Archer Petroleum LLC self employed owner	\$ 250.00	MONETARY
COMMITTEE:		+ =====	IN-KIND
NAME:			¢
ADDRESS:	Janet Thompson 8300 N Wagon Trail Rd	4/10/2020	\$ 50.00
CITY / STATE: EMPLOYER:	Columbia MO 65202		<b>✓</b> MONETARY
COMMITTEE:	Boone county Missouri County commissioner	\$ 300.00	IN-KIND
NAME:			
ADDRESS:	Janet Beckett		\$ 100.00
CITY / STATE:	706 Thilly Ave	6/6/2020	100.00
EMPLOYER:	Columbia MO 65203 none Retired	Φ 242.22	<b>✓</b> MONETARY
COMMITTEE:		\$ 349.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE 7/15/2020

#### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	MORE THAN \$100 TO A COMMITTEE.  AGGREGATE  AGGREGATE  DATE		
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
NAME:			\$ 250.00
ADDRESS:	Jason Ramsey 3201 Crawford St	6/20/2020	Φ 230.00
CITY / STATE:	Columbia MO 65203		MONETARY
EMPLOYER:  COMMITTEE:	Callaway Bank Commercial Loan Officer	\$ 350.00	MONETARY IN-KIND
NAME:			IN KIND
ADDRESS:	Jeanette Oxford		<b>\$</b> 150.00
CITY / STATE:	2910 Lemp Ave	6/20/2020	•
EMPLOYER:	St Louis MO 63118 Empower Missouri Dir. Policy &Organizing		<b>✓</b> MONETARY
СОММІТТЕЕ:	Empower Missouri Dir. Policy Worganizing	\$ 400.00	IN-KIND
NAME:			
ADDRESS:	Jeanne Kirkton		\$ 400.00
CITY / STATE:	659 Tuxedo Blvd	6/22/2020	_
EMPLOYER:	St Louis MO 63119 Not Employed Not Employed		MONETARY
COMMITTEE:	NOC EMPLOYED NOC EMPLOYED	\$ 500.00	IN-KIND
NAME:			
ADDRESS:	Jeanne Kirkton		\$ 100.00
CITY / STATE:	659 Tuxedo Blvd	4/29/2020	Ψ 100.00
EMPLOYER:	St Louis MO 63119		MONETARY
COMMITTEE:	none none	\$ 100.00	IN-KIND
NAME:			I IV IVINE
ADDRESS:	Jeanne L Sebaugh		\$ 100.00
CITY / STATE:	3609 Holly Hills Ct.	4/20/2020	Ψ 100.00
EMPLOYER:	Columbia MO 65203 N/A N/A		<b>✓</b> MONETARY
COMMITTEE:	N/A N/A	\$ 250.00	IN-KIND
NAME:			I IVINITE
ADDRESS:	Jeff Chinn		\$ 250.00
CITY / STATE:	504 Westmount Avenue	5/31/2020	Ψ 230.00
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:	Not maployed Not maployed	\$ 250.00	IN-KIND
NAME:			I I I I I I I I I I I I I I I I I I I
ADDRESS:	Jeffery Belden		\$ 50.00
CITY / STATE:	309 Arbor Dr	5/16/2020	<b>5</b> 0.00
EMPLOYER:	Columbia MO 65201 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:	Not Builtoled Not Publoled	\$ 50.00	IN-KIND
NAME:			I I I I I I I I I I I I I I I I I I I
ADDRESS:	Jenee Lowe		\$ 200.00
CITY / STATE:	10800 Wornell #122	6/8/2020	Ψ 200.00
EMPLOYER:	Kansas City MO 64114 Not Employed Not Employed		MONETARY
COMMITTEE:	Mot Buildioyed Not Buildioyed	\$ 200.00	IN-KIND
	D CONTRIBUTIONS	<b>.</b>	·
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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	tion is needed concerning reporting itemized expenditures, see Form C	D-1 instructions.	
A. ITEMIZED CONTI	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		AGGREGATE TO (CHECK IF MONETAR	
3. NAME, ADDRESS	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			
ADDRESS:	Jeremy Bloss	6/29/2020	\$ 25.00
CITY / STATE:	376 N. Sequoia St. Columbia MO 65201	0/29/2020	
EMPLOYER:  COMMITTEE:	University of Missouri Program Coordinator	\$ 25.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 10.00
CITY / STATE:	Jeremy Reed 2401 E Walnut St	6/24/2020	φ 10.00
EMPLOYER:	Columbia MO 65201		<b>✓</b> MONETARY
COMMITTEE:	Westminster College Assistant Professor	\$ 10.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 50.00
CITY / STATE:	Jerry Cain 406 Evening Star Drive	4/10/2020	Ψ 30.00
EMPLOYER:	Kearney MO 64060		<b>✓</b> MONETARY
COMMITTEE:	Grace Baptist Church KCMO Minister	\$ 50.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 25.00
CITY / STATE:	Jesse Lyons 8209 E Dusty Rhodes Ln	4/10/2020	<b>5</b> 25.00
EMPLOYER:	Columbia MO 65202		<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 25.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	7/11 7		\$ 50.00
CITY / STATE:	Jill Lucht 100 Aldeah Ave	4/1/2020	<b>\$</b> 50.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	University of Missouri Project Director	\$ 50.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 50.00
CITY / STATE:	Jim Schepers 4009 Beach Pointe Drive	5/22/2020	\$ 50.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	Missouri Credit Union V.PH.R.	\$ 50.00	IN-KIND
NAME:			IN-IVIND
ADDRESS:	Jim Steele		\$ 25.00
CITY / STATE:	10 Broadway Village D	5/7/2020	<b>\$</b> 25.00
EMPLOYER:	Columbia MO 65201 Bass Pro Shops Retail		MONETARY
COMMITTEE:	pape tto shope recatt	\$ 25.00	IN-KIND
NAME:			I IN KIND
ADDRESS:	Jo Anna Dale		\$ 50.00
CITY / STATE:	1315 W Johns Blvd	5/29/2020	Ψ 30.00
EMPLOYER:	Raymore MO 64083 none Retired		<b>✓</b> MONETARY
COMMITTEE:	none Retired	\$ 150.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM C	D-1)



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.  3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME:	4. DATE RECEIVED AGGREGATE TO	5. AMOUNT RECEIVED
MORE THAN \$100 TO A COMMITTEE.  3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		(CHECK IF MONETARY
	I DATE	OR IN-KIND)
INAME.	DATE	+
ADDRESS: Jo Anna Dale	5/29/2020	\$ 50.00
CITY/STATE: 1315 W Johns Blvd Raymore MO 64083	5/29/2020	
EMPLOYER: none Retired  COMMITTEE:	\$ 200.00	MONETARY IN-KIND
NAME:		
ADDRESS: Joan Suarez	5 /5 /0000	\$ 25.00
CITY/STATE: 7224 Pershing Avenue	5/7/2020	*
EMPLOYER: Saint Louis MO 63130 none not employed	Φ	<b>✓</b> MONETARY
COMMITTEE:	\$ 25.00	☐ IN-KIND
NAME:		
ADDDECC.		\$ 10.00
CITY/STATE: 2210 Bluff Blvd	4/10/2020	Ψ
Columbia MO 65201		MONETARY
EMPLOYER: Not Employed Not Employed  COMMITTEE:	\$ 35.00	IN-KIND
NAME:		IN-KIND
ADDRESS.		\$ 50.00
oomii nuglies	6/30/2020	\$ 50.00
Chesterfield MO 63017		LZ MONETARY
EMPLOYER: Not employed None	\$ 50.00	MONETARY
COMMITTEE:	*	IN-KIND
NAME:		Φ.
ADDRESS: JoAnna Dale CITY/STATE: 1315 W Johns Blvd	6/21/2020	\$ 50.00
Raymore MO 64083		
EMPLOYER: none Retired	\$ 250.00	<b>✓</b> MONETARY
COMMITTEE:	Ψ 233.33	IN-KIND
NAME:		
ADDRESS: Joanne Fulton	5/14/2020	\$ 150.00
CITY/STATE: 1400 Stonehaven Rd. Columbia MO 65203	5/14/2020	
EMPLOYER: Self Clinical social worker	\$ 400.00	<b>✓</b> MONETARY
COMMITTEE:	Ψ 400.00	IN-KIND
NAME:		
ADDRESS: Joanne Sweet	_ ,	\$ 50.00
CITY/STATE: 69 Bond Ct. Saint Peters MO 63376	5/7/2020	
EMPLOYER: Not employed Not employed		<b>✓</b> MONETARY
COMMITTEE:	\$ 100.00	IN-KIND
NAME:		1
ADDRESS: Joanne Asbee	F /F /0000	\$ 25.00
CITY / STATE: 20151 S Rt A	5/7/2020	•
Hartsburg MO 65039  EMPLOYER: Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:	\$ 50.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		<u> </u>
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE 7/15/2020

#### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
MORE THAN \$100 TO A COMMITTEE.			OR IN-KIND)
3. NAME, ADDRES:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
ADDRESS:			\$ 25.00
	Joanne Schwartz 12354 Boothbay Ct	6/9/2020	Φ 23.00
CITY / STATE:	Saint Louis MO 63141		TATI MONETARY
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	\$ 25.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:	7. 0. 11		\$ 100.00
CITY / STATE:	Joe Spalitto 308 Duke Gibson	4/30/2020	Ψ = 55.55
EMPLOYER:	Kansas City MO 64145		MONETARY
COMMITTEE:	self-employed dentist	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	John Briscoe		\$ 500.00
CITY / STATE:	1803 Brandeis Ct	6/29/2020	<b>*</b>
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	Convergence Financial Financial Advisor	\$ 1,100.00	IN-KIND
NAME:			
ADDRESS:	John Evelev		\$ 250.00
CITY / STATE:	202 S. Glenwood Ave	6/14/2020	Ψ 230.00
EMPLOYER:	Columbia MO 65203 University of Missouri Professor		MONETARY
COMMITTEE:	University of Missouri Professor	\$ 250.00	IN-KIND
NAME:			
ADDRESS:	John Wright		\$ 250.00
CITY / STATE:	210 Lavaca St. / Apt. 210	6/22/2020	230.00
EMPLOYER:	Austin TX 78701 Investor Self-Employed	Φ	<b>✓</b> MONETARY
COMMITTEE:	1 12 1	\$ 250.00	IN-KIND
NAME:			
ADDRESS:	John Harper	6 / 0 / 0 0 0 0	<b>\$</b> 150.00
CITY / STATE:	2813 Burrwood Drive	6/8/2020	•
EMPLOYER:	Columbia MO 65203 Encorpe Inc Chief Subject Matter Expert	Φ	<b>✓</b> MONETARY
COMMITTEE:		\$ 150.00	IN-KIND
NAME:			
ADDRESS:	John Bauer		\$ 100.00
CITY / STATE:	104 E Spangler Columbia MO 65201	6/11/2020	
EMPLOYER:	none none	<b>©</b> 250 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 250.00	☐ IN-KIND
NAME:			
ADDRESS:	John OConnor	6/29/2020	\$ 100.00
CITY / STATE:	2401 Tahoe Ct Columbia MO 65203	6/29/2020	
EMPLOYER:	none Retired		<b>MONETARY</b>
COMMITTEE:		\$ 100.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CAPPV	TO ITEM 7 "SURTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATT	ACHED PAGES" ON FORM OF	
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

#### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	, ,
NAME:			\$ 50.00
ADDRESS:	John Bauer	5/12/2020	\$ 50.00
CITY / STATE:	104 E Spangler Columbia MO 65201		[ <del>-2</del> ]
EMPLOYER:	none none	\$ 150.00	MONETARY
COMMITTEE:		•	IN-KIND
NAME:			
ADDRESS:	John Bauer	6/26/2020	\$ 50.00
CITY / STATE:	104 E Spangler Columbia MO 65201		
EMPLOYER:	Not Employed Not Employed	\$ 300.00	<b>■</b> MONETARY
COMMITTEE:		<b>y</b> 300.00	IN-KIND
NAME:			
ADDRESS:	John Heisserer	_ ,	\$ 50.00
CITY / STATE:	1198 Wolf Lane	5/15/2020	
EMPLOYER:	Cape Girardeau MO 63701 Self Attorney	Ф 50.00	<b>✓</b> MONETARY
COMMITTEE:	Self meeting,	\$ 50.00	IN-KIND
NAME:			
ADDRESS:	John Banjak		<b>\$</b> 25.00
CITY / STATE:	25 North Central Apt 508	4/10/2020	<b>— — — — — — — — — —</b>
EMPLOYER:	Clayton MO 63105		MONETARY
COMMITTEE:	True Title Company Attorney	\$ 44.00	IN-KIND
NAME:			
ADDRESS:	John Paul Dubinsky		\$ 1.000.00
CITY / STATE:	625 S Skinker Blvd Apt 1503	6/30/2020	\$ 1,000.00
EMPLOYER:	St Louis MO 63105		<b>✓</b> MONETARY
COMMITTEE:	none Retired	\$ 1,000.00	IN-KIND
			L IN-KIND
NAME:			<b>c</b>
ADDRESS:	Jon Gray 1030 W 55th St	5/16/2020	\$ 50.00
CITY / STATE:	Kansas City MO 64113		
EMPLOYER:	Shook Hardy & Bacon Attorney	\$ 50.00	MONETARY
COMMITTEE:		<b>,</b>	IN-KIND
NAME:			
ADDRESS:	Joni Wickham 4400 North Main Street	6/18/2020	\$ 100.00
CITY / STATE:	Kansas City MO 64116	6/18/2020	
EMPLOYER:	Wickham James Strategies & Solutions Self Employed	\$ 200.00	MONETARY
COMMITTEE:		Ψ 200.00	IN-KIND
NAME:			
ADDRESS:	Joseph Pereles	5/2/2020	\$ 100.00
CITY / STATE:	13456 Maple Ridge Court St. Louis MO 63141	3/2/2020	
EMPLOYER:	Drury Southwest Inc Senior Advisor		<b>MONETARY</b>
COMMITTEE:		\$ 600.00	☐ IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
		OUED DA OEO" ON EOD:: 00	
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

#### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
	0 TO A COMMITTEE.  S AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	OR IN-KIND)
NAME:	S AND OCCUPATION (EIST COMMITTEEST INST)		
ADDRESS:	Joseph Donaldson		<b>\$</b> 50.00
CITY / STATE:	1001 Pheasant Run	5/16/2020	
EMPLOYER:	Columbia MO 65201 none Retired	Ф 50.00	MONETARY
СОММІТТЕЕ:	1010 101200	\$ 50.00	IN-KIND
NAME:			
ADDRESS:	Judith Heffernan	6/13/2020	\$ 250.00
CITY / STATE:	6267 N Rte J	0/13/2020	
EMPLOYER:	Rocheport MO 65279  Not Employed Not Employed	\$ 250.00	<b>✓</b> MONETARY
COMMITTEE:		<b>y</b> 250.00	IN-KIND
NAME:			
ADDRESS:	Judith Stallman	6 / 0 0 / 0 0 0 0	\$ 250.00
CITY / STATE:	2305 Topaz Dr	6/20/2020	
EMPLOYER:	Columbia MO 65203 none Retired	\$ 490.00	✓ MONETARY
COMMITTEE:		φ 490.00	IN-KIND
NAME:			
ADDRESS:	Judson Calkins	6/8/2020	\$ 100.00
CITY / STATE:	7928 Park Dr. St Louis MO 63117	6/8/2020	
EMPLOYER:	Self Real Estate	\$ 100.00	<b>✓</b> MONETARY
COMMITTEE:		<b>y</b> 100.00	IN-KIND
NAME:			
ADDRESS:	Judy Wright	6 /0 /0000	\$ 25.00
CITY / STATE:	5821 NE 284th St. Turney MO 64493	6/8/2020	
EMPLOYER:	none Retired	\$ 25.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 23.00	IN-KIND
NAME:			
ADDRESS:	Julia Muller	6/29/2020	\$ 500.00
CITY / STATE:	800 S Hanley Rd St. Louis MO 63105	0/23/2020	
EMPLOYER:	none Retired	\$ 500.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 300.00	IN-KIND
NAME:			
ADDRESS:	Julie Greenspoon 3410 Morrison St. NW	6/20/2020	\$ 100.00
CITY / STATE:	Washington DC 20015	6/29/2020	
EMPLOYER:	Not Employed Not Employed	\$ 100.00	MONETARY
COMMITTEE:		Ψ	☐ IN-KIND
NAME:			
ADDRESS:	K Wentzien 227 S. Maple	5/27/2020	\$ 50.00
CITY / STATE:	St. Louis MO 63119		<b></b>
EMPLOYER:	Self Farmer	<b>\$</b> 50.00	MONETARY
COMMITTEE:		Ψ	IN-KIND
TOTAL: ITEMIZE	ED CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL" ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM OD	-1)
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

#### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTE	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	O TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRESS NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
ADDRESS:			\$ 10.00
	Kara Potter 2516 Grandview Circle	6/18/2020	Φ 10.00
CITY / STATE:	Columbia MO 65203		MONETARY
EMPLOYER:  COMMITTEE:	Missouri State Teachers Association Digital Strategist	\$ 50.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Kara Potter	4 /10 /2020	\$ 10.00
CITY / STATE:	2516 Grandview Circle	4/18/2020	•
EMPLOYER:	Columbia MO 65203 Missouri State Teachers Association Digital Strategist		<b>✓</b> MONETARY
COMMITTEE:	nippouri poude readingra improviation prijedur poracejipo	\$ 30.00	☐ IN-KIND
NAME:			
ADDRESS:	Kara Potter		\$ 10.00
CITY / STATE:	2516 Grandview Circle	5/18/2020	Ť
EMPLOYER:	Columbia MO 65203 Missouri State Teachers Association Digital Strategist		<b>✓</b> MONETARY
COMMITTEE:	MISSOULI State leachers Association Digital Strategist	\$ 40.00	IN-KIND
NAME:			
ADDRESS:	Warran Milahara		\$ 50.00
CITY / STATE:	Karen Mickey 2820 S Olivet Rd	5/29/2020	Ψ 30.00
EMPLOYER:	Columbia MO 65201		MONETARY
COMMITTEE:	SIL RN	\$ 50.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	Karen Lucas		\$ 27.00
CITY / STATE:	10 Princeton Ave.	5/4/2020	\$ 27.00
EMPLOYER:	St Louis MO 63130		<b>✓</b> MONETARY
COMMITTEE:	UM St Louis editor	\$ 27.00	IN-KIND
NAME:			IN-KIND
			\$ 100.00
ADDRESS:	Karla Williams 3225 SW Longview Rd	6/21/2020	\$ 100.00
CITY / STATE:	Lees Summit MO 64081		MONETARY
EMPLOYER:	Not Employed Not Employed	\$ 200.00	MONETARY
COMMITTEE:			L IN-KIND
NAME:			<b>c</b>
ADDRESS:	Kate Watson 6616 E Gilmore Ln	6/30/2020	\$ 5.00
CITY / STATE:	Ashland MO 65010		AZ MONETARY
EMPLOYER:	State of Missouri Social Work Administration	\$ 24.00	MONETARY
COMMITTEE:		Ť	L IN-KIND
NAME:			Φ
ADDRESS:	Katherine Canterbury 600 Manor Dr	6/11/2020	\$ 25.00
CITY / STATE:	Columbia MO 65203		
EMPLOYER:	self reseller	\$ 100.00	MONETARY
COMMITTEE:			L IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY	(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

#### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	
NAME:			\$ 25.00
ADDRESS:	Katherine Canterbury 600 Manor Dr	4/11/2020	\$ 25.00
CITY / STATE:	Columbia MO 65203		TATI MONETARY
EMPLOYER:  COMMITTEE:	self reseller	\$ 50.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 25.00
CITY / STATE:	Katherine Canterbury 600 Manor Dr	5/11/2020	ψ 23.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	self reseller	\$ 75.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 200.00
CITY / STATE:	Kathleen Brown 1398 W High Point Ln	6/26/2020	Ψ ======
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 300.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 10.00
CITY / STATE:	Kathleen Williams 2900 N Chippewa Dr	5/20/2020	Φ 10.00
EMPLOYER:	North Kansas City MO 64116		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 10.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	Wathana Piana		\$ 300.00
CITY / STATE:	Kathryn Digges 7 Bingham Road	5/31/2020	\$ 300.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 1,550.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 100.00
CITY / STATE:	Kathryn Digges 7 Bingham Road	6/26/2020	\$ 100.00
	Columbia MO 65203		MONETARY
EMPLOYER:	Not Employed Not Employed	\$ 1,650.00	MONETARY IN-KIND
COMMITTEE:			IN-KIND
NAME:	Wathing Manage		¢
ADDRESS: CITY / STATE:	Kathryn Morgan 1205 Hulen Dr	5/29/2020	\$ 50.00
	Columbia MO 65203		MONETARY
EMPLOYER:	University of Missouri Sr Coordinator Community Health	\$ 50.00	
COMMITTEE:		·	L IN-KIND
NAME:			<b>c</b> 50.00
ADDRESS:	Kathy Jensen 7360 East Sundown Court	5/31/2020	\$ 50.00
CITY / STATE:	Columbia MO 65201		MONETARY
EMPLOYER:	Not Employed Not Employed	\$ 200.00	MONETARY
COMMITTEE:			L IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

#### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED	
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING			(CHECK IF MONETARY	
MORE THAN \$100 TO A COMMITTEE.  AGGREGATE TO DATE			OR IN-KIND)	
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE		
NAME:			\$ 100.00	
ADDRESS:	Katie Bradley 3810 Hallbrook Ct	4/16/2020	Φ 100.00	
CITY / STATE:	Columbia MO 65203		MONETARY	
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	\$ 100.00	MONETARY IN-KIND	
NAME:				
ADDRESS:	W-11		\$ 10.00	
CITY / STATE:	Kelley Lucero 407 Sanford Ave	6/13/2020	Ψ = 3.33	
EMPLOYER:	Columbia MO 65203		MONETARY	
COMMITTEE:	Central Missouri Community Action Community Organizer	\$ 40.00	IN-KIND	
NAME:				
ADDRESS:	Kelley Lucero		\$ 10.00	
CITY / STATE:	407 Sanford Ave	4/13/2020	<b>*</b>	
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY	
COMMITTEE:	CMCA Community Organizer	\$ 20.00	IN-KIND	
NAME:				
ADDRESS:	W-11		\$ 10.00	
CITY / STATE:	Kelley Lucero 407 Sanford Ave	5/13/2020	Ψ 10.00	
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY	
COMMITTEE:	CMCA Community Organizer	\$ 30.00	IN-KIND	
NAME:			IN TAINE	
ADDRESS:	Kelly Dermody		\$ 500.00	
CITY / STATE:	675 Arkansas Street	4/27/2020	<b>\$</b> 500.00	
EMPLOYER:	San Francisco CA 94107 Lieff Cabraser Heimann & Bernstein Lawyer		<b>✓</b> MONETARY	
COMMITTEE:	bieli Cabraser neimann & Bernstein Lawyer	\$ 500.00	IN-KIND	
NAME:			I IVINID	
ADDRESS:	Vannath Cabasahanaan		\$ 250.00	
CITY / STATE:	Kenneth Schneeberger 605 Thilly Ave	6/6/2020	$\Psi$ 250.00	
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY	
COMMITTEE:	University of Missouri Educator	\$ 450.00	IN-KIND	
NAME:			IN-KIND	
ADDRESS:	Kenneth Butler		\$ 25.00	
CITY / STATE:	1000 W. Botner Road	6/8/2020	\$ 25.00	
EMPLOYER:	Columbia MO 65202		<b>✓</b> MONETARY	
COMMITTEE:	University of Missouri Adjunct Professor	\$ 275.00	IN-KIND	
NAME:			IIN-KIIND	
ADDRESS:	Kevin Allemann		\$ 27.00	
CITY / STATE:	Kevin Allemann 6780 W Bruce Lane Seven Cedars	6/22/2020	φ 27.00	
	Harrisburg MO 65256		MONETARY	
EMPLOYER:  COMMITTEE:	none Retired	<b>\$</b> 27.00	MONETARY IN-KIND	
			IIN-VIIND	
TOTAL: ITEMIZED CONTRIBUTIONS				
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)				



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

#### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.				
A. ITEMIZED CONTRIBUTIONS RECEIVED		4. DATE RECEIVED	5. AMOUNT RECEIVED	
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		AGGREGATE TO	(CHECK IF MONETARY	
MORE THAN \$100 TO A COMMITTEE.  3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		DATE	OR IN-KIND)	
NAME:	TAND OCCUPATION (LIGH COMMINITELS FINGS)			
ADDRESS:	Kristin Bowen		<b>\$</b> 50.00	
CITY / STATE:	614 W Stewart Rd	4/10/2020	,	
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	Ф го оо	<b>✓</b> MONETARY	
COMMITTEE:		\$ 50.00	IN-KIND	
NAME:				
ADDRESS:	Lane DePrima Jacobs	4/26/2020	\$ 25.00	
CITY / STATE:	1840 W. Boris Drive	4/20/2020		
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	\$ 44.00	<b>✓</b> MONETARY	
COMMITTEE:		Ψ 44.00	IN-KIND	
NAME:				
ADDRESS:	Lane DePrima Jacobs	4/10/2020	\$ 19.00	
CITY / STATE:	1840 W. Boris Drive Columbia MO 65203	4/10/2020		
EMPLOYER:	Not Employed Not Employed	\$ 19.00	<b>✓</b> MONETARY	
COMMITTEE:		Ψ 13.00	☐ IN-KIND	
NAME:				
ADDRESS:	Laura Wacker	5/24/2020	\$ 25.00	
CITY / STATE:	1617 Paris Columbia MO 65201	3/21/2020	<u> </u>	
EMPLOYER:	Columbia Public Schools Swim Coach	\$ 25.00	<b>✓</b> MONETARY	
COMMITTEE:		Ψ 23.00	☐ IN-KIND	
NAME:			_	
ADDRESS:	Leah Sanchez 2448 NW Westover Rd Unit 202	6/3/2020	<b>\$</b> 50.00	
CITY / STATE:	Portland OR 97210	0/3/2020		
EMPLOYER:	Not Employed Not Employed	\$ 50.00	MONETARY	
COMMITTEE:		Ť	IN-KIND	
NAME:			Φ	
ADDRESS:	Leah Guerrero 1305 Windemere Ave	6/3/2020	\$ 25.00	
CITY / STATE:	Naperville IL 60564		[ ]	
EMPLOYER:	CDW Account Manager	\$ 25.00	MONETARY	
COMMITTEE:		<u> </u>	IN-KIND	
NAME: ADDRESS:	The Built-		\$ 50.00	
	Lee Fritz 6894 State Rd C	5/16/2020	<b>\$</b> 50.00	
CITY / STATE: EMPLOYER:	Fulton MO 65251		<b>✓</b> MONETARY	
COMMITTEE:	none Retired	<b>\$</b> 50.00	IN-KIND	
NAME:			IN-KIND	
ADDRESS:	Leslie Lynn Clay		\$ 100.00	
CITY / STATE:	1211 Shady Bank	6/20/2020	Ψ 100.00	
EMPLOYER:	Columbia MO 65201 Shelter Insurance Companies Lawyer		MONETARY	
COMMITTEE:	Dawyer Inducation Companies Dawyer	\$ 200.00	IN-KIND	
TOTAL: ITEMIZED CONTRIBUTIONS				
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)				



OFFICE USE ONLY

NAME OF COMMITTEE Baker For Missouri DATE 7/15/2020

### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING O TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			
ADDRESS: CITY / STATE:	Lillian Black 3151 N. McGill Creek Road	4/22/2020	\$ 100.00
EMPLOYER:	Rocheport MO 65279		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Linda Locke	6/26/2020	\$ 1,000.00
CITY / STATE:	6925 Cornell Ave	0/20/2020	1
EMPLOYER:	St Louis MO 63130 Self Consultant	_	<b>✓</b> MONETARY
COMMITTEE:	5011 0011541104110	\$ 1,150.00	☐ IN-KIND
NAME:			
ADDRESS:	Linda Locke		\$ 1,000.00
CITY / STATE:	6925 Cornell	6/26/2020	•
EMPLOYER:	St Louis MO 63130 Not Employed Not Employed	Φ	<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 2,150.00	IN-KIND
NAME:			
ADDRESS:	Linda Randall		\$ 1,000.00
CITY / STATE:	200 Bingham Road	6/7/2020	1 4 1,000.00
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 1,530.00	IN-KIND
NAME:			IN KIND
ADDRESS:	Linda Honigfort		\$ 500.00
CITY / STATE:	7234 Westmoreland Dr	5/22/2020	<b>5</b> 500.00
EMPLOYER:	St Louis MO 63130 none Retired		<b>✓</b> MONETARY
COMMITTEE:	none Retifed	\$ 500.00	IN-KIND
NAME:			INTRING
ADDRESS:	7' 1 7 11		\$ 500.00
CITY / STATE:	Linda Randall 200 Bingham	4/20/2020	φ 500.00
EMPLOYER:	Columbia MO 65203		AZ MONETARY
	Not Employed Not Employed	\$ 500.00	MONETARY IN-KIND
COMMITTEE:			IN-KIND
NAME:	Tinda Chun		¢
ADDRESS:	Linda Cupp 913 Leland Ridge Road	4/2/2020	\$ 250.00
CITY / STATE:	Columbia MO 65203		MONETARY
EMPLOYER:	Not Employed Not Employed	\$ 500.00	MONETARY
COMMITTEE:		'	☐ IN-KIND
NAME:			<b>C</b> 272 22
ADDRESS:	Linda Lyle 2209 Garden Dr	5/22/2020	\$ 250.00
CITY / STATE:	Coumbia MO 65202		[ <del>-</del>
EMPLOYER:	None Retired	<b>\$</b> 350.00	MONETARY
COMMITTEE:		¥	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri

7/15/2020

### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
· ·	O TO A COMMITTEE.	DATE	OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	5,112	
ADDRESS:	Linda Lafferty Ladd		\$ 50.00
CITY / STATE:	2302 Redmond Ct.	5/14/2020	*
EMPLOYER:	Columbia MO 66203 Not Employed Not Employed	Φ	<b>✓</b> MONETARY
COMMITTEE:	Not builtoyed Not builtoyed	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Linda Randall	6/20/2020	\$ 30.00
CITY / STATE:	200 Bingham Road	6/20/2020	
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	_	<b>✓</b> MONETARY
COMMITTEE:		\$ 1,560.00	☐ IN-KIND
NAME:			
ADDRESS:	Linda Randall	- 10C 15555	\$ 30.00
CITY / STATE:	200 Bingham Road	5/20/2020	
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:		\$ 530.00	☐ IN-KIND
NAME:			
ADDRESS:	Linda Haus	F /12 /2020	\$ 10.00
CITY / STATE:	4030 B Cleveland Ave	5/12/2020	
EMPLOYER:	St Louis MO 63110 International Institute of St Louis Refugee Coordinator	\$ 1,010.00	✓ MONETARY
COMMITTEE:		φ 1,010.00	☐ IN-KIND
NAME:			
ADDRESS:	Linda Ladd	F /00 /0000	\$ 5.00
CITY / STATE:	2302 Redmond Court Columbia MO 65203	5/20/2020	
EMPLOYER:	Not employed Not employed	\$ 105.00	<b>✓</b> MONETARY
COMMITTEE:		<b>y</b> 103.00	IN-KIND
NAME:			
ADDRESS:	Lisa Altschul	5/16/2020	\$ 150.00
CITY / STATE:	4317 Vermont court Columbia MO 65203	3/10/2020	
EMPLOYER:	Not Employed Not Employed	\$ 150.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 130.00	IN-KIND
NAME:			
ADDRESS:	Lisa Groshong	F /1 C /2020	\$ 100.00
CITY / STATE:	2527 Tracy Avenue Kansas City MO 64108	5/16/2020	
EMPLOYER:	NAIC Research scientist	\$ 100.00	MONETARY
COMMITTEE:		Ψ ±00.00	☐ IN-KIND
NAME:			
ADDRESS:	Lisa Moore	5/23/2020	\$ 50.00
CITY / STATE:	26 V. St Lake Latowana MO 64086		
EMPLOYER:	Byrne Pelofsky Consultant	\$ 50.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 30.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY	TO ITEM 7 "CURTOTAL. ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	PUED DAGES" ON FORM OF	. 1)
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC	HED PAGES" ON FORM CD	-1)



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	MORE THAN \$100 TO A COMMITTEE.  AGGREGATE		
3. NAME, ADDRES:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
ADDRESS:			\$ 25.00
CITY / STATE:	Lori Martin 4961 N Irvin Loop	6/29/2020	Φ 23.00
EMPLOYER:	columbia MO 65202		MONETARY
COMMITTEE:	University of Missouri User Support Analyst	\$ 50.00	IN-KIND
NAME:			
ADDRESS:	Louis Wilson	F /0 /2020	\$ 25.00
CITY / STATE:	PO Box 100	5/9/2020	·
EMPLOYER:	Columbia MO 65205 self consult-design		<b>✓</b> MONETARY
COMMITTEE:		\$ 25.00	☐ IN-KIND
NAME:			
ADDRESS:	Louis Wilson	_,	\$ 25.00
CITY / STATE:	PO Box 100	6/30/2020	
EMPLOYER:	Columbia MO 65205 Consult-Design Self		<b>✓</b> MONETARY
COMMITTEE:		\$ 50.00	☐ IN-KIND
NAME:			
ADDRESS:	Lynn Parshall	5 / 4 / 0000	\$ 50.00
CITY / STATE:	1002 Westwinds Ct	5/4/2020	·
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	_	<b>✓</b> MONETARY
COMMITTEE:		\$ 50.00	☐ IN-KIND
NAME:			
ADDRESS:	Marc Linit		\$ 25.00
CITY / STATE:	401 S Glenwood Ave Columbia MO 65203	6/20/2020	
EMPLOYER:	University of Missouri Educator		<b>✓</b> MONETARY
COMMITTEE:		\$ 69.00	IN-KIND
NAME:			
ADDRESS:	Marc Linit	F / 00 / 0000	\$ 25.00
CITY / STATE:	401 S Glenwood Ave Columbia MO 65203	5/20/2020	
EMPLOYER:	University of Missouri Educator		<b>✓</b> MONETARY
COMMITTEE:		\$ 44.00	☐ IN-KIND
NAME:			
ADDRESS:	Marcia Mellitz		\$ 100.00
CITY / STATE:	824 Payson Drive Olivette MO 63132	6/30/2020	
EMPLOYER:	Consultant Self-employed	\$ 250.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 230.00	☐ IN-KIND
NAME:			
ADDRESS:	Margo McNeil	5/16/2020	\$ 150.00
CITY / STATE:	124 Stanislaus Ct Florissant MO 63031	3/10/2020	
EMPLOYER:	none Retired	\$ 250.00	MONETARY
COMMITTEE:		ψ 230.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM C	D-1)



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u>,</u>
NAME:			\$ 25.00
ADDRESS:	Maria Oropallo 208 E Briarwood LN	5/31/2020	\$ 25.00
CITY / STATE:	Columbia MO 65203		
EMPLOYER:	Not Employed Not Employed	<b>\$</b> 25.00	MONETARY
COMMITTEE:		*	L IN-KIND
NAME:			Φ
ADDRESS:	Marianne Fues	6/22/2020	\$ 50.00
CITY / STATE:	707 Kingsbury Pl Columbia MO 65203		
EMPLOYER:	none Retired	\$ 250.00	MONETARY
COMMITTEE:		Ψ =====	IN-KIND
NAME:			Φ 05 00
ADDRESS:	Marie Gladbach	6/26/2020	\$ 25.00
CITY / STATE:	625 SE 10th Ave Trenton MO 65683	0/20/2020	
EMPLOYER:	none Retired	\$ 25.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 23.00	☐ IN-KIND
NAME:			
ADDRESS:	Marion Mace	5/21/2020	\$ 100.00
CITY / STATE:	3651 Ben Williams Rd. Columbia MO 65201	3/21/2020	
EMPLOYER:	Not Employed Not Employed	\$ 100.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 100:00	☐ IN-KIND
NAME:			_
ADDRESS:	Mark Thomas	6 /0 /000	\$ 50.00
CITY / STATE:	4402 Celebrant Court Columbia MO 65202	6/8/2020	
EMPLOYER:	University of Missouri Senior Director of Advancement	\$ 50.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 30.00	☐ IN-KIND
NAME:			
ADDRESS:	Mark Wyn	4/19/2020	\$ 3.00
CITY / STATE:	3317 Indiana Avenue Saint Louis Saint Louis MO 63118	4/19/2020	
EMPLOYER:	none none	Φ.	<b>✓</b> MONETARY
COMMITTEE:		\$ 3.00	☐ IN-KIND
NAME:			
ADDRESS:	Mark Wyn	_ ,	\$ 3.00
CITY / STATE:	3317 Indiana Avenue Saint Louis Saint Louis MO 63118	6/18/2020	
EMPLOYER:	Not Employed Not Employed	<b>\$</b> 6.00	<b>✓</b> MONETARY
COMMITTEE:		φ 0.00	☐ IN-KIND
NAME:			
ADDRESS:	Mark Wyn	6/26/2020	\$ 3.00
CITY / STATE:	3317 Indiana Avenue Saint Louis Saint Louis MO 63118	·	
EMPLOYER:	Not Employed Not Employed	<b>c</b> 0 00	<b>▼</b> MONETARY
COMMITTEE:		\$ 9.00	☐ IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS	<u> </u>	
		ACHED BAGES" ON EODM OF	
(CARRY	(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
	D TO A COMMITTEE.  S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	B/(TE	+
ADDRESS:	Martha Stevens	5/28/2020	\$ 100.00
CITY / STATE:	903 Again Street Columbia MO 65203	3/20/2020	
EMPLOYER:  COMMITTEE:	Missouri State State Rep	\$ 100.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Martha John	5 /22 /222	\$ 10.00
CITY / STATE:	2011 Country Club Drive	6/30/2020	ļ ·
EMPLOYER:	Columbia MO 65201 Not employed Not employed	Φ	MONETARY
COMMITTEE:	Not employed Not employed	\$ 60.00	IN-KIND
NAME:			1
ADDRESS:	Mary Westerfield		<b>\$</b> 150.00
CITY / STATE:	101 S Glenwood	6/16/2020	
EMPLOYER:	Columbia MO 65203 none Retired	Φ	MONETARY
COMMITTEE:	none Retifed	\$ 450.00	IN-KIND
NAME:			
ADDRESS:	Mary Gross		\$ 100.00
CITY / STATE:	437 Breezewood Drive	6/26/2020	
EMPLOYER:	Ballwin MO 63011		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Mary Creger		\$ 50.00
CITY / STATE:	107 W Thurman	6/29/2020	$\Psi$ 50.00
EMPLOYER:	Columbia MO 65202  Barneshealthcare management apn		<b>✓</b> MONETARY
COMMITTEE:	Barneshearthcare management apri	\$ 50.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	Marine Washware		\$ 50.00
CITY / STATE:	Mary Wochner 5526 Remington Villas Ct	6/29/2020	φ 50.00
	St Louis MO 63129		MONETARY
EMPLOYER:  COMMITTEE:	none Retired	\$ 50.00	MONETARY IN-KIND
NAME:			IN-VIND
ADDRESS:	Many Washaufield		\$ 30.00
	Mary Westerfield 101 SOUTH GLENWOOD	6/29/2020	\$ 30.00
CITY / STATE:	COLUMBIA MO 65203		<b>M</b> ONETARY
EMPLOYER:	none Retired	\$ 480.00	· —
COMMITTEE:		•	IN-KIND
NAME:	Manua Manaaha		<b>c</b> 200
ADDRESS:	Mary Muscato 607 Randy Lane	6/8/2020	\$ 3.00
CITY / STATE:	Columbia MO 65201		MONETARY
EMPLOYER:  COMMITTEE:	Missouri Cancer Associates physician	\$ 3.00	MONETARY IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS	<u> </u>	
(CARRY	(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE 7/15/2020

### **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.

	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	ES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	ACCRECATE TO	(CHECK IF MONETARY
·	TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
<u>3. NAME, ADDRESS</u> NAME:	AND OCCUPATION (LIST COMMITTEES FIRST)	DAIL	
ADDRESS:			\$ 500.00
CITY / STATE:	Mary Ann Shaw 400 W Green Meadows Rd	5/22/2020	φ 300.00
EMPLOYER:	Columbia MO 65203		MONETARY
	None Retired	\$ 1,000.00	IN-KIND
NAME:			IN KIND
ADDRESS:	Many To Make		\$ 50.00
CITY / STATE:	Mary Jo Neitz 102 E Spangler Ln	5/15/2020	Ψ 33.33
EMPLOYER:	Columbia MO 65201	Φ	MONETARY
COMMITTEE:	Not employed Not employed	\$ 50.00	IN-KIND
NAME:			
ADDRESS:	Matthew Behlmann		\$ 25.00
CITY / STATE:	17622 Lisa Valley Court	6/7/2020	,
EMPLOYER:	Wildwood MO 63005 self-employed court reporter	<b>¢</b>	<b>✓</b> MONETARY
COMMITTEE:	4 14 10 1 10 1 14 1 10 <del>1</del>	\$ 50.00	☐ IN-KIND
NAME:			
ADDRESS:	Matthew Behlmann	4/2/2020	\$ 25.00
CITY / STATE:	17622 Lisa Valley Court Wildwood MO 63005	4/2/2020	
EMPLOYER:	self-employed court reporter	\$ 25.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 25.00	IN-KIND
NAME:			
ADDRESS:	Maxine Clark	6/24/2020	\$ 250.00
CITY / STATE:	155 N. Bemiston Avenue Saint Louis MO 63105	0/24/2020	
EMPLOYER:	Not Employed Not Employed	<b>\$</b> 250.00	MONETARY
COMMITTEE:		Ψ =====	IN-KIND
NAME:			φ
ADDRESS:	Melanie King 401 Woodshire Lane	5/31/2020	\$ 50.00
CITY / STATE:	Farmington MO 63640		A HOUSE DE
EMPLOYER:	Department of Health and Human Services Legal Intern	\$ 50.00	MONETARY
COMMITTEE:			IN-KIND
NAME: ADDRESS:	Malinda Marmihan		\$ 100.00
CITY / STATE:	Melinda Moynihan 7671 S Hill Creek Rd	6/2/2020	\$ 100.00
EMPLOYER:	Columbia MO 65203 Howe & Associates. PC CPA		MONETARY
COMMITTEE:	HOWE & ASSUCIACES. FC CFA	\$ 100.00	IN-KIND
NAME:			114-1/114D
ADDRESS:	Melody Boime		\$ 25.00
CITY / STATE:	27 Oak Park Dr	6/6/2020	Ψ 23.00
EMPLOYER:	Creve Coeur MO 63141 none Retired		<b>✓</b> MONETARY
COMMITTEE:	none neurou	\$ 50.00	IN-KIND
	O CONTRIBUTIONS		
IOIAL. HEWIZE	2 CONTINUO HONO		



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTI	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRESS	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
· ·· ···			\$ 700.00
ADDRESS:	MEvie Mead 532 Mason Ave	6/30/2020	<b>D</b> 700.00
CITY / STATE:	St. Louis MO 63119		MONETARY
EMPLOYER:  COMMITTEE:	Planned Parenthood Advocacy Director of Policy	\$ 700.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:	Michael Corcoran		\$ 300.00
CITY / STATE:	10732 Oak Pointe Dr	5/5/2020	•
EMPLOYER:	St. Ann MO 63074		<b>✓</b> MONETARY
COMMITTEE:	City of Saint Ann Mayor	\$ 300.00	IN-KIND
NAME:			
ADDRESS:	Michael Moroni		\$ 125.00
CITY / STATE:	32412 Moroni Lane	5/20/2020	Ψ
EMPLOYER:	Oran MO 63771		<b>✓</b> MONETARY
COMMITTEE:	Self Lawyer	\$ 125.00	IN-KIND
NAME:			
ADDRESS:	Miles ed Miles de de la		\$ 100.00
CITY / STATE:	Michael Nichols 500 Keene St Suite 103	6/13/2020	Ψ 100.00
EMPLOYER:	Columbia MO 65201		MONETARY
COMMITTEE:	Columbia Eye Consultants Optometrist	\$ 100.00	IN-KIND
NAME:			IIV IXIND
ADDRESS:	Michael Ugarte		\$ 25.00
CITY / STATE:	1505 Windsor St.	6/21/2020	\$ 25.00
EMPLOYER:	Columbia MO 65201 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 203.00	IN-KIND
NAME:			IIVINIVE
ADDRESS:	Michael Ugarte		\$ 25.00
CITY / STATE:	1505 Windsor St.	6/30/2020	$\psi$ 23.00
EMPLOYER:	Columbia MO 65201 Not employed Not employed		<b>✓</b> MONETARY
COMMITTEE:	Not employed Not employed	\$ 228.00	IN-KIND
NAME:			IIV-IXIND
ADDRESS:	Michael Ugarte		\$ 25.00
CITY / STATE:	1505 Windsor St.	5/13/2020	Ψ 25.00
EMPLOYER:	Columbia MO 65201 Not employed Not employed		<b>✓</b> MONETARY
COMMITTEE:	Not employed Not employed	\$ 128.00	IN-KIND
NAME:			L IIV-IXIIVD
ADDRESS:	Michael Ugarte		\$ 25.00
CITY / STATE:	1505 Windsor St	5/20/2020	Ψ 23.00
EMPLOYER:	Columbia MO 65201 Not Employed Not Employed		MONETARY
COMMITTEE:	NOC BENETOYER NOC BENETOYER	\$ 153.00	IN-KIND
	D CONTRIBUTIONS	<u> </u>	<u> </u>
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE 7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
NAME:			\$ 25.00
ADDRESS:	Michael Ugarte 1505 Windsor St.	5/31/2020	\$ 25.00
CITY / STATE:	Columbia MO 65201		MONETARY
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	<b>\$</b> 178.00	MONETARY IN-KIND
NAME:			IN-KIND
ADDRESS:	Michael Hearta		\$ 5.00
CITY / STATE:	Michael Ugarte 1505 Windsor St	5/1/2020	Ψ 3.33
EMPLOYER:	Columbia MO 65201		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 103.00	IN-KIND
NAME:			
ADDRESS:	Mignon Deshon		\$ 250.00
CITY / STATE:	2516 Lovers Ln	6/6/2020	<b>*</b>
EMPLOYER:	St Joseph MO 64506 none Retired		MONETARY
COMMITTEE:	none Retifed	\$ 250.00	IN-KIND
NAME:			
ADDRESS:	Molly Nail		\$ 100.00
CITY / STATE:	8432 Cedar St	6/5/2020	<b>4</b> 200.00
EMPLOYER:	Prairie Village KS 66207 Chinnery Evans & Nail attorney	Φ	<b>✓</b> MONETARY
СОММІТТЕЕ:	Chilinery Evans a Marr accorney	\$ 100.00	IN-KIND
NAME:			<del></del>
ADDRESS:	Nancie Hawke		\$ 500.00
CITY / STATE:	5512 Dalcross Dr 5512 Dalcross Dr	5/15/2020	\$ 300.00
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	Φ	<b>✓</b> MONETARY
COMMITTEE:		\$ 500.00	IN-KIND
NAME:			
ADDRESS:	Nancy Low Smith	5 / 2 2 / 2 2 2 2	\$ 350.00
CITY / STATE:	4901 State Line Road	6/29/2020	·
EMPLOYER:	Kansas City MO 64112  KC Healthy Kids non profit advocacy/management	<b>C</b>	<b>✓</b> MONETARY
COMMITTEE:		\$ 600.00	IN-KIND
NAME:			
ADDRESS:	Nancy Toalson		\$ 250.00
CITY / STATE:	3803 Ivanhoe Blvd. Columbia MO 65203	5/29/2020	
EMPLOYER:	Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:		\$ 500.00	☐ IN-KIND
NAME:			
ADDRESS:	Nancy Yang	6/1/2020	\$ 100.00
CITY / STATE:	1101 Cedar Grove Blvd Columbia MO 65201	0/1/2020	
EMPLOYER:	self freelance writer	\$ 100.00	<b>MONETARY</b>
COMMITTEE:		φ 100.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
/CADDY	TO ITEM 7 "CUIDTOTAL . ITEMIZED CONTRIBUTIONS EDGM ANY ATT	ACHED BACES! ON FORM OF	
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

**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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	0 TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u>'</u>
NAME:			\$ 25.00
ADDRESS:	Nancy Ray 111 Edgewood ave	6/26/2020	\$ 25.00
CITY / STATE:	Columbia MO 65203		[ <del>-2</del> ]
EMPLOYER:	Not Employed Not Employed	<b>\$</b> 25.00	MONETARY
COMMITTEE:		<del>•</del>	IN-KIND
NAME:			
ADDRESS:	Nancy Kixmiller	5/31/2020	\$ 15.00
CITY / STATE:	219 Main St. Prairie Home MO 65068	3/31/2020	
EMPLOYER:	none not employed	\$ 15.00	<b>■</b> MONETARY
COMMITTEE:		<b>y</b> 15.00	☐ IN-KIND
NAME:			
ADDRESS:	Natalie Krawitz		\$ 500.00
CITY / STATE:	901 Edgewood Ave	6/26/2020	·
EMPLOYER:	Columbia MO 65203 Not employed Not employed	Φ	MONETARY
COMMITTEE:	Not employed Not employed	<b>\$</b> 1,549.00	IN-KIND
NAME:			
ADDRESS:	Mahalia Musaika		\$ 49.00
CITY / STATE:	Natalie Krawitz 901 Edgewood Ave	4/10/2020	Ψ 13.00
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	Not employed Not employed	\$ 1,049.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	0 7 1		\$ 100.00
	Owen Jackson 3807 Ivanhoe Blvd	6/6/2020	<b>\$</b> 100.00
CITY / STATE:	Columbia MO 65203		TATA MONITARY
EMPLOYER:	none Retired	\$ 100.00	MONETARY
COMMITTEE:		·	IN-KIND
NAME:			
ADDRESS:	Pamela Springsteel	5/30/2020	\$ 15.00
CITY / STATE:	5901 Redwing Dr. Columbia MO 65202	3/30/2020	
EMPLOYER:	Not Employed Not Employed	\$ 15.00	<b>■</b> MONETARY
COMMITTEE:		Ψ 13.00	☐ IN-KIND
NAME:			
ADDRESS:	Pamela Ross	6 (12 (222	\$ 100.00
CITY / STATE:	18 Aberdeen Place St Louis MO 63105	6/13/2020	
EMPLOYER:	none Retired		<b>✓</b> MONETARY
COMMITTEE:		\$ 100.00	☐ IN-KIND
NAME:			
ADDRESS:	Pat Bess	6/6/2020	\$ 100.00
CITY / STATE:	3306 Crape Myrtle Dr	6/6/2020	·
EMPLOYER:	Columbia MO 65203 self Owner Community Association Mgmt	Φ 100 00	MONETARY
COMMITTEE:		\$ 100.00	IN-KIND
	D CONTRIBUTIONS	<del>!</del>	<del></del>
IOIAL. HEIMIZE	D CONTINUO HONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$100	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING O TO A COMMITTEE.	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del> </del>
ADDRESS: CITY / STATE:	Patricia Coles 1805 Chapel Wood Rd	6/17/2020	\$ 100.00
EMPLOYER:  COMMITTEE:	Columbia MO 65203 Not Employed Not Employed	\$ 450.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Patricia Wilson	6 40 4 40 000	\$ 100.00
CITY / STATE:	3708 Lansing Ave	6/24/2020	•
EMPLOYER:	Columbia MO 65201 none Retired		<b>✓</b> MONETARY
СОММІТТЕЕ:	none ketired	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Patricia Plummer		\$ 25.00
CITY / STATE:	2600 Johnson Dr	6/1/2020	Ι Ψ
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	none none	\$ 25.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 10.00
	Patricia Claytor 10510 Conway Rd	5/7/2020	\$ 10.00
CITY / STATE:	Frontenac MO 63131		LA MONETARY
EMPLOYER:	Not Employed Not Employed	\$ 10.00	MONETARY
COMMITTEE:		*	☐ IN-KIND
NAME:			Δ.
ADDRESS:	Patrick Burke 3829 Lafayette Ave	5/26/2020	\$ 250.00
CITY / STATE:	St Louis MO 63110	3/20/2020	
EMPLOYER:	City of Creve Coeur Inspector	<b>\$</b> 250.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 233.33	☐ IN-KIND
NAME:			
ADDRESS:	Patrick Wilson	4/22/2020	\$ 50.00
CITY / STATE:	2000 E Broadway Columbia MO 65201	T/ ZZ/ ZUZU	
EMPLOYER:	Self-Employed Nonprofit Advocate	\$ 50.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 50.00	IN-KIND
NAME:			
ADDRESS:	Paul Rainsbeeger		\$ 50.00
CITY / STATE:	2401 Hillshire Dr Columbia MO 65203	4/20/2020	'
EMPLOYER:	Not Employed Not Employed	<b>c</b>	<b>✓</b> MONETARY
COMMITTEE:		\$ 50.00	IN-KIND
NAME:			1
ADDRESS:	Paula Willmarth	6 /1 /0000	\$ 150.00
CITY / STATE:	5967 North London Avenue	6/1/2020	1
EMPLOYER:	Kansas City MO 64151 Not Employed Not Employed	<b>A</b>	<b>✓</b> MONETARY
COMMITTEE:		\$ 150.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS	·	]
(CARRY	(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
·	MORE THAN \$100 TO A COMMITTEE.  AGGREGATE TO		
3. NAME, ADDRESS NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
I			\$ 5.00
ADDRESS:	Paula Fulkerson 10901 N Holly	5/7/2020	Φ 3.00
CITY / STATE:	Kansas City MO 64155		MONETARY
EMPLOYER:  COMMITTEE:	Childrens Mercy Hospital RN	\$ 5.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Peggy Placier	5 (5 4 (0000	\$ 25.00
CITY / STATE:	209 S Greenwood Ave	6/14/2020	Ť
EMPLOYER:	Columbia MO 65203 Not employed Not employed	Φ	<b>✓</b> MONETARY
COMMITTEE:	Not employed Not employed	\$ 25.00	IN-KIND
NAME:			
ADDRESS:	Peter Mueser		\$ 250.00
CITY / STATE:	5401 W Route K	6/13/2020	<b>*</b>
EMPLOYER:	Columbia MO 65203 University of Missouri Professor		MONETARY
COMMITTEE:	University of Missouri Professor	\$ 400.00	IN-KIND
NAME:			
ADDRESS:	Philip Harrison		\$ 100.00
CITY / STATE:	210 Westwood	6/8/2020	Ψ 100.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Rachel Brekhus		\$ 9.00
CITY / STATE:	703 Hilltop Dr	4/10/2020	$\Psi$ 9.00
EMPLOYER:	Columbia MO 65201 University of Missouri librarian		<b>✓</b> MONETARY
COMMITTEE:	University of Missouri Indiation	\$ 509.00	IN-KIND
NAME:			IIVININD
ADDRESS:	Randall Johnston		\$ 100.00
CITY / STATE:	812 Riverside Dr 53	6/29/2020	Ψ 100.00
EMPLOYER:	New York NY 10032 Paul Hastings Attorney		MONETARY
COMMITTEE:	raul mastings Actorney	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Ray Schneider		\$ 100.00
CITY / STATE:	5507 Old West Rd	5/29/2020	Ψ 100.00
EMPLOYER:	Jefferson City MO 65109 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:	NOC BENETOYCE	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Rea Kleeman		\$ 100.00
CITY / STATE:	8600 Delmar Blvd Apt 4C	6/6/2020	Ψ 100.00
EMPLOYER:	St Louis MO 63124 none Retired		MONETARY
COMMITTEE:	none neurou	\$ 100.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS	•	1
		OUED DA OEO" ON EOD:: 00	
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

**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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
NAME:			\$ 100.00
ADDRESS:	Rebecca McClanahan PO Box 115	6/30/2020	\$ 100.00
CITY / STATE:	Kirksville MO 63501		MONETARY
EMPLOYER:	none none	\$ 200.00	MONETARY
COMMITTEE:		· ·	L IN-KIND
NAME:			<b>f</b> 100 00
ADDRESS:	Renee Michelson	4/19/2020	\$ 100.00
CITY / STATE:	56 Fair Oaks St. Louis MO 63124		
EMPLOYER:	Not Employed Not Employed	\$ 100.00	MONETARY
COMMITTEE:		Ψ =:::::	IN-KIND
NAME:			Φ 050 00
ADDRESS:	Rhona Lyons	6/12/2020	\$ 250.00
CITY / STATE:	8 Bon Price Lane Olivette MO 63132	6/12/2020	
EMPLOYER:	Schuchat Cook & Werner attorney	\$ 250.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 250.00	☐ IN-KIND
NAME:			
ADDRESS:	Richard Eaton	6/30/2020	\$ 100.00
CITY / STATE:	1842 South Ninth	6/30/2020	
EMPLOYER:	Saint Louis MO 63104 Not Employed Not Employed		<b>✓</b> MONETARY
COMMITTEE:		\$ 200.00	☐ IN-KIND
NAME:			
ADDRESS:	Richard Egan		\$ 100.00
CITY / STATE:	3943 Hartford Street St. Louis MO 63116	5/23/2020	
EMPLOYER:	none none	<b>f</b> 100 00	<b>✓</b> MONETARY
COMMITTEE:		\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Richard Dohm		\$ 50.00
CITY / STATE:	3607 Augusta Dr	4/20/2020	- 30.00
EMPLOYER:	Columbia MO 65203 none Retired	Φ	MONETARY
COMMITTEE:	none Recifed	\$ 50.00	IN-KIND
NAME:			
ADDRESS:	Richard Pope		\$ 50.00
CITY / STATE:	97 Kingsrow Dr	5/31/2020	<b>5</b> 0.00
EMPLOYER:	Camdenton MO 65020 Not employed Not employed		<b>✓</b> MONETARY
COMMITTEE:	NOT CHIPTOYER NOT EMPTOYER	\$ 50.00	IN-KIND
NAME:			IIN-IVIIND
ADDRESS:	Dighard Woods		\$ 50.00
CITY / STATE:	Richard Woods 6510 Turnberry Court	6/24/2020	$\psi$ 50.00
	Parkville MO 64152		MONETARY
EMPLOYER:	Kirkland Woods & Martinsen PC Attorney	\$ 50.00	
COMMITTEE:		<u> </u>	L IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		
·	0 TO A COMMITTEE.	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del> </del>
· · · · · · · - ·			\$ 25.00
ADDRESS:	Richard Murray 15 Topton Way	6/19/2020	\$ 25.00
CITY / STATE:	St.louis MO 63105		MONETARY
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	\$ 25.00	MONETARY IN-KIND
NAME:			IN INITIAL
ADDRESS:	Richard Oswald	- /1 - /	\$ 5.00
CITY / STATE:	15593 245th st	5/18/2020	Ť
EMPLOYER:	Fairfax MO 64446 Self Farmer	Φ	<b>✓</b> MONETARY
COMMITTEE:	Sell Falmel	\$ 10.00	IN-KIND
NAME:			
ADDRESS:	Richard King		\$ 1,000.00
CITY / STATE:	109 W Parkway Dr	6/30/2020	•
EMPLOYER:	Columbia MO 65203 none Retired		MONETARY
COMMITTEE:	none Retired	\$ 1,500.00	IN-KIND
NAME:			
ADDRESS:	Rita Yencarelli		\$ 10.00
CITY / STATE:	1711 Gordon St.	6/30/2020	Ψ = 0.00
EMPLOYER:	Columbia MO 65201		MONETARY
COMMITTEE:	Self legal videographer	\$ 10.00	IN-KIND
NAME:			
ADDRESS:	RJ Crotser		\$ 100.00
CITY / STATE:	510 lering ct	6/21/2020	Ψ 100.00
EMPLOYER:	Ballwin MO 63011 Sales MCG		<b>✓</b> MONETARY
COMMITTEE:	bates Med	\$ 100.00	IN-KIND
NAME:			IN TAINE
ADDRESS:	Robert Blake Jr		\$ 500.00
CITY / STATE:	2322 Meadow Lark Ln	5/22/2020	Ψ 300.00
EMPLOYER:	Columbia MO 65201 None Retired		<b>✓</b> MONETARY
COMMITTEE:	None Rectifed	\$ 1,500.00	IN-KIND
NAME:			
ADDRESS:	Robert Clayton II		\$ 250.00
CITY / STATE:	905 Cardiff Dr	5/9/2020	Ψ 450.00
EMPLOYER:	Hannibal MO 63401 none Retired		<b>✓</b> MONETARY
COMMITTEE:	none recited	\$ 250.00	IN-KIND
NAME:			
ADDRESS:	Robert Hines		\$ 100.00
CITY / STATE:	2704 Bluff Creek Dr.	5/28/2020	<b>4</b> ±00.00
EMPLOYER:	Columbia MO 65201 Hines&Wilson Law Firm Attorney		MONETARY
COMMITTEE:	IIIIOOIIIIO	\$ 100.00	IN-KIND
TOTAL: ITEMIZE	ED CONTRIBUTIONS	:	
		OUED DA OEO" ON EGO.: 00	
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED	
FROM COMMITT	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING			
· ·	O TO A COMMITTEE.	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)	
3. NAME, ADDRESS NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE		
I			\$ 50.00	
ADDRESS:	Robert Weagley 1701 Oakwood Ct	6/16/2020	<b>5</b> 0.00	
CITY / STATE:	Columbia MO 65203		MONETARY	
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	<b>\$</b> 50.00	MONETARY IN-KIND	
NAME:				
ADDRESS:	Robin Mabry-Hubbard	4 (00 (000	\$ 50.00	
CITY / STATE:	819 S Prairie St.	4/20/2020	Ť	
EMPLOYER:	Bethalto IL 62010 Not Employed Not Employed	Φ	<b>✓</b> MONETARY	
COMMITTEE:	Not mmployed Not mmployed	\$ 50.00	IN-KIND	
NAME:			<del></del>	
ADDRESS:	Robin Mabry-Hubbard		<b>\$</b> 25.00	
CITY / STATE:	819 S Prairie St. Apt 7	5/31/2020	_	
EMPLOYER:	Bethalto IL 62010		<b>✓</b> MONETARY	
COMMITTEE:	Not Employed Not Employed	\$ 75.00	IN-KIND	
NAME:				
ADDRESS:	Ron Carter		\$ 500.00	
CITY / STATE:	1244 Sunset Dr.	5/23/2020	Ψ 300.00	
EMPLOYER:	Columbia MO 65203		MONETARY	
COMMITTEE:	Not Employed Not Employed	\$ 500.00	IN-KIND	
NAME:			I IV-IXIND	
ADDRESS:	Ron Carter		\$ 100.00	
CITY / STATE:	1244 Sunset Drive	6/29/2020	Ψ 100.00	
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		<b>✓</b> MONETARY	
COMMITTEE:	Not mmployed Not mmployed	\$ 650.00	IN-KIND	
NAME:			IN-KIND	
ADDRESS:	Day Gartan		\$ 50.00	
CITY / STATE:	Ron Carter 1244 Sunset Drive	6/8/2020	Ψ 50.00	
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY	
COMMITTEE:	none none	\$ 550.00	IN-KIND	
NAME:			IN-KIND	
ADDRESS:	Ronald Newman		\$ 50.00	
CITY / STATE:	Ronald Newman 9230 West Terrapin Hills Rd	6/18/2020	<b>5</b> 0.00	
EMPLOYER:	Columbia MO 65203		MONETARY	
COMMITTEE:	Not Employed Not Employed	\$ 50.00	IN-KIND	
NAME:			IIN-KIND	
ADDRESS:	Develo Westerland		\$ 10.00	
	Ronald Knutelski 10006 Old 79	4/19/2020	\$ 10.00	
CITY / STATE:	Hannibal MO 63401		MONETARY	
EMPLOYER:	BNSF/RR Locomotive Engineer	\$ 10.00	MONETARY	
COMMITTEE:		<u> </u>	L IN-KIND	
TOTAL: ITEMIZE	D CONTRIBUTIONS			
(CARRY	(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE

7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED	
FROM COMMITT	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING			
· ·	0 TO A COMMITTEE.	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)	
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del> </del>	
NAME:			\$ 250.00	
ADDRESS:	Rose-Lynn Sokol 7751 Kingsbury Blvd	6/30/2020	<b>a</b> 230.00	
CITY / STATE:	St. Louis MO 63105		MONETARY	
EMPLOYER:  COMMITTEE:	self Consultant	\$ 250.00	MONETARY IN-KIND	
NAME:			IN-KIND	
ADDRESS:			\$ 25.00	
CITY / STATE:	Rosemary Christensen 4107 Baurichter Drive	6/30/2020	Ψ 23.00	
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY	
COMMITTEE:	Not employed Not employed	\$ 285.00	IN-KIND	
NAME:			1	
ADDRESS:	Bogomary Christongon		\$ 25.00	
CITY / STATE:	Rosemary Christensen 4107 Baurichter Dr	4/19/2020	Ψ	
EMPLOYER:	Columbia MO 65203		MONETARY	
COMMITTEE:	Not employed Not employed	\$ 200.00	IN-KIND	
NAME:			I IV-IXIND	
ADDRESS:	Daniel Marie		\$ 25.00	
CITY / STATE:	Rosemary Christensen 4107 Baurichter Drive	5/20/2020	Ψ 23.00	
EMPLOYER:	Columbia MO 65203		MONETARY	
COMMITTEE:	Not employed Not employed	\$ 235.00	IN-KIND	
NAME:			T IN TAINE	
ADDRESS:	Rosemary Christensen		\$ 25.00	
CITY / STATE:	4107 Baurichter Dr.	5/31/2020	Ψ 25.00	
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		<b>✓</b> MONETARY	
COMMITTEE:	Not Employed Not Employed	\$ 260.00	IN-KIND	
NAME:			1	
ADDRESS:	Rosemary Christensen		\$ 10.00	
CITY / STATE:	4107 Baurichter Drive	5/2/2020	Ψ 10.00	
EMPLOYER:	Columbia MO 65203 Not employed Not employed		<b>✓</b> MONETARY	
COMMITTEE:	Not employed Not employed	\$ 210.00	IN-KIND	
NAME:			1	
ADDRESS:	Rosemary Feraldi		\$ 10.00	
CITY / STATE:	401 Angels Rest Way	6/11/2020	10.00	
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	Φ	<b>✓</b> MONETARY	
COMMITTEE:		\$ 40.00	IN-KIND	
NAME:			<u> </u>	
ADDRESS:	Rosemary Feraldi	4 /11 /222	\$ 10.00	
CITY / STATE:	401 Angels Rest Way	4/11/2020		
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	Φ	<b>MONETARY</b>	
COMMITTEE:		\$ 20.00	IN-KIND	
TOTAL: ITEMIZE	ED CONTRIBUTIONS	•		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)				



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri

DATE 7/15/2020

### **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.

ADDRESS	If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
MORE THAN \$100 TO A COMMITTEE.  AGGREGATE TO DATE  ANAME:  ADDRESS:  ROSEMBRY Ferald:  A01 Angels Rest May  ADDRESS:  ROSEMBRY Ferald:  A02 Angels Rest May  ADDRESS:  ROSEMBRY Ferald:  A03 Angels Rest May  ADDRESS:  ROSEMBRY Ferald:  A04 Angels Rest May  ADDRESS:  BDIVY STATE:  COLIMBIA MO 65202  MONETARY  IN-KIND  ADDRESS:  Sam Hamra  BDORESS:  Sam Hamra  BDORESS:  Sam Hamra  BDORESS:  Sam Hamra  BODRESS:  Sam Hamra  BODRESS:  SEM HAMPI  BODRESS:  BODRESS:  MPLOYER:  BODRESS:  MPLOYER:  BODRESS:  BODRESS:  SEM HAMPI  BODRESS:  BODRESS:  BODRESS:  SEM HAMPI  BODRESS:  BODRESS:  SAMIZ CONKIN  BODRESS:  SAMIZ CONKI	A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$100 TO A COUMNITTEE.   ADATE	FROM COMMITTE	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		
AMME:   AMME	· ·			,
NODRESS:   Rosemary Feraldi		S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del> </del>
Add				10.00
Columbia Mo 55:03   Monetary			5/11/2020	Φ 10.00
COMMITTEE:   \$ 30.00		Columbia MO 65203		MONETARY
NAME:  NDDRESS: Sally Silvers  COLUMDITE: 310 W Burnam Rd  MONETARY  IN-KIND  MONETARY  IN-K		Not Employed Not Employed	\$ 30.00	ı <b>=</b>
ADDRESS	NAME:			IN-KIND
A	ADDRESS:	Cally Gilvery		\$ 250.00
Columbia MO 65203			4/24/2020	
COMMITTEE: NAME: NAME				MONETARY
AMME:   ADDRESS:   Sam Hamra   Springfield M0 65804   Springfield M0 65802   Investigation M0 65202   Investigation M0 65203   Investigation M0		none Retired	\$ 250.00	l <b>=</b>
ADDRESS:   Sam Hamra   1855   S. Ingram Mill Rd   1850   S. Sol. 00   W. MONETARY   MONET				II II III III
Salid Habita   Springfield MO 65804   Springfield MO 65804   Self Attorney   \$500.00   MONETARY   IN-KIND		Com Homes		\$ 500.00
Springfield M0 65804   Self Attorney   \$ 500.00   MONETARY   IN-KIND			6/1/2020	Ψ
□ COMMITTEE:  NAME:  ADDRESS:     Sandra Conklin     11000 E. St. Charles Rd  COMMITTEE:  ADDRESS:     Sandra Conklin     11000 E. St. Charles Rd  COMMITTEE:  ADDRESS:     Sandra Conklin     □ COMMITTEE:  ADDRESS:     Sandra Conklin     11000 E. St. Charles Rd  Columbia Mo 65202     Not Employed Not Employed      Sandra Conklin     11000 E. St. Charles Rd     Columbia Mo 65202     Not Employed Not Employed      Sandra Conklin     11000 E. St. Charles Rd     Columbia Mo 65202     Not Employed Not Employed      Sandra Conklin     1100.00      Sandra Conklin     11000 E. St. Charles Rd     Columbia Mo 65202     Not Employed Not Employed      Sandra Conklin     1100.00      Sandra Conklin     In-KIND      MONETARY     IN-KIND      Sandra Conklin     Sandra Conklin     Sandra Conklin     In-KIND      In-KIND      Sandra Conklin     In-KIND      In-KIND      Sandra Conklin     In-KIND      In-KIND      In-KIND      In-KIND      In-KIND      In-KIND		Springfield MO 65804		MONETARY
Adme:   Address:   Sandra Conklin   1000 E. St. Charles Rd		Self Attorney	\$ 500.00	
ADDRESS: Sandra Conklin  CITY / STATE: 11000 E. St. Charles Rd Columbia Mo 65202  Not Employed Not Employed  ADDRESS: Sandra Conklin  COMMITTEE:  ADDRESS: Sandra Conklin  COMMITTEE: 11000 E. St. Charles Rd Columbia Mo 65202  Not Employed Not Employed  Columbia Mo 65202  Not Employed Not Employed  COMMITTEE:  ADDRESS: Sandra Conklin  COMMITTEE: 11000 E. St. Charles Rd Columbia Mo 65202  Not Employed Not Employed  Sandra Conklin  Shape Columbia Mo 65202  Not Employed Not Employed  Sandra Conklin  Shape Columbia Mo 65202  Not Employed Not Employed  Sandra Conklin  Shape Columbia Mo 65202  MONETARY  Nonetary  MONETARY  Sandra Conklin  Shape Columbia Mo 65203  Shape Colu				IN-KIND
CITY/STATE: 11000 E. St. Charles Rd Columbia Mo 65202 Not Employed Not Employed  S 200.00  MONETARY IN-KIND  SAME: ADDRESS: Sandra Conklin Clty/STATE: 11000 E. St. Charles Rd Columbia Mo 65202 Not Employed Not Employed  S 100.00  S 100.00  S 100.00  MONETARY IN-KIND				<b>c</b> 100.00
Columbia MO 65202 Not Employed Not Employed  \$ 200.00			6/16/2020	Φ 100.00
□ COMMITTEE:  NAME: ADDRESS: Sandra Conklin CITY / STATE: Columbia Mo 65202 EMPLOYER: Not Employed Not Employed □ COMMITTEE:  NAME: ADDRESS: Sandy Ollar COMMITTEE:  NAME: ADDRESS: Sandy Ollar Columbia Mo 65203 EMPLOYER: 1251 W. Covered Bridge Rd. Columbia Mo 65203 EMPLOYER: self sales  Sound Columbia Mo 65203 EMPLOYER: Sarah Bantz ADDRESS: Sarah Bantz CITY / STATE: 1228 Ridge Rd COLUMDIA MO 65203 EMPLOYER: University of Missouri CPA □ COMMITTEE:  NAME: ADDRESS: Sarah Bantz CITY / STATE: 1228 Ridge Rd Columbia Mo 65203 EMPLOYER: University of Missouri CPA □ COMMITTEE:  NAME:		Columbia MO 65202		MONETARY
NAME: ADDRESS: Sandra Conklin 11000 E. St. Charles Rd Columbia M0 65202  EMPLOYER: Not Employed Not Employed  COMMITTEE: NAME: ADDRESS: Sandy Ollar CITY / STATE: Columbia M0 65203  EMPLOYER: Sandy Ollar CITY / STATE: Columbia M0 65203  EMPLOYER: self sales  COMMITTEE: NAME: ADDRESS: Sarah Bantz CITY / STATE: COMMITTEE: NAME: ADDRESS: Sarah Bantz CITY / STATE: Columbia M0 65203  EMPLOYER: self sales  CITY / STATE: Columbia M0 65203  EMPLOYER: University of Missouri CPA  MONETARY  MONETARY  MONETARY  MONETARY  MONETARY  MONETARY  MONETARY  IN-KIND		Not Employed Not Employed	\$ 200.00	· =
ADDRESS: Sandra Conklin    1000 E. St. Charles Rd   5/20/2020			·	L IN-KIND
1000 E. St. Charles Rd				Φ
EMPLOYER: Columbia MO 65202 Not Employed Not Employed  COMMITTEE:  ADDRESS: Sandy Ollar COlumbia MO 65203 EMPLOYER: 251 W. Covered Bridge Rd. Columbia MO 65203 EMPLOYER: Self sales  ADDRESS: Sarah Bantz COMMITTEE:  ADDRESS: Sarah Bantz COLITY/STATE: 1228 Ridge Rd Columbia MO 65203 EMPLOYER: University of Missouri CPA  COMMITTEE:  COMMITTEE: 1228 Ridge Rd Columbia MO 65203 EMPLOYER: University of Missouri CPA  S 100.00  MONETARY MONETARY  F 100.00  MONETARY  MONETARY  MONETARY  MONETARY  100.00  IN-KIND			5/20/2020	Φ 100.00
COMMITTEE:  NAME: ADDRESS: Sandy Ollar Columbia Mo 65203 EMPLOYER: self sales  COMMITTEE:  NAME: ADDRESS: Sarah Bantz COMMITTEE:  COMM		Columbia MO 65202		L.Z. MONETARY
NAME: ADDRESS: Sandy Ollar Columbia MO 65203 EMPLOYER: self sales  COMMITTEE: ADDRESS: Sarah Bantz ADDRESS: Sarah Bantz COLUTY / STATE: 1228 Ridge Rd Columbia MO 65203 EMPLOYER: University of Missouri CPA  COMMITTEE: COMMITTEE:  Sandy Ollar  5/14/2020  MONETARY IN-KIND  \$ 100.00  MONETARY IN-KIND  MONETARY IN-KIND		Not Employed Not Employed	\$ 100.00	· =
ADDRESS: Sandy Ollar  CITY / STATE: 1251 W. Covered Bridge Rd. Columbia MO 65203 Self sales  EMPLOYER: self sales  COMMITTEE: ADDRESS: Sarah Bantz  ADDRESS: Sarah Bantz  CITY / STATE: 1228 Ridge Rd Columbia MO 65203  EMPLOYER: University of Missouri CPA  COMMITTEE: \$ 100.00			,	IN-KIND
CITY/STATE: 1251 W. Covered Bridge Rd. Columbia MO 65203  EMPLOYER: self sales  COMMITTEE: \$ 50.00  MONETARY IN-KIND  NAME: ADDRESS: Sarah Bantz CITY/STATE: 1228 Ridge Rd Columbia MO 65203  EMPLOYER: University of Missouri CPA  COMMITTEE: \$ 100.00  MONETARY IN-KIND				Φ.
Columbia MO 65203  EMPLOYER: self sales  COMMITTEE: Self sales  COMMITTEE: Self sales  Solution of Self sales  Soluti			5/14/2020	<b>5</b> 0.00
COMMITTEE:  NAME: ADDRESS: Sarah Bantz CITY/STATE: 1228 Ridge Rd Columbia MO 65203 EMPLOYER: University of Missouri CPA  COMMITTEE: \$ 100.00  MONETARY IN-KIND			· · ·	
COMMITTEE:  NAME: ADDRESS: Sarah Bantz CITY/STATE: 1228 Ridge Rd Columbia MO 65203  EMPLOYER: University of Missouri CPA  COMMITTEE:  COMMITTEE:  Sarah Bantz 6/26/2020  MONETARY IN-KIND		self sales	\$ 50.00	1 ==
ADDRESS: Sarah Bantz  CITY/STATE: 1228 Ridge Rd Columbia MO 65203  EMPLOYER: University of Missouri CPA  COMMITTEE: \$ 100.00  \$ 100.00			Ψ 30.00	IN-KIND
CITY/STATE: 1228 Ridge Rd Columbia MO 65203  EMPLOYER: University of Missouri CPA  COMMITTEE: 1228 Ridge Rd 6/26/2020  MONETARY IN-KIND	NAME:			
Columbia MO 65203  EMPLOYER: University of Missouri CPA  COMMITTEE:  Columbia MO 65203  MONETARY  IN-KIND	ADDRESS:		6/26/2020	<b>5</b> 100.00
EMPLOYER: University of Missouri CPA  COMMITTEE:  MONETARY IN-KIND	CITY / STATE:			
COMMITTEE:	EMPLOYER:		\$ 100.00	1 —
NAME:	COMMITTEE:		Ψ ±00.00	☐ IN-KIND
	NAME:			
	ADDRESS:		5/18/2020	\$ 100.00
CITY/STATE: Kansas City MO 64109	CITY / STATE:			l
	EMPLOYER:			<b>✓</b> MONETARY
COMMITTEE: IN-KIND	COMMITTEE:		ψ ±00.00	☐ IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS	TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)				



OFFICE USE ONLY

NAME OF COMMITTEE Baker For Missouri DATE 7/15/2020

### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING  TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
· ·	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:			
ADDRESS:	Sarah Aylward	6/30/2020	\$ 30.00
CITY / STATE:	1819 West Division Street #211 Chicago IL 60622		
EMPLOYER:  COMMITTEE:	Built In Senior Content Editor	\$ 55.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Cough Aviliand		\$ 25.00
CITY / STATE:	Sarah Aylward 1819 West Division Street #211	6/5/2020	
EMPLOYER:	Chicago IL 60622 Built In Senior Content Editor		<b>✓</b> MONETARY
COMMITTEE:	Built in Senior Content Editor	\$ 25.00	IN-KIND
NAME:			
ADDRESS:	Sarah Unsicker		\$ 10.00
CITY / STATE:	5008 Exeter Ave	4/10/2020	
EMPLOYER:	St. Louis MO 63119 Not employed Not employed	ф 10.00	<b>✓</b> MONETARY
COMMITTEE:	not employed	\$ 10.00	IN-KIND
NAME:			
ADDRESS:	Sarah Catlin	4 /10 /0000	\$ 6.00
CITY / STATE:	2264 Country Ln	4/10/2020	
EMPLOYER:	Columbia MO 65201 Self Consultant	Ф 206 00	✓ MONETARY
COMMITTEE:	Consultation of the consul	\$ 386.00	IN-KIND
NAME:			
ADDRESS:	Scott Intagliata		\$ 250.00
CITY / STATE:	5146 Waterman Blvd. Saint Louis MO 63108	6/30/2020	
EMPLOYER:	Unico Inc Marketing		<b>✓</b> MONETARY
COMMITTEE:		\$ 250.00	IN-KIND
NAME:			
ADDRESS:	Scott Summers	6/17/0000	\$ 200.00
CITY / STATE:	540 N Johnson Kahoka MO 63445	6/17/2020	
EMPLOYER:	Self attorney	\$ 200.00	✓ MONETARY
COMMITTEE:		\$ 200.00	☐ IN-KIND
NAME:			
ADDRESS:	Scott Cristal	6 /00 /000	\$ 10.00
CITY / STATE:	PO Box 40 Columbia MO 65205	6/29/2020	
EMPLOYER:	Colonial Mercantile peddler (Scott)	\$ 10.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 10.00	☐ IN-KIND
NAME:			
ADDRESS:	Sharalyn Saks	6/8/2020	\$ 500.00
CITY / STATE:	96 Arundel Pl St. Louis MO 63105		
EMPLOYER:	none none	\$ 500.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 300.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$10	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING  TO A COMMITTEE.	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<del> </del>
ADDRESS: CITY / STATE:	Sharon Tyus 4968 Maffitt Pla e	6/8/2020	\$ 100.00
EMPLOYER:  COMMITTEE:	St. Louis MO 63113 City of St. Louis Alderwoman 1st Ward	\$ 100.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Shelley Shray	6/11/2020	\$ 20.00
CITY / STATE:	7739 Stanford Av	6/11/2020	
EMPLOYER:	University City MO 63130 none not employed	\$ 20.00	MONETARY IN-KIND
			IN-KIND
NAME: ADDRESS:	Sheryl Wyatt	4 (00 (0000	\$ 200.00
CITY / STATE:	1002 Danforth Dr	4/20/2020	
EMPLOYER:  COMMITTEE:	Columbia MO 65201 Boone Hospital RN	\$ 450.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Silvana Siddali 4022 Fairview Ave	6/8/2020	\$ 5.00
CITY / STATE:	St Louis MO 63116		
EMPLOYER:  COMMITTEE:	Saint Louis Univeristy Professor	\$ 5.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Sondra Flaker 7501 Cave Creek Rd	5/9/2020	\$ 250.00
CITY / STATE:	Columbia MO 65203		A MONETARY
EMPLOYER:	none Retired	<b>\$</b> 250.00	MONETARY
COMMITTEE:		·	IN-KIND
NAME:			Φ
ADDRESS: CITY / STATE:	Stephen Smith 4601 W. Akeman Bridge Rd.	6/29/2020	\$ 150.00
EMPLOYER:	Columbia MO 65202 Not Employed Not Employed	Φ	MONETARY
COMMITTEE:		\$ 150.00	IN-KIND
NAME:			
ADDRESS:	Stephen Wyse		\$ 100.00
CITY / STATE:	609 E. Broadway	6/23/2020	7 100.00
EMPLOYER:	Columbia MO 65201 Wyse Law Firm Attorney	<b>^</b> 150.00	<b>✓</b> MONETARY
СОММІТТЕЕ:	- -	\$ 150.00	IN-KIND
NAME:			
ADDRESS:	Stephen Keithahn	4/10/2020	\$ 69.00
CITY / STATE:	6575 S Arrowhead Lake Dr Columbia MO 65203	7/10/2020	
EMPLOYER:  COMMITTEE:	University of Missouri Physician	\$ 319.00	MONETARY IN-KIND
	CONTRIBUTIONS	+	
	D CONTRIBUTIONS		
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	-1)



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/1

7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED		
FROM COMMITT	FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING				
· ·	0 TO A COMMITTEE.	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)		
3. NAME, ADDRESS NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	•		
			\$ 50.00		
ADDRESS:	Stephen Berkwitz 2468 E. Raynell	5/7/2020	\$ 50.00		
CITY / STATE:	Springfield MO 65804		MONETARY		
EMPLOYER:  COMMITTEE:	Missouri State University Professor	\$ 150.00	MONETARY IN-KIND		
NAME:					
ADDRESS:	Stephen Calloway	5 /20 /000	\$ 50.00		
CITY / STATE:	3900 Sherman Ct.	6/30/2020	Ť		
EMPLOYER:	COLUMBIA MO 65203 Not Employed Not Employed	Φ	<b>✓</b> MONETARY		
COMMITTEE:	Not Employed Not Employed	\$ 50.00	IN-KIND		
NAME:					
ADDRESS:	Stephen W. Skrainka		<b>\$</b> 36.00		
CITY / STATE:	7170 Washington Avenue	5/4/2020	<b>*</b>		
EMPLOYER:	Saint Louis MO 63130 none none		<b>✓</b> MONETARY		
COMMITTEE:	none none	\$ 54.00	IN-KIND		
NAME:					
ADDRESS:	Obove Hedge		\$ 25.00		
CITY / STATE:	Steve Hodges 93B Millar Road	6/21/2020	Ψ 23.00		
EMPLOYER:	East Prairie MO 63845		MONETARY		
COMMITTEE:	Not Employed Not Employed	\$ 50.00	IN-KIND		
NAME:			IIV KIND		
ADDRESS:	Steve Hodges		\$ 25.00		
CITY / STATE:	93B Millar Road	5/29/2020	Ψ 25.00		
EMPLOYER:	East Prairie MO 63845 Not Employed Not Employed		<b>✓</b> MONETARY		
COMMITTEE:	Not miployed Not miployed	\$ 25.00	IN-KIND		
NAME:			IN-KIND		
ADDRESS:	Obsuban N. Obsasiaba		\$ 18.00		
CITY / STATE:	Stephen W. Skrainka 7170 Washington Ave.	6/21/2020	Ψ 16.00		
EMPLOYER:	St. Louis MO 63130		MONETARY		
COMMITTEE:	Not Employed Not Employed	\$ 72.00	IN-KIND		
NAME:			IN-KIND		
ADDRESS:	Cyo Fighlowitz		\$ 2,559.00		
CITY / STATE:	Sue Fishlowitz 721 Middle Polo Dr	6/29/2020	<b>3</b> 2,559.00		
EMPLOYER:	St. Louis MO 63105		MONETARY		
COMMITTEE:	none Retired	\$ 2,559.00	IN-KIND		
NAME:			IIN-KIND		
ADDRESS:	Construction of the constr		\$ 250.00		
	Susan Tillema 306 Westridge Dr	5/16/2020	φ 250.00		
CITY / STATE:	Columbia MO 65203		MONETARY		
EMPLOYER:	none Retired	\$ 250.00	MONETARY		
COMMITTEE:			L IN-KIND		
TOTAL: ITEMIZE	D CONTRIBUTIONS				
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)					



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

### **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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING  TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:	THE GOOT THEN (LIET COMMITTEE OF INCOT)		
ADDRESS:	Susan Flader	4/20/2020	\$ 200.00
CITY / STATE:	917 Edgewood Ave. Columbia MO 65203	4/28/2020	1
EMPLOYER:  COMMITTEE:	Not Employed Not Employed	\$ 200.00	MONETARY IN-KIND
NAME:			IN IMINE
ADDRESS:			\$ 100.00
CITY / STATE:	Susan Cunningham 3730 Sunset Dr.	6/30/2020	Ι Ψ 100.00
EMPLOYER:	Pacific MO 63069		MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 100.00	IN-KIND
NAME:			IN KIND
ADDRESS:	Susie Ailor		<b>\$</b> 50.00
CITY / STATE:	3805 Hallbrook Ct	4/27/2020	Ι Ψ
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	none Retired	\$ 50.00	IN-KIND
NAME:			IN IMINE
ADDRESS:	Queena Province		\$ 10.00
CITY / STATE:	Suzanne Burgoyne 103 Tracy Dr	5/20/2020	φ 10.00
EMPLOYER:	Columbia MO 65203		<b>✓</b> MONETARY
COMMITTEE:	University of Missouri professor	\$ 15.00	IN-KIND
NAME:			IN-KIND
ADDRESS:	Suzanne Burgoyne		\$ 5.00
CITY / STATE:	103 Tracy Dr	6/2/2020	<b>\$</b> 5.00
EMPLOYER:	Columbia MO 65203 University of Missouri professor		<b>✓</b> MONETARY
COMMITTEE:	oniversity of missouri professor	\$ 20.00	IN-KIND
NAME:			IN KIND
ADDRESS:	Suzanne Burgoyne		\$ 5.00
CITY / STATE:	103 Tracy Dr	5/2/2020	J.00
EMPLOYER:	Columbia MO 65203 University of Missouri professor		MONETARY
COMMITTEE:	oniversity of Missouri professor	<b>\$</b> 5.00	IN-KIND
NAME:			
ADDRESS:	SY Trimble		\$ 1,000.00
CITY / STATE:	11830 State Route BB	6/26/2020	Ψ 1,000.00
EMPLOYER:	Columbia MO 65401 none Retired		<b>✓</b> MONETARY
COMMITTEE:	none notifica	\$ 1,500.00	IN-KIND
NAME:			
ADDRESS:	Tammy Jones		\$ 100.00
CITY / STATE:	1900 Grant Lane	6/1/2020	100.00
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed		MONETARY
COMMITTEE:	not improjed	\$ 100.00	IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/1

7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITT	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
3. NAME, ADDRES:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
ADDRESS:			\$ 50.00
CITY / STATE:	Ted Farnen 5100 Blue Spruce Ct	5/29/2020	Φ 30.00
EMPLOYER:	Columbia MO 65203		MONETARY
COMMITTEE:	MO School Boards Assn Editor	\$ 50.00	IN-KIND
NAME:			
ADDRESS:	Teresa Maledy	5 / 2 5 / 2 2 2 2	\$ 100.00
CITY / STATE:	215 W. Brandon Road	6/26/2020	·
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	Φ	<b>✓</b> MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 350.00	IN-KIND
NAME:			
ADDRESS:	Terra Clyne		\$ 100.00
CITY / STATE:	1950 Logan St. #1201	4/18/2020	·
EMPLOYER:	Denver CO 80203 Construction Mqt. EXpress Self	Φ 100 00	<b>✓</b> MONETARY
COMMITTEE:	constituction age. Express Self	\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Thomas Payne		\$ 500.00
CITY / STATE:	3061 W. Picket Post	6/8/2020	•
EMPLOYER:	Columbia MO 65203 Not Employed Not Employed	Φ	MONETARY
COMMITTEE:	Not Employed Not Employed	\$ 500.00	IN-KIND
NAME:			
ADDRESS:	Tim Lewis		\$ 250.00
CITY / STATE:	3809 Woods Edge	5/8/2020	1 230.00
EMPLOYER:	Columbia MO 65203 University of Missouri Professor	Φ 0.50	<b>✓</b> MONETARY
COMMITTEE:	•	\$ 250.00	IN-KIND
NAME:			
ADDRESS:	Timothy Harlan		\$ 100.00
CITY / STATE:	511 S Glenwood	6/17/2020	•
EMPLOYER:	Columbia MO 65203 Harlan Still & Koch attorney	Φ	<b>✓</b> MONETARY
COMMITTEE:	•	\$ 900.00	IN-KIND
NAME:			
ADDRESS:	Timothy Harlan		\$ 100.00
CITY / STATE:	511 Glenwood Ave	4/11/2020	1 200.00
EMPLOYER:	Columbia MO 65203 Harlan Still & Koch Attorney	<b>c</b> 700 00	<b>✓</b> MONETARY
COMMITTEE:	·	\$ 700.00	IN-KIND
NAME:			
ADDRESS:	Timothy Harlan	5/16/2020	\$ 100.00
CITY / STATE:	511 S Glenwood Ave Columbia MO 65203		
EMPLOYER:	Harlan Still & Koch	<b>¢</b> 000 00	<b>▼</b> MONETARY
COMMITTEE:		\$ 800.00	IN-KIND
TOTAL: ITEMIZE	ED CONTRIBUTIONS	-	]
(CAPPV	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM OF	
(CARRI	TO THEM A SOUTOTAL. THE MILE DO CONTRIBUTIONS FROM ANT ATTA	COLLED I AGES ON FORM CE	·1 <i>j</i>



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTI	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY
· ·	0 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
NAME:			\$ 50.00
ADDRESS:	Timothy McBride 4 Spoede Hills Dr	4/17/2020	\$ 50.00
CITY / STATE:	St. Louis MO 63141		MONETARY
EMPLOYER:  COMMITTEE:	Washington University Professor	<b>\$</b> 719.00	MONETARY IN-KIND
NAME:			
ADDRESS:	Timothy McBride	4 / 0.5 / 0.000	\$ 50.00
CITY / STATE:	4 Spoede Hills Dr	4/26/2020	·
EMPLOYER:	Saint Louis MO 63141 Washington University Professor	Φ 5000	<b>✓</b> MONETARY
COMMITTEE:	washington oniversity floressor	\$ 769.00	IN-KIND
NAME:			
ADDRESS:	TJ Rutkowski		\$ 25.00
CITY / STATE:	48 East Ln	6/19/2020	<b>*</b>
EMPLOYER:	Stamford CT 6905 Tech for Campaigns Operations		<b>✓</b> MONETARY
COMMITTEE:	Tech for Campaigns Operations	\$ 25.00	IN-KIND
NAME:		<del></del>	IIV IVINE
ADDRESS:			\$ 50.00
CITY / STATE:	Toney Lowery 1909 Bear Creek Drive	5/13/2020	Ψ 30.00
EMPLOYER:	Columbia MO 65202		<b>✓</b> MONETARY
COMMITTEE:	City of Columbia Planner	\$ 50.00	IN-KIND
NAME:		<del> </del>	IN-KIND
ADDRESS:	Travis Morrison		\$ 250.00
CITY / STATE:	PO Box 30	6/29/2020	<b>\$</b> 250.00
EMPLOYER:	West Plains MO 65775 Stewart-Morrison Redi-Mix Inc CEO		<b>✓</b> MONETARY
COMMITTEE:	Stewart-Morrison Redi-Mix Inc CEO	\$ 500.00	IN-KIND
NAME:			IN-KIND
ADDRESS:			\$ 50.00
	Victoria R Wilson 3201 Blackberry Lane	6/29/2020	\$ 50.00
CITY / STATE:	Columbia MO 65201		MONETARY
EMPLOYER:	none Retired	\$ 619.00	MONETARY
COMMITTEE:		<del></del>	L IN-KIND
NAME:			<b>c</b>
ADDRESS:	Victoria R Wilson 3201 Blackberry Lane	4/10/2020	\$ 19.00
CITY / STATE:	Columbia MO 65201	1/10/2020	MONETARY
EMPLOYER:	none Retired	<b>\$</b> 569.00	MONETARY
COMMITTEE:			L IN-KIND
NAME:			Φ
ADDRESS:	Viola Mannlein 146 Cooper Drive Apt la	5/8/2020	\$ 25.00
CITY / STATE:	New Rochelle NY 10801		
EMPLOYER:	New York Presbyterian Nurse	\$ 30.00	MONETARY
COMMITTEE:			IN-KIND
TOTAL: ITEMIZE	D CONTRIBUTIONS		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

**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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
A. ITEMIZED CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY
	O TO A COMMITTEE.	DATE	OR IN-KIND)
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	5,112	
ADDRESS:	W A Miller		\$ 50.00
CITY / STATE:	1911 Dartmouth	6/16/2020	*
EMPLOYER:	Columbia MO 65203 Self Psychologist	Φ	MONETARY
COMMITTEE:	Jeli Psychologist	\$ 50.00	IN-KIND
NAME:			
ADDRESS:	Warren B (Bart) Tichenor	4/20/2020	\$ 100.00
CITY / STATE:	3710 Shadow Glen Ct	4/29/2020	
EMPLOYER:	Columbia MO 65203 Little Bonne Femme Baptist Church Minister	<b>C</b> 250.00	<b>✓</b> MONETARY
COMMITTEE:	Erodic Bomie Familie Baptibe Grazon IIIIIBOCI	\$ 350.00	IN-KIND
NAME:			
ADDRESS:	Walter Imam		\$ 250.00
CITY / STATE:	PO Box 182	4/24/2020	
EMPLOYER:	Salisbury MO 65281 Self Self employed		<b>✓</b> MONETARY
COMMITTEE:		\$ 250.00	IN-KIND
NAME:			
ADDRESS:	Wanda Thompson	F /16 /2020	\$ 100.00
CITY / STATE:	3811 Graystone Dr	5/16/2020	
EMPLOYER:	Jefferson City MO 65109 none Retired		<b>✓</b> MONETARY
COMMITTEE:		\$ 100.00	IN-KIND
NAME:			
ADDRESS:	Warren B (Bart) Tichenor		\$ 100.00
CITY / STATE:	3710 Shadow Glen Ct. Columbia MO 65203	5/31/2020	
EMPLOYER:	State Tax Commission of Missouri Attorney	_	<b>✓</b> MONETARY
COMMITTEE:		\$ 450.00	☐ IN-KIND
NAME:			
ADDRESS:	Wayne Brekhus	6/20/2020	\$ 300.00
CITY / STATE:	703 Hilltop Drive Columbia MO 65201	6/30/2020	
EMPLOYER:	Professor of Sociology University of Missouri	\$ 625.00	<b>✓</b> MONETARY
COMMITTEE:		ψ 025.00	☐ IN-KIND
NAME:			
ADDRESS:	West Wilson	6 /10 /0000	\$ 5.00
CITY / STATE:	Montana State University North Hedges Hall 200 12th St Rm 1025 Bozeman MT 59715	6/12/2020	
EMPLOYER:	Womens Health Associates OB	\$ 110.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 110.00	☐ IN-KIND
NAME:			
ADDRESS:	West Wilson Montana State University North Hedges Hall 200 12th St Rm 1025	5/12/2020	\$ 5.00
CITY / STATE:	Bozeman MT 59715		
EMPLOYER:	Wha Ob	\$ 105.00	<b>✓</b> MONETARY
COMMITTEE:		Ψ 103.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(0485)	TO ITEM 7 HOURTOTAL . ITEMIZED CONTRIBUTIONS FROM ANY ATTA	OHED BACKS! ON FORE CO	.4)
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	CHED PAGES" ON FORM CD	-1)



OFFICE USE ONLY

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020

**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.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.			
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE THAN \$10	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING DOWN TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	<u> </u>
NAME: ADDRESS:	William Maxwell 706 Fairview Ave	6/28/2020	\$ 200.00
CITY / STATE:	Columbia MO 65201		
EMPLOYER:  COMMITTEE:	Estate of Betty Maxwell Manager	\$ 200.00	MONETARY IN-KIND
NAME:			
ADDRESS:	William McKenzie	4/20/2020	\$ 100.00
CITY / STATE:	710 Thilly Ave	4/20/2020	
EMPLOYER:	Columbia MO 65203 City of Columbia Attorney	_	<b>✓</b> MONETARY
COMMITTEE:	ord, or obtained insorting	\$ 450.00	☐ IN-KIND
NAME:			
ADDRESS:	William McKenzie		\$ 100.00
CITY / STATE:	710 Thilly Ave	6/6/2020	*
EMPLOYER:	Columbia MO 65203 None Retired		<b>✓</b> MONETARY
COMMITTEE:	None Retired	\$ 650.00	IN-KIND
NAME:			
ADDRESS:			\$ 100.00
CITY / STATE:	William McKenzie 710 Thilly Ave	4/23/2020	<b>y</b> 100.00
	Columbia MO 65203		AZ MONETARY
EMPLOYER:	none Retired	<b>\$</b> 550.00	MONETARY
COMMITTEE:		·	☐ IN-KIND
NAME:			Δ.
ADDRESS:	William Parks 2501 Limerick Ln	6/3/2020	<b>\$</b> 50.00
CITY / STATE:	Columbia MO 65203	0/3/2020	
EMPLOYER:	self physician	\$ 250.00	MONETARY
COMMITTEE:		Ψ 230.00	IN-KIND
NAME:			
ADDRESS:	William Parks	4/3/2020	\$ 50.00
CITY / STATE:	2501 Limerick Ln Columbia MO 65203	4/3/2020	
EMPLOYER:	self physician	<b>¢</b> 150.00	✓ MONETARY
COMMITTEE:		\$ 150.00	☐ IN-KIND
NAME:			
ADDRESS:	William Parks		\$ 50.00
CITY / STATE:	2501 Limerick Ln	5/3/2020	]
EMPLOYER:	Columbia MO 65203 self physician	Φ	<b>✓</b> MONETARY
COMMITTEE:	2 2 m = m	\$ 200.00	IN-KIND
NAME:			
ADDRESS:	Winifred Colwill		\$ 250.00
CITY / STATE:	1417 N. Countryshire Drive	6/22/2020	250.00
EMPLOYER:	Columbia MO 65202 Not Employed Not Employed		MONETARY
COMMITTEE:	Not Employed	\$ 500.00	IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)			



OFFICE USE ONLY

NAME OF COMMITTEE

Baker For Missouri 7/15/2020

### **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.

DATE

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.				
	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	4. DATE RECEIVED	5. AMOUNT RECEIVED	
	TO A COMMITTEE.	AGGREGATE TO	(CHECK IF MONETARY	
	S AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)	
NAME:				
ADDRESS:	Zuleyma Tang-Martinez	5/9/2020	\$ 100.00	
CITY / STATE:	7500 Trenton Ave St Louis MO 63130	5/9/2020		
EMPLOYER:	none Retired	\$ 100.00	<b>✓</b> MONETARY	
COMMITTEE:		<b>y</b> 100.00	☐ IN-KIND	
NAME:				
ADDRESS:	Womens Political Caucus EMPAC	6/29/2020	\$ 2,559.00	
CITY / STATE:	PO Box 50103	0/29/2020		
EMPLOYER:	Clayton MO 63105 n/a n/a	_	<b>✓</b> MONETARY	
COMMITTEE:		\$ 2,559.00	☐ IN-KIND	
NAME:				
ADDRESS:	Missouri and Kansas Laborers PAC	6/22/222	\$ 2,500.00	
CITY / STATE:	3450 Hollenberg Dr Bridgeton MO 63044	6/30/2020		
EMPLOYER:	n/a n/a	_	✓ MONETARY	
COMMITTEE:		\$ 2,500.00	☐ IN-KIND	
NAME:				
ADDRESS:	SEIU Missouri State Council PAC	6 /00 /0000	\$ 2,500.00	
CITY / STATE:	5585 Pershing Ave Ste 120	6/20/2020	' '	
EMPLOYER:	St Louis MO 63112 n/a n/a	Ф о гоо оо	<b>✓</b> MONETARY	
COMMITTEE:	11/ 42 11/ 43	\$ 2,500.00	IN-KIND	
NAME:				
ADDRESS:	United Food & Commercial Workers (UFCW) Local 655		\$ 2,500.00	
CITY / STATE:	300 Weidman Rd	6/20/2020	2,300.00	
EMPLOYER:	Ballwin MO 63011 n/a n/a	Φ 0 500 00	<b>✓</b> MONETARY	
COMMITTEE:		\$ 2,500.00	IN-KIND	
NAME:				
ADDRESS:	International Union of Operating Engineers Local 513		\$ 1,000.00	
CITY / STATE:	3449 Hollenberg Dr	6/13/2020	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
EMPLOYER:	Bridgeton MO 63044 n/a n/a	Φ	<b>✓</b> MONETARY	
COMMITTEE:		\$ 1,000.00	IN-KIND	
NAME:				
ADDRESS:	Brotherhood of Locomotive Engineers		\$ 600.00	
CITY / STATE:	1015 Locust St	5/9/2020	, 000.00	
EMPLOYER:	St. Louis MO 63101 n/a n/a	Φ	<b>✓</b> MONETARY	
COMMITTEE:		\$ 600.00	IN-KIND	
NAME:				
ADDRESS:	CWA-COPE PCC	4 / 2 / 2 0 2 2	\$ 500.00	
CITY / STATE:	501 3rd St NW	4/2/2020		
EMPLOYER:	Washington DC 20001 n/a n/a	Φ 500	<b>✓</b> MONETARY	
COMMITTEE:		\$ 500.00	IN-KIND	
<del></del>				
TOTAL: ITEMIZED CONTRIBUTIONS				
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	-1)	



OFFICE USE ONLY

NAME OF COMMITTEE DATE

Baker For Missouri 7/15/2020

### **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 CONT	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED		
FROM COMMITTI	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY		
· ·	O TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)		
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	DAIL			
ADDRESS:	IAH&FI&AW		\$ 500.00		
CITY / STATE:	3325 Hollenberg Dr	6/22/2020			
EMPLOYER:	Bridgeton MO 63044 n/a n/a	Φ	MONETARY		
COMMITTEE:	11/4 11/4	\$ 500.00	IN-KIND		
NAME:					
ADDRESS:	Plumbers & Pipefitters Local 178	6/29/2020	\$ 500.00		
CITY / STATE:	2501 W Grand St	6/29/2020			
EMPLOYER:	Springfield MO 65802 n/a n/a	\$ 500.00	<b>✓</b> MONETARY		
COMMITTEE:		φ 300.00	IN-KIND		
NAME:					
ADDRESS:	Glaziers Architectural Metal & Glassworkers Local Union 513	6/13/2020	\$ 499.00		
CITY / STATE:	5916 Wilson Ave St Louis MO 63110	0/13/2020			
EMPLOYER:	n/a n/a	<b>\$</b> 499.00	MONETARY		
COMMITTEE:		Ψ 199.00	☐ IN-KIND		
NAME:					
ADDRESS:	CWA-COPE PCC	5/16/2020	\$ 250.00		
CITY / STATE:	501 3rd St NW Washington DC 20001				
EMPLOYER:	n/a n/a	\$ 750.00	MONETARY		
COMMITTEE:		<u>'</u>	IN-KIND		
NAME: ADDRESS:	0. 7 1 7 111 7 1 7 7		\$ 250.00		
CITY / STATE:	St Louis Building Trades PAC 2300 Hampton Ave Ste B	5/16/2020	<b>\$</b> 250.00		
EMPLOYER:	St Louis MO 63139 n/a n/a		<b>✓</b> MONETARY		
COMMITTEE:	11/d 11/d	\$ 250.00	IN-KIND		
NAME:					
ADDRESS:	Missouri Womens Leadership Coalition (MWLC) PAC		\$ 250.00		
CITY / STATE:	435 W 9th St #103	6/24/2020	230.00		
EMPLOYER:	Kansas City MO 64105 n/a n/a	Φ	<b>✓</b> MONETARY		
COMMITTEE:		\$ 250.00	IN-KIND		
NAME:					
ADDRESS:			\$		
CITY / STATE:					
EMPLOYER:		\$	MONETARY		
COMMITTEE:		Ψ	☐ IN-KIND		
NAME:					
ADDRESS:			\$		
CITY / STATE:					
EMPLOYER:		\$	MONETARY		
COMMITTEE:			IN-KIND		
TOTAL: ITEMIZED CONTRIBUTIONS					
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)					

******	
	MISSOURI ETHICS COMMISSION
	EXPENDITURES AND CONTRIBUTIONS MADE
	Instructions on Reverse Side

Office Use Only	

Name of Committee		2. Report Date		
Baker For Missouri		7/15/2020		
A. Expenditures of \$100 or Less by Category			4 Amount P	aid or Incurred
(List Payments to Campaign Workers in Section B Below)				Period
Category of Expenditure				
View Supplemental Form(s)				
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column	4)		\$	0.00
Subtotal: Non-Itemized Expenditures Any Attached Pages			+	2,312.51
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$	2,312.51
B. Itemized Expenditures All Over \$100		10. Purpose - (If		
And All Payments To Campaign Workers	9. Date	Payment was to a Campaign Worker, Show	11. Amoun	t This Period
Name and Address of Recipient		Aggregate Paid)		
Name:			\$	
Address:			Paid	
City / State:			Incurred	b
Name:			\$	
Address:			Paid	
City / State:			Incurred	t
Name:			\$	
Address:			Paid	
City / State:			Incurred	t
12. Subtotal: This Page (Sum Column 11)			\$	0.00
13. Subtotal: Any Attached Pages			+ 2	20,514.81
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			Α	20,514.81
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			Δ.	22,827.32
16. Amount of Line 15 Above which was Paid Out This Period			+ -	L6,683.82
17. Amount of Line 15 Which Were Expenditures Incurred This Pe	eriod Including Payments	Made by Credit Cards	\$	6,143.50
18. If Committee Made Any In-Kind Expenditures This Period, List			\$	343.42
19. Funds Used For Paying Loans/Credit Cards This Period (Attac	ch Form CD1B - amount go	es to Line 5 / Part II)	\$	0.00
C. Contributions Made (Regardless of Amount)		21. Date	22 /	Amount
20. Name and Address of Candidate or Committee		Z1. Date	22. F	Amount
Name:			<u>\$</u>	
Address:			Moneta	ry
City / State:			In-Kind	
Name:			<u>\$</u>	
Address:			Moneta	ry
City / State:			In-Kind	
Name:			<u> \$</u>	
Address:	Moneta	ry		
City / State:			In-Kind	
23. Subtotal: This Page (Sum Column 22)			\$	0.00
24. Subtotal: Any Attached Pages			\$	0.00
25 Total: Manatary Contributions Made This Pariod		A. By Cash / Check	\$	0.00
25. Total: Monetary Contributions Made This Period		B. By Credit Card	\$	0.00
26. If Committee Made Any Loans This Period, List Amount			\$	
27. Total: All Monetary Contributions and Loans Made This Perio		\$	0.00	
28. Total: In-Kind Contributions Made This Period, List Amount			\$	0.00
MO 300-1315 (1-10)				Form CD3



### **EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM**

NAME OF COMMITTEE DATE Baker For Missouri 7/15/2020 **EXPENDITURES OF \$100 OR LESS BY CATEGORY** AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) INCURRED THIS PERIOD CATEGORY OF EXPENDITURE Telephone 81.95 \$ Supplies 70.78 \$ Fundraising 194.00 \$ Bank Fees 1,558.15 \$ Food 172.81 Postage \$ 42.20 Website 167.62 \$ Filing Fees 25.00 \$ \$ \$ \$ \$ \$ \$ TOTAL: ITEMIZED EXPENDITURES THIS PAGE (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3) \$

OFFICE USE ONLY



# MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

O	F	FI	C	US	Ε(	OI	N	LY	

NAME OF COM		REPORT DATE		
Baker For Missouri 7/15/2020  ITEMIZED EXPENDITURES ALL OVER \$100  PURPOSE - (IF PAYM				
AND ALL	PAYMENTS TO CAMPAIGN WORKERS  DRESS OF RECIPIENT	DATE	WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: ADDRESS: CITY / STATE:	ActBlue PO Box 441146 Somerville MA 02144	6/30/2020	Bank Fees \$ 3,210.89	\$ 101.09 INCURRED
NAME: ADDRESS: CITY / STATE:	Sarah Catlin 2264 Country Lane Columbia MO 65201	5/12/2020	Contract Services \$ 6,058.29	\$ 2,254.29 PAID INCURRED
NAME: ADDRESS: CITY / STATE:	Sarah Bantz 1228 Ridge Rd Columbia MO 65203	4/30/2020	Contract Services \$ 8,000.00	PAID 1,500.00
NAME: ADDRESS: CITY / STATE:	Sarah Bantz 1228 Ridge Rd Columbia MO 65203	5/31/2020	Campaign Worker \$ 9,500.00	\$ 1,500.00 PAID 1,500.00 INCURRED
NAME: ADDRESS: CITY / STATE:	Sarah Bantz 1228 Ridge Rd Columbia MO 65203	6/30/2020	Contract Services \$ 11,000.00	PAID 1,500.00 INCURRED
NAME: ADDRESS: CITY / STATE:	Sarah Catlin 2264 Country Lane Columbia MO 65201	6/30/2020	Contract Services \$ 12,650.14	PAID 3,143.50
NAME: ADDRESS: CITY / STATE:	Sarah Catlin 2264 Country Lane Columbia MO 65201	6/17/2020	Contract Services \$ 9,506.64	\$ PAID 3,448.35 INCURRED
NAME: ADDRESS: CITY / STATE:	Sam's Club 101 Conley Rd Columbia MO 65201	4/2/2020	Donation \$ 655.34	PAID 468.89
NAME: ADDRESS: CITY / STATE:	Facebook 1601 Willow Rd Menlow Park CA 94025	4/1/2020	Marketing \$ 438.00	\$ 200.00 INCURRED
NAME: ADDRESS: CITY / STATE:	NGP Van 1445 New York Ave NW Washington DC 20005	4/2/2020	Marketing \$ 820.00	\$ PAID 410.00 INCURRED
NAME: ADDRESS: CITY / STATE:	MailChimp 675 Ponce De Leon Ave Atlanta GA 30308	4/7/2020	Marketing \$ 606.30	\$ PAID 129.00
NAME: ADDRESS: CITY / STATE:	NGP Van 1445 New York Ave NW Washington DC 20005	5/4/2020	Marketing \$ 1,230.00	PAID 410.00
NAME: ADDRESS: CITY / STATE:	MailChimp 675 Ponce De Leon Ave Atlanta GA 30308	5/7/2020	Marketing \$ 735.30	PAID 129.00
NAME: ADDRESS: CITY / STATE:	NGP Van 1445 New York Ave NW Washington DC 20005	5/14/2020	Marketing \$ 1,759.72	\$ PAID 529.72 INCURRED
NAME: ADDRESS: CITY / STATE:	NGP Van 1445 New York Ave NW Washington DC 20005	6/2/2020	Marketing \$ 2,169.72	\$ PAID 410.00
TOTAL: ITE (CA	\$			



# MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE	USE ONLY	

NAME OF COMMITTEE		REPORT DATE	
Baker For Missouri		7/15/2020	
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
NΔME·			\$
ADDRESS: 1816 Vandiver Dr.	6/12/2020	Payroll Expenses \$ 2,137.03	
CITY / STATE: COLUMBIA MO 65202		\$ 2,137.03	+
NAME: USPS	4/21/2020	Postage Mailing Service	\$ 450.00
ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	4/21/2020	\$ 1,280.40	
NAME:			
USPS	6/12/2020	Postage Mailing Service	PAID 811.80
ADDRESS: 511 E Walnut St CITY/STATE: <sup>Col</sup> umbia MO 65201	0/12/2020	\$ 2,134.40	1 🖃
NAME:			<u> </u>
USPS	6 /10 /0000	Postage Mailing Service	PAID 133.80
ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	6/12/2020	\$ 2,268.20	
NAME:		· ·	
Mark's Quick Print	4/3/2020	Printing and Copying	PAID 743.17
ADDRESS: 9567 Page Ave CITY/STATE: St Louis MO 63132	4/3/2020	\$ 3,294.55	
NAME:		· ·	\$
GoDaddy ADDRESS: 14455 N Hayden Rd Suite 226	6/12/2020	Website	PAID 105.17
CITY/STATE: Scottsdale AZ 85260	0/12/2020	\$ 309.78	
NAME:		Ψ	\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
NAME:		<u> </u>	\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
NAME:		*	\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
NAME:		Ċ	\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
NAME:			\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
NAME:			\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
NAME:			\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
NAME:			\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
NAME:			\$
ADDRESS:			PAID
CITY / STATE:		\$	INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL	PAYMENTS TO CAMPAIG	SN WORKERS	
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED P	AGES" ON FORM CD-3)		\$

M.E.C. ID NO.	C171117

#### INSTRUCTIONS ON REVERSE SIDE

DI IDDOCE.	Form Addondum	should be used for	ovalanation of any	, additional information	pooded to complete	e an accurate filing of this report
PURPUSE:	Form Addendum	i snoula de usea foi	explanation of any	/ additional information	needed to complete	e an accurate filing of this report

Debt Payment:

Accounting services paid

Amount: 1500.00

Debt Payment:

Campaign staff paid

Amount: 1902.00

Miscellaneous Receipt:

bank error

Amount: 2.00

MO 300-1325 (10-06) ADDENDUM STMT