



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C190885

1. DATE OF REPORT 7/15/2020	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends of Kari L Chesney	
3. COMMITTEE MAILING ADDRESS 511 E. Walnut St, #1232	4. COMMITTEE TELEPHONE NUMBER (573) 327-0658
CITY / STATE / ZIP Columbia MO 65201	
5. TREASURER'S NAME Sofi Sanchez-Salcedo	
6. TREASURER'S MAILING ADDRESS 3200 Martha Dr.	7. TREASURER'S TELEPHONE NUMBER HOME: (417) 355-1171 WORK:
CITY / STATE / ZIP Columbia MO 65202	
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2020 THROUGH 6/30/2020	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Kari L Chesney 2181 S El Centro Ct Columbia MO 65201 (573) 327-0658 State Representative Missouri House of Representatives <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jul 15 2020 10:02AM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jul 15 2020 10:02AM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends of Kari L Chesney	7/15/2020	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 12,609.77		
2. All Monetary Contributions Received This Period	\$ 3,194.45		Money On Hand	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 136.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 3,330.45		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 6,596.65
6. In-kind Contributions Received This Period	+ 427.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 3,330.45
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 3,757.45		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 714.43
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 16,367.22	a) Disbursements By Check \$ 714.43 b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 4,620.90	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 9,212.67
10. Expenditures made by cash or check this period	\$ 714.43		Indebtedness	
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 714.43		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 5,335.33	29. Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 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. Payments Made on Loans This Period	- 0.00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends of Kari L Chesney		2. REPORT DATE 7/15/2020	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 3,267.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 3,267.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 2,840.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 427.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 354.45	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 427.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 3,194.45	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 3,194.45	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney	DATE 7/15/2020
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INSTRUCTIONS

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

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

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Beth Newman CITY / STATE: 7401 Gayola Place St Louis MO 63143 EMPLOYER: KIPP St. Louis -- Speech Language Pathologist <input type="checkbox"/> COMMITTEE:	5/1/2020 \$ 150.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Beth Newman CITY / STATE: 7401 Gayola Place St Louis MO 63143 EMPLOYER: KIPP St. Louis -- Speech Language Pathologist <input type="checkbox"/> COMMITTEE:	5/13/2020 \$ 250.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carole Schroeder CITY / STATE: 57751 Lake Imhoff Road California MO 65018 EMPLOYER: Unemployed <input type="checkbox"/> COMMITTEE:	5/30/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gail Hughes CITY / STATE: 1005 Pamela California MO 65018 EMPLOYER: Unemployed <input type="checkbox"/> COMMITTEE:	5/7/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: J Scott Christianson CITY / STATE: 300 South Garth Ave Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	4/4/2020 \$ 550.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: J Scott Christianson CITY / STATE: 300 South Garth Ave Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	6/24/2020 \$ 650.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanne Mihail CITY / STATE: 3101 Crawford St. Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	5/21/2020 \$ 250.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Keith Brunstrom CITY / STATE: 20920 N Mt. Pleasant Rd Hartsburg MO 65039 EMPLOYER: Brunstrom Law Office PC -- Attorney <input type="checkbox"/> COMMITTEE:	5/13/2020 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney	DATE 7/15/2020
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INSTRUCTIONS

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Linda Godwin CITY/STATE: 3801 Eagle View Ct Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lindsey Simmons CITY/STATE: 3329 Victoria Court Clarksville TN 37043 EMPLOYER: Unemployed <input type="checkbox"/> COMMITTEE:	5/6/2020 ----- \$ 225.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Woolf CITY/STATE: 6125 Clarksville Rd Hartsburg MO 65039 EMPLOYER: Ferguson Trucking -- Truck Driver <input type="checkbox"/> COMMITTEE:	5/21/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jo Anna Dale CITY/STATE: 1315 W Johns Blvd Raymore MO 64083 EMPLOYER: Unemployed <input type="checkbox"/> COMMITTEE:	5/18/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jo Anna Dale CITY/STATE: 1315 W Johns Blvd Raymore MO 64083 EMPLOYER: Unemployed <input type="checkbox"/> COMMITTEE:	6/26/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Copenhaver CITY/STATE: 1512 Ridgeline Dr Moberly MO 65270 EMPLOYER: Unemployed <input type="checkbox"/> COMMITTEE:	5/20/2020 ----- \$ 150.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gail Hughes CITY/STATE: 1005 Pamela California MO 65018 EMPLOYER: Unemployed <input type="checkbox"/> COMMITTEE:	6/26/2020 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Women's Political Caucus PAC CITY/STATE: 435 W 9th St. EMPLOYER: Kansas City MO 64105 <input type="checkbox"/> COMMITTEE:	6/26/2020 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney	DATE 7/15/2020
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INSTRUCTIONS

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Kari Chesney CITY / STATE: 2181 S El Centro Court Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	4/27/2020 \$ 1,415.72	\$ 220.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Birk CITY / STATE: 115 E. Main Street Hartsburg MO 65039 EMPLOYER: Mortgage Research Center LLC -- Marketing <input type="checkbox"/> COMMITTEE:	4/3/2020 \$ 250.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Birk CITY / STATE: 115 E. Main Street Hartsburg MO 65039 EMPLOYER: Mortgage Research Center LLC -- Marketing <input type="checkbox"/> COMMITTEE:	5/3/2020 \$ 275.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Birk CITY / STATE: 115 E. Main Street Hartsburg MO 65039 EMPLOYER: Mortgage Research Center LLC -- Marketing <input type="checkbox"/> COMMITTEE:	6/3/2020 \$ 300.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Cato CITY / STATE: 3001 S Providence Columbia MO 65203 EMPLOYER: Surety Bonds -- Software Engineer <input type="checkbox"/> COMMITTEE:	4/12/2020 \$ 50.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Cato CITY / STATE: 3001 S Providence COLUMBIA MO 65203 EMPLOYER: Surety Bonds -- Software Engineer <input type="checkbox"/> COMMITTEE:	5/12/2020 \$ 75.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Cato CITY / STATE: 3001 S Providence COLUMBIA MO 65203 EMPLOYER: Surety Bonds -- Software Engineer <input type="checkbox"/> COMMITTEE:	6/12/2020 \$ 100.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ryan Broomfield CITY / STATE: 50 E 13th St Kansas City MO 64106 EMPLOYER: EquipmentShare -- Senior Software Engineer <input type="checkbox"/> COMMITTEE:	5/9/2020 \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney	DATE 7/15/2020
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INSTRUCTIONS

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

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

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Lu Perantoni CITY / STATE: 15333 Country Ridge Dr Chesterfield MO 63017 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/13/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Witten CITY / STATE: 2322 Deer Creek Ct Columbia MO 65201 EMPLOYER: Self-Employed -- Computer Programmer <input type="checkbox"/> COMMITTEE:	5/13/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patrick Lawless CITY / STATE: 5619 Laurel Raytown MO 64133 EMPLOYER: DST -- Computer Programmer <input type="checkbox"/> COMMITTEE:	5/15/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Erich Arvidson CITY / STATE: 24578 Cutter Ct Boonville MO 65233 EMPLOYER: Veterans United -- Loan Officer <input type="checkbox"/> COMMITTEE:	6/1/2020 ----- \$ 56.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steven Burdic CITY / STATE: 3750 Main St Jamestown MO 65046 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/15/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steven Burdic CITY / STATE: 3750 Main St Jamestown MO 65046 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/16/2020 ----- \$ 50.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Glenn Farmer CITY / STATE: 46 Notre Dame St Louis MO 63141 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/27/2020 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Louis Wilson CITY / STATE: PO Box 100 Columbia MO 65205 EMPLOYER: Self-Employed -- Design/Consultant <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 50.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney	DATE 7/15/2020
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INSTRUCTIONS

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

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

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: W A Miller CITY / STATE: 1911 Dartmouth Columbia MO 65203 EMPLOYER: Self-Employed -- Psychologist <input type="checkbox"/> COMMITTEE:	6/16/2020 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rebeca Erickson CITY / STATE: PO Box 496 Ashland MO 65010 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/13/2020 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rebeca Erickson CITY / STATE: PO Box 496 Ashland MO 65010 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/13/2020 ----- \$ 80.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Banjak CITY / STATE: 653 Gaslite Lan Kirkwood MO 63122 EMPLOYER: True Title Company LLC -- Attorney <input type="checkbox"/> COMMITTEE:	5/4/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeannie Lhaman CITY / STATE: 11208 Route N Centertown MO 65023 EMPLOYER: MO Economic Development -- Incentive Specialist <input type="checkbox"/> COMMITTEE:	5/4/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Yvette Liebesman CITY / STATE: 7570 Cornell Ave University City MO 63130 EMPLOYER: Saint Louis University School of Law -- Professor <input type="checkbox"/> COMMITTEE:	5/4/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Edward Coe CITY / STATE: 206 Heather Ln Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/4/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Bauer CITY / STATE: 104 E Spangler Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/13/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney	DATE 7/15/2020
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INSTRUCTIONS

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

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

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Marlyn Whitney CITY / STATE: 304 Anderson Ave Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	5/15/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Strini CITY / STATE: 5308 Whitekirk Dr Columbia MO 65203 EMPLOYER: Northwoods Web Solutions -- Editor <input type="checkbox"/> COMMITTEE:	6/1/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeannie Lahman CITY / STATE: 11208 Route N Centertown MO 65023 EMPLOYER: MO Economic Development -- Incentive Specialist <input type="checkbox"/> COMMITTEE:	6/4/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Edward Coe CITY / STATE: 206 Heather Ln COLUMBIA MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/4/2020 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Beth Newman CITY / STATE: 7401 Gayola Pl St Louis MO 63143 EMPLOYER: Kipp St. Louis -- Speech Language Pathologist <input type="checkbox"/> COMMITTEE:	6/5/2020 ----- \$ 300.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Winkleman CITY / STATE: 160 Range Rd Concord MA 01742 EMPLOYER: Takeda -- Scientist <input type="checkbox"/> COMMITTEE:	6/16/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roberta Frank CITY / STATE: 865 Revere Dr St Louis MO 63141 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Keith Brunstrom CITY / STATE: 20920 N. Mt. Pleasant Rd Hartsburg MO 65039 EMPLOYER: Brunstrom Law Office PC -- Attorney <input type="checkbox"/> COMMITTEE:	5/13/2020 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Kari L Chesney	DATE 7/15/2020
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INSTRUCTIONS

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

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

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Kari Chesney CITY / STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	4/29/2020 ----- \$ 1,460.72	\$ 45.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kari Chesney CITY / STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	4/30/2020 ----- \$ 1,484.72	\$ 24.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kari Chesney CITY / STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	5/29/2020 ----- \$ 1,529.72	\$ 45.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kari Chesney CITY / STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	5/31/2020 ----- \$ 1,553.72	\$ 24.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kari Chesney CITY / STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	6/29/2020 ----- \$ 1,598.72	\$ 45.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kari Chesney CITY / STATE: 2181 S El Centro Ct Columbia MO 65201 EMPLOYER: University of Missouri -- Research Fellow <input type="checkbox"/> COMMITTEE:	6/30/2020 ----- \$ 1,622.72	\$ 24.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(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

1. Name of Committee Friends of Kari L Chesney		2. Report Date 7/15/2020	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure Database access			94.75
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 94.75
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 94.75
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers			
8. Name and Address of Recipient	9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amount This Period
Name: Facebook Address: 1 Hacker Way City / State: Menlo Park CA 94022	4/24/2020	Advertisement	\$ <input checked="" type="checkbox"/> Paid 159.99 <input type="checkbox"/> Incurred
Name: Google.com Address: 1600 Amphitheatre Pky City / State: Mountain View CA 94043	5/26/2020	Advertisement	\$ <input checked="" type="checkbox"/> Paid 349.02 <input type="checkbox"/> Incurred
Name: ActBlue Address: PO Box 441146 City / State: Somerville MA 02144	6/30/2020	Fees	\$ <input checked="" type="checkbox"/> Paid 110.67 <input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 619.68
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 619.68
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 714.43
16. Amount of Line 15 Above which was Paid Out This Period			\$ 714.43
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C190885

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Receipt:

Return of ticket funds from the P.A.G.E End the Backlog
cancelled event

Amount: 136.00