

Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

| 1. DATE OF REPORT | OFFICE USE ONLY |
|-------------------|-----------------|
| | |
| | |
| 4/15/2022 | |
| | |
| | |

| GOMMITTEE BIOGEOGORE REFORT | OVERTAGE | 4/15/2022 | |
|--|------------------|------------------------------------|------------------|
| M.E.C. ID NO | 59 | | |
| INSTRUCTIONS ON REVERSE SIDE | | | |
| 2. FULL NAME OF COMMITTEE | | • | • |
| Friends Of Kip Kendrick | | | |
| 3. COMMITTEE MAILING ADDRESS | | 4. COMMITTEE TELEPHONE | NUMBER |
| 1400 Forum Blvd. Ste 7A, #242 | | | |
| CITY / STATE / ZIP | | (573) 823-7256 | |
| Columbia MO 65203 | | | |
| 5. TREASURER'S NAME | | 1 | |
| VICKY RIBACK WILSON | | | |
| 6. TREASURER'S MAILING ADDRESS | | 7. TREASURER'S TELEPHOI | NE NUMBER |
| 3201 BLACKBERRY LANE | | HOME: (573) 449-1747 | |
| CITY / STATE / ZIP | | WORK | |
| COLUMBIA MO 65201 | | WORK: | |
| 8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TRE | ASURER | • | |
| VICKI HOBBS | | | |
| 9. DEPUTY TREASURER'S MAILING ADDRESS | | 10. DEPUTY TREASURER'S | TELEPHONE NUMBER |
| 4001 SOUTH COATS LANE COLUMBIA MO 65203 | | HOME: (573) 445-4950 | |
| CITY / STATE / ZIP | | WORK: (573) 445-4940 | |
| 11. DATE OF ELECTION 12. TYPE OF | ELECTION (CHECK | (ONE) | |
| | O PRIMARY | O GENERAL | O SPECIAL |
| 13. TIME PERIOD COVERED BY THIS STATEMENT | | | |
| FROM 1/1/2022 | THROUGH 3/31/2 | 022 | |
| 14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, | 15. TYPE OF REPO | RT | |
| ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY | 15 DAYS AFT | ER CAUCUS NOMINATION | |
| | COMMITTEE | QUARTERLY REPORT | |
| Kip Kendrick | | an 15 🗹 Apr 15 🔲 Ju | l 15 Oct 15 |
| 808 Fairway Dr. | 8 DAYS BEFO | DRE | _ |
| Columbia MO 65201 | 30 DAYS AFT | ER ELECTION | |
| (573) 823-7256 | TERMINATIO | N (ATTACH FORM CO-3) | |
| Presiding Commissioner | SEMIANNUAL | DEBT REPORT | |
| Boone County | | an 15 Jul 15 PPLEMENTAL, JAN 15 | |
| | 1 = | ER PETITION DEADLINE | |
| CHECK IF INCUMBENT | OTHER | ER TEITHON DEADLINE | |
| CHECK IF INCOMBENT | 1 = | | |
| REPUBLICAN DEMOCRAT | AMENDING P | REVIOUS REPORT DATED | 20 |
| 46. COMMITTEE TOTACHDEDIS SIGNATURE | 47 CANDIDATE'S | CICNATURE / CANDIDATE CO | , |
| 16. COMMITTEE TREASURER'S SIGNATURE | | SIGNATURE (CANDIDATE CO | |
| I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. | | | |
| ELECTRONICALLY FILED Apr 15 2022 10:09AM | ELECTRON | ICALLY FILED Apr 15 2022 | 2 10:09AM |
| TREASURER'S SIGNATURE | CANDIDAT | TE'S SIGNATURE | |



Missouri Ethics Commission REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

Friends Of Kip
Kendrick

Date of Report

Office Use Only

4/15/2022

| Receipts | A. This Period | B. This Calendar Yr or Election Cycle | Beginning and Ending | | |
|--|----------------|---------------------------------------|---|---------------|--|
| Total Receipts For This Election Previously Reported | | \$ 0.00 | | | |
| All Monetary Contributions Received This Period | \$ 27,607.00 | | - Money On Hand | | |
| 3. All Loans Received This Period | + 0.00 | | | | |
| 4. Miscellaneous Receipts This Period | + 0.00 | | Money On Hand at the beginning of this reporting period (Including funds | \$ 203,638.45 | |
| Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A) | \$ 27,607.00 | | and all other investments) | <u> </u> | |
| In-kind Contributions Received This Period | + 1,006.92 | | 25. Monetary Receipts this Period | + 27,607.00 | |
| 7. Total All Receipts This Period (Sum 5A + 6A) | \$ 28,613.92 | | (From item 3 - tills page) | . 27,007.00 | |
| Total All Receipts This Election (Sum 1B + 7A) | | \$ 28,613.92 | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) | - 66,385.34 | |
| Expenditures | A. This Period | B. This Calendar Yr or Election Cycle | a) Disbursements By Check \$\frac{66, 385.34}{0.00}\$ b) Disbursements By Cash \$\frac{0.00}{0.00}\$ | | |
| Total Expenditures for this election previously reported | | \$ 0.00 | 27. Money On Hand at the close of this reporting period | \$ 164,860.11 | |
| Expenditures made by cash or check this period | \$ 9,385.34 | | (SUM 24 + 25 - 26) | Ψ 104,800.11 | |
| In-Kind Expenditures made this period | + 0.00 | | | | |
| Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3) | + 0.00 | | Indebtedness | • | |
| Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3) | \$ 9,385.34 | | 28. Outstanding Indebtedness at the beginning of this period | \$ 57,000.00 | |
| 14. Total Expenditures This Election (Sum 9B + 13A) | | \$ 9,385.34 | 29. | . 0.00 | |
| Contributions Made | A. This Period | B. This Calendar Yr or Election Cycle | Loans Received This Period | + 0.00 | |
| 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 | |
| All Contributions Made This Period (25A or 25B of CD3) A 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. | | |
| 18. Total Contributions Made This Period (Sum 16A + 17A) | \$ 0.00 | | Payments Made on Loans This Period | - 55,000.00 | |
| 19. Total All Contributions Made This Election (Sum 15B + 18A) | | \$ 0.00 | 32. | 0 00 | |
| Other Disbursements | A. This Period | B. This Calendar Yr or Election Cycle | Debt Forgiven on Loans This Period | - 0.00 | |
| Funds Used For Paying Loans This Period Including Credit Card Payments | + 55,000.00 | | ^{33.} Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page) | - 2 000 00 | |
| Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only) | + 2,000.00 | | | - 2,000.00 | |
| 22. Any Miscellaneous Disbursement Not Reported Elsewhere | + 0.00 | | 34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + | \$ 0.00 | |
| 23. Total Other Disbursements This Period (Sum 20A + 21A + 22A) MO 300-1311 (1-11) | \$ 57,000.00 | | 30A + 30B - 31 - 32 - 33) | CD Summary | |



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

| C | FFICE USE ONLY | |
|---|----------------|--|
| | | |
| | | |

| 1. NAME OF COMMITTEE | 2. REPORT DATE | |
|---|------------------------|--------------------------------------|
| Friends Of Kip Kendrick | 4/15/2022 | |
| A. ITEMIZED CONTRIBUTIONS RECEIVED | 4. DATE RECEIVED | 5. AMOUNT RECEIVED |
| FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING | | (CHECK IF |
| MORE THAN \$100 TO A COMMITTEE. | AGGREGATE TO | MONETARY |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | OR IN-KIND) |
| NAME: | | \$ |
| ADDRESS: | | Φ |
| CITY / STATE: View Supplemental Form(s) | | MONETARY |
| EMPLOYER: COMMITTEE: | \$ | MONETARY IN-KIND |
| | | IN-KIND |
| NAME: ADDRESS: | | \$ |
| CITY / STATE: | | Ψ |
| EMPLOYER: | | MONETARY |
| COMMITTEE: | \$ | IN-KIND |
| NAME: | | IN-KIND |
| ADDRESS: | | \$ |
| CITY / STATE: | | Ψ |
| EMPLOYER: | | ☐ MONETARY |
| COMMITTEE: | \$ | I IN-KIND |
| NAME: | | IN-KIND |
| ADDRESS: | | \$ |
| CITY / STATE: | | Ψ |
| EMPLOYER: | | MONETARY |
| COMMITTEE: | \$ | I IN-KIND |
| NAME: | | IN-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 | | +\$ 28,573.92 |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ 28,573.92 |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ 27,567.00 |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS | | \$ 1,006.92 |
| 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 | | \$ 40.00 |
| 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) | | \$ 1,006.92 |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | \$ 27,607.00 |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD | DRESS (SUM 9, 13 & 20) | \$ 27,567.00 |
| | | . , |



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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. | | AGGREGATE TO | (CHECK IF MONETARY |
| | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | OR IN-KIND) |
| NAME: | | | |
| ADDRESS: | Vic Arnold | 1/3/2022 | \$ 300.00 |
| CITY / STATE: | 2405 Stratford Chase Pkwy Columbia MO 65201 | | |
| EMPLOYER: | Univ of MO Administrator | \$ 400.00 | MONETARY |
| COMMITTEE: | | — | IN-KIND |
| NAME: | | | f 100 00 |
| ADDRESS: | Rebecca Dykhouse PO Box 145 | 1/10/2022 | \$ 100.00 |
| CITY / STATE: | Columbia MO 65205 | | I MONETARY |
| EMPLOYER: COMMITTEE: | Not employed Not employed | \$ 100.00 | MONETARY IN-KIND |
| NAME: | | <u> </u> | L IN-KIND |
| ADDRESS: | | | \$ 250.00 |
| CITY / STATE: | BHA PAC | 1/11/2022 | μ 230.00 |
| EMPLOYER: | 29 N 8th St | | MONETARY |
| COMMITTEE: | Columbia MO 65201 | \$ 250.00 | IN-KIND |
| NAME: | | | IN-KIND |
| ADDRESS: | | | \$ 1,000.00 |
| CITY / STATE: | Missourians for Effective Leadership PAC | 1/11/2022 | Ψ 1,000.00 |
| EMPLOYER: | 2345 Grand Blvd Kansas City MO 64108 | | ✓ MONETARY |
| COMMITTEE: | Ransas City MO 04100 | \$ 1,000.00 | IN-KIND |
| NAME: | | | IN TOTAL |
| ADDRESS: | J R Consulting LLC | | \$ 250.00 |
| CITY / STATE: | 2700 Bristol Lake Dr | 1/11/2022 | 230.00 |
| EMPLOYER: | Columbia MO 65201 | | MONETARY |
| COMMITTEE: | COTUMDIA NO 03201 | \$ 250.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Michael G Winter | | \$ 250.00 |
| CITY / STATE: | 109A E High St | 1/11/2022 | • |
| EMPLOYER: | Jefferson City MO 65102 Self-employed Gov Relations Consultant | Φ | ✓ MONETARY |
| COMMITTEE: | | \$ 250.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | William Gamble | | \$ 500.00 |
| CITY / STATE: | 810 Sherwood Dr Jefferson City MO 65209 | 1/12/2022 | |
| EMPLOYER: | Gamble & Schlemeier Lobbyist | | ✓ MONETARY |
| COMMITTEE: | | \$ 500.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Kay Callison | 1/14/2022 | \$ 20.00 |
| CITY / STATE: | 600 Crestland Columbia MO 65203 | 1,11,2022 | l |
| EMPLOYER: | Not employed Not employed | \$ 40.00 | MONETARY |
| COMMITTEE: | | Ψ 40.00 | ☐ IN-KIND |
| TOTAL: ITEMIZED CONTRIBUTIONS | | | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | CHED PAGES" ON FORM CD | -1) |



OFFICE USE ONLY

NAME OF COMMITTEE DATE Friends Of Kip Kendrick 4/15/2022

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 | tion is needed concerning reporting itemized expenditures, see Form C | D-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 | |
| ADDRESS: CITY / STATE: | Louise Stanley 3675 N Rte J | 1/14/2022 | \$ 50.00 |
| EMPLOYER: COMMITTEE: | Rocheport MO 65279 Retired Retired | \$ 50.00 | MONETARY IN-KIND |
| NAME: | | | |
| ADDRESS: | Matthew Acre | 1 /1 5 / 0 0 0 0 | \$ 25.00 |
| CITY / STATE: | 2111 17th St | 1/15/2022 | • |
| EMPLOYER: | Lubbock TX 79401 | | ✓ MONETARY |
| COMMITTEE: | Texas Tech Univ PhD Student | \$ 75.00 | IN-KIND |
| NAME: | | | IN KIND |
| ADDRESS: | -1 1- | | \$ 50.00 |
| CITY / STATE: | Edward Coe 206 Heather Ln | 1/16/2022 | Ψ 33.33 |
| | Columbia MO 65203 | | MONETARY |
| EMPLOYER: | Not employed none | \$ 100.00 | MONETARY |
| COMMITTEE: | | * | LIN-KIND |
| NAME: | | | |
| ADDRESS: | Thomas Schneider | 1/18/2022 | \$ 100.00 |
| CITY / STATE: | 917 LaGrange Rd Columbia MO 65203 | 1/10/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 250.00 | ✓ MONETARY |
| COMMITTEE: | | y 250.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Casey Berndt | | \$ 100.00 |
| CITY / STATE: | 2011 Woodhollow Dr | 1/18/2022 | 100.00 |
| EMPLOYER: | Columbia MO 65203 Markel & Lingo Law Office Attorney | Φ | ✓ MONETARY |
| COMMITTEE: | | \$ 200.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Nina Stawski | | \$ 200.00 |
| CITY / STATE: | 5000 E Richland Rd | 1/18/2022 | 4 200.00 |
| EMPLOYER: | Columbia MO 65201 | | ✓ MONETARY |
| COMMITTEE: | Not employed Not employed | \$ 200.00 | IN-KIND |
| | | | עווא-אוו נייי |
| NAME: | | | r. |
| ADDRESS: | Martha John 2011 Country Club Dr | 1/18/2022 | \$ 10.00 |
| CITY / STATE: | Columbia MO 65201 | | [-] |
| EMPLOYER: | Not employed Not employed | \$ 10.00 | MONETARY |
| COMMITTEE: | | — | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Mike Seat | 1/18/2022 | \$ 50.00 |
| CITY / STATE: | 1206 Sunset Dr Columbia MO 65203 | 1, 10, 2022 | l |
| EMPLOYER: | Not employed Not employed | ¢ =0.00 | ✓ MONETARY |
| COMMITTEE: | | \$ 50.00 | ☐ IN-KIND |
| TOTAL: ITEMIZE | D CONTRIBUTIONS | , | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | CHED PAGES" ON FORM CD | -1) |



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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 MORE THAN \$100 TO A COMMITTEE. | | AGGREGATE TO | (CHECK IF MONETARY |
| · · | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | OR IN-KIND) |
| NAME: | SAND OCCUPATION (EIGH COMMITTEEST INST) | | |
| ADDRESS: | Melissa Petty | | \$ 50.00 |
| CITY / STATE: | 3400 Winners Circle | 1/18/2022 | |
| EMPLOYER: | Columbia MO 65202 Not employed Not employed | Ф 50.00 | ✓ MONETARY |
| COMMITTEE: | | \$ 50.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Dan Kerner | 1/19/2022 | \$ 100.00 |
| CITY / STATE: | 515 Cherry St | 1/19/2022 | |
| EMPLOYER: | Columbia MO 65201 Univ of MO Athletic Admin | | ✓ MONETARY |
| COMMITTEE: | | \$ 100.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Mary Windmiller | 1 /10 /0000 | \$ 100.00 |
| CITY / STATE: | 705 Medavista Dr Columbia MO 65203 | 1/19/2022 | |
| EMPLOYER: | Windsor St Montessori School Dir | \$ 350.00 | ✓ MONETARY |
| COMMITTEE: | | 5 350.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Raeona Nichols | 1/20/2022 | \$ 10.00 |
| CITY / STATE: | 700 Morningside Dr Columbia MO 65201 | 1/20/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 10.00 | ✓ MONETARY |
| COMMITTEE: | | y 10.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Betsy Erb | 1 /01 /0000 | \$ 100.00 |
| CITY / STATE: | 305 Melbourne St Columbia MO 65201 | 1/21/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 100.00 | ✓ MONETARY |
| COMMITTEE: | | φ 100.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Judy Grundler | 1/22/2022 | \$ 250.00 |
| CITY / STATE: | 6301 E Orear Columbia MO 65202 | 1/44/4044 | <u> </u> |
| EMPLOYER: | Not employed Not employed | \$ 250.00 | ✓ MONETARY |
| COMMITTEE: | | Ψ 230.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Stephen Mudrick | 1 /22 /2022 | \$ 50.00 |
| CITY / STATE: | 1015 Prospect St Columbia MO 65203 | 1/23/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 50.00 | MONETARY |
| COMMITTEE: | | Ψ 30.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Charles Palmer | 1/24/2022 | \$ 50.00 |
| CITY / STATE: | 106 Kipling Way Fulton MO 65201 | _,,, | |
| EMPLOYER: | Voluntary Action Center Project Coord | \$ 50.00 | MONETARY |
| COMMITTEE: | | Ψ 50.00 | L IN-KIND |
| TOTAL: ITEMIZED CONTRIBUTIONS | | | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | CHED PAGES" ON FORM CD | -1) |



OFFICE USE ONLY

NAME OF COMMITTEE
Friends Of Kip Kendrick

DATE 4/15/2022

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 | | | |
| | 0 TO A COMMITTEE. | AGGREGATE TO | (CHECK IF MONETARY OR IN-KIND) |
| | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | OK IIV-KIIVD) |
| NAME: | | | |
| ADDRESS: | David Mehr | 1/26/2022 | \$ 500.00 |
| CITY / STATE: | 714 Ingleside Dr Columbia MO 65201 | 1/20/2022 | |
| EMPLOYER: | Univ of MO Physician/Prof | \$ 500.00 | MONETARY |
| COMMITTEE: | | Ψ 300.00 | L IN-KIND |
| NAME: | | | |
| ADDRESS: | Lynn & Pat Hostetler | 1/27/2022 | \$ 100.00 |
| CITY / STATE: | 1204 Hulen Dr Columbia MO 65203 | | |
| EMPLOYER: | Retired Retired | \$ 100.00 | MONETARY |
| COMMITTEE: | | Ψ 100.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Linda Karns | 1/20/2022 | \$ 25.00 |
| CITY / STATE: | 2308 N Garth Ave Columbia MO 65202 | 1/29/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 25.00 | ■ MONETARY |
| COMMITTEE: | | ψ 23.00 | L IN-KIND |
| NAME: | | | |
| ADDRESS: | Bob Nolte | 1/29/2022 | \$ 50.00 |
| CITY / STATE: | 108 N Glenwood Ave Columbia MO 65203 | 1/29/2022 | |
| EMPLOYER: | Univ of MO Administrator | \$ 75.00 | ✓ MONETARY |
| COMMITTEE: | | y 75.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Dan Viets | 1 /00 /000 | \$ 25.00 |
| CITY / STATE: | 15 N 10th St Columbia MO 65201 | 1/29/2022 | |
| EMPLOYER: | Self-employed Attorney | \$ 75.00 | ✓ MONETARY |
| COMMITTEE: | | ψ 73.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | David Jackson | 1/30/2022 | \$ 100.00 |
| CITY / STATE: | 1310 Countryside Forrest Ct Chesterfield MO 63005 | 1/30/2022 | |
| EMPLOYER: | Gamble & Schlemeier Govt Relations | \$ 200.00 | ✓ MONETARY |
| COMMITTEE: | | Ψ 200.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Nina Stawski | 1 /21 /222 | \$ 20.00 |
| CITY / STATE: | 5000 E Richland Rd Columbia MO 65201 | 1/31/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 220.00 | ✓ MONETARY |
| COMMITTEE: | | ψ 220.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Nina Stawski | 1/31/2022 | \$ 20.00 |
| CITY / STATE: | 5000 E Richland Rd Columbia MO 65201 | 1/31/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 240.00 | ₩ MONETARY |
| COMMITTEE: | | φ 240.00 | IN-KIND |
| | ED CONTRIBUTIONS | - | - |

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



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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 |
| | TO A COMMITTEE. | AGGREGATE TO | OR IN-KIND) |
| | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | |
| NAME: | | | \$ 25.00 |
| ADDRESS: | Jessica Petrie 1022 Westwood | 1/31/2022 | \$ 25.00 |
| CITY / STATE: | Jefferson City MO 65109 | | |
| EMPLOYER: | Winton Policy Group Lobbyist | \$ 25.00 | MONETARY |
| COMMITTEE: | | T | IN-KIND |
| NAME: | | | |
| ADDRESS: | Karen Edison | 2/1/2022 | \$ 500.00 |
| CITY / STATE: | 9500 West Terrapin Ridge Columbia MO 65203 | | |
| MPLOYER: | Univ of MO Sr Medical Director | \$ 500.00 | MONETARY |
| COMMITTEE: | | Ψ 300.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Valerie Brown | 2/4/2222 | \$ 200.00 |
| CITY / STATE: | 2025 N Country Club Dr | 2/4/2022 | |
| MPLOYER: | Columbia MO 65201 Self-employed VKB Consulting | \$ 200.00 | ✓ MONETARY |
| COMMITTEE: | | y 200.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | A Ross Smith | 0./4./0000 | \$ 100.00 |
| CITY / STATE: | 806 Ridgeway | 2/4/2022 | · |
| EMPLOYER: | Columbia MO 65203 MO Credit Union Sr Vice-Pres | Ф 100 00 | ✓ MONETARY |
| COMMITTEE: | NO CICUIT ONION DI VICC IICD | \$ 100.00 | ☐ IN-KIND |
| NAME: | | | <u> </u> |
| ADDRESS: | Barry Orscheln | | \$ 5,000.00 |
| CITY / STATE: | PO Box 280 | 2/4/2022 | 7 3,000.00 |
| EMPLOYER: | Moberly MO 65270 Orcheln Mgmt CEO/Chairman | | ✓ MONETARY |
| COMMITTEE: | 020/ 0141211411 | \$ 5,000.00 | IN-KIND |
| NAME: | | | 1 1111111111111111111111111111111111111 |
| ADDRESS: | Bob & Beth Orsheln | | \$ 5,000.00 |
| CITY / STATE: | 5938 Screaming Eagle Ln | 2/4/2022 | Ψ 3,000.00 |
| EMPLOYER: | Columbia MO 65201 Orscheln Products CEO | | ✓ MONETARY |
| COMMITTEE: | OISCHEIN PYOQUEIS CEO | \$ 5,000.00 | IN-KIND |
| NAME: | | | ווא-אוועט |
| NAME: ADDRESS: | Char Tahnakan | | \$ 1,000.00 |
| ADDRESS: CITY / STATE: | Greg Johnston 904 W Main St | 2/9/2022 | \$ 1,000.00 |
| | Jefferson City MO 65109 | | MONETARY |
| EMPLOYER: | Johnston & Associates Lobbyist | \$ 1,000.00 | MONETARY |
| COMMITTEE: | | , , , , , , , , , , , , , , , , , , , | IN-KIND |
| NAME: | | | Φ |
| ADDRESS: | Protect MO Workers PAC | 2/9/2022 | \$ 250.00 |
| CITY / STATE: | 903 W High St | | |
| EMPLOYER: COMMITTEE: | Jefferson City MO 65109 | \$ 250.00 | MONETARY |
| | | μ 230.00 | IN-KIND |

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



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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 COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING | | | (CHECK IF MONETARY |
| · · | O TO A COMMITTEE. | AGGREGATE TO DATE | OR IN-KIND) |
| | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | |
| NAME: ADDRESS: | Kip Kendrick | 2/10/2022 | \$ 6.76 |
| CITY / STATE: | 808 Fairway Dr | 2/10/2022 | |
| EMPLOYER: COMMITTEE: | Columbia MO 65201 MO Senate Chief of Staff | \$ 170.51 | ☐ MONETARY ✓ IN-KIND |
| NAME: | | | |
| ADDRESS: | Kip Kendrick | 0 /11 /0000 | \$ 17.40 |
| CITY / STATE: | 808 Fairway Dr | 2/11/2022 | · |
| EMPLOYER: | Columbia MO 65201 MO Senate Chief of Staff | _ | ■ MONETARY |
| COMMITTEE: | | \$ 187.01 | ✓ IN-KIND |
| NAME: | | | |
| ADDRESS: | Kay Callison | | \$ 20.00 |
| CITY / STATE: | 600 Crestland | 2/14/2022 | · |
| EMPLOYER: | Columbia MO 65203 Not employed Not employed | c co oo | ✓ MONETARY |
| COMMITTEE: | · · · · · · · · · · · · · · · · · · · | \$ 60.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Karen Dwyer | 0/14/0000 | \$ 100.00 |
| CITY / STATE: | 2255 Bluff Blvd | 2/14/2022 | |
| EMPLOYER: | Columbia MO 65203 Retired Retired | c 100.00 | ✓ MONETARY |
| COMMITTEE: | | \$ 100.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Matthew Acre | | \$ 25.00 |
| CITY / STATE: | 2111 17th Street Lubbock TX 79401 | 2/15/2022 | |
| EMPLOYER: | Texas Tech Univ PhD student | c 100 00 | ✓ MONETARY |
| COMMITTEE: | | \$ 100.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Edward Coe | 0/16/0000 | \$ 50.00 |
| CITY / STATE: | 206 Heather Ln Columbia MO 65203 | 2/16/2022 | |
| EMPLOYER: | None Not employed | | ✓ MONETARY |
| COMMITTEE: | | \$ 150.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Kip Kendrick | 0.41-1 | \$ 100.00 |
| CITY / STATE: | 808 Fairway Dr Columbia MO 65201 | 2/17/2022 | |
| EMPLOYER: | MO Senate Chief of Staff | | MONETARY |
| COMMITTEE: | | \$ 287.01 | ✓ IN-KIND |
| NAME: | | | |
| ADDRESS: | Kip Kendrick | 2/18/2022 | \$ 50.00 |
| CITY / STATE: | 808 Fairway Dr Columbia MO 65201 | 2/10/2022 | |
| EMPLOYER: | MO Senate Chief of Staff | _ | MONETARY |
| COMMITTEE: | | \$ 337.01 | ✓ 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 Friends Of Kip Kendrick DATE 4/15/2022

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. | | AGGREGATE TO DATE | (CHECK IF MONETARY OR IN-KIND) |
| NAME: | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | |
| ADDRESS: CITY / STATE: | Phyllis Cope 711 Huntridge Dr | 2/18/2022 | \$ 25.00 |
| EMPLOYER: COMMITTEE: | Columbia MO 65201 Retired Retired | \$ 25.00 | MONETARY IN-KIND |
| NAME: | | | |
| ADDRESS: | Win Wandalah | | \$ 150.00 |
| CITY / STATE: | Kip Kendrick 808 Fairway Dr | 2/18/2022 | |
| EMPLOYER: | Columbia MO 65201 | | MONETARY |
| COMMITTEE: | MO Senate Chief of Staff | \$ 487.01 | IN-KIND |
| NAME: | | | IN-KIND |
| ADDRESS: | | | \$ 20.00 |
| | Mary Windmiller 705 Medavista Dr | 2/19/2022 | φ 20.00 |
| CITY / STATE: | Columbia MO 65203 | | LAZI MONETARY |
| EMPLOYER: | Windsor St Montessori School Dir | \$ 370.00 | MONETARY |
| COMMITTEE: | | Ť | L IN-KIND |
| NAME: | | | _ |
| ADDRESS: | Randall Kilgore | 2/22/2022 | \$ 100.00 |
| CITY / STATE: | 804 Fairway Dr Columbia MO 65201 | 2/22/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 200.00 | ✓ MONETARY |
| COMMITTEE: | | 5 200.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Laura Wells | | \$ 10.00 |
| CITY / STATE: | 25 E Stewart Rd | 2/22/2022 | 10.00 |
| EMPLOYER: | Columbia MO 65203 Not employed Not employed | Φ | ✓ MONETARY |
| COMMITTEE: | | \$ 10.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Bonnie Trickey | | \$ 100.00 |
| CITY / STATE: | 708 Silverton Ct | 2/22/2022 | 100.00 |
| EMPLOYER: | Columbia MO 65203 | | MONETARY |
| COMMITTEE: | Not employed Not employed | \$ 200.00 | IN-KIND |
| NAME: | | + | IN-ININD |
| | Tami Mhammaan | | \$ 50.00 |
| ADDRESS: | Jami Thompson 5009 Wood Shire Dr | 2/22/2022 | \$ 50.00 |
| CITY / STATE: | Columbia MO 65202 | | MONETARY |
| EMPLOYER: | Univ of MO Analyst | \$ 100.00 | MONETARY |
| COMMITTEE: | | Ť | IN-KIND |
| NAME: | | | φ |
| ADDRESS: | Gary Fennewald 1316 Willowcreek Ln | 2/22/2022 | \$ 250.00 |
| CITY / STATE: | Columbia MO 65203 | | |
| EMPLOYER: | Retired Retired | \$ 1,000.00 | ✓ MONETARY |
| COMMITTEE: | | Ψ 1,000.00 | ☐ 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

Friends Of Kip Kendrick

DATE

4/15/2022

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.

| | tion is needed concerning reporting itemized expenditures, see Form C | | E AMOUNT DECENTED |
|---------------------------------|---|------------------|-----------------------------------|
| | RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING | 4. DATE RECEIVED | 5. AMOUNT RECEIVED |
| MORE THAN \$100 TO A COMMITTEE. | | AGGREGATE TO | (CHECK IF MONETARY OR IN-KIND) |
| | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | OK IIV-KIIVD) |
| NAME: | | | |
| ADDRESS: | Michael Rowson | 2/22/2022 | \$ 50.00 |
| CITY / STATE: | 5008 Geetha Dr Columbia MO 65202 | | |
| EMPLOYER: | Not employed Not employed | \$ 100.00 | MONETARY |
| COMMITTEE: | | Ψ =::::: | IN-KIND |
| NAME: | | | Φ |
| ADDRESS: | Herb & Sue Tillema | 2/25/2022 | \$ 250.00 |
| CITY / STATE: | 306 Westridge Dr Columbia MO 65203 | | |
| EMPLOYER: | Retired Retired | \$ 400.00 | MONETARY |
| COMMITTEE: | | + | L IN-KIND |
| NAME: | | | \$ 100.00 |
| ADDRESS: | David Jackson 1310 Countryside Forrest Ct | 2/28/2022 | \$ 100.00 |
| CITY / STATE: | Chesterfield MO 63005 | | TATI MONIETARY |
| EMPLOYER: | Gamble & Schlemeier Govt Relations | \$ 300.00 | MONETARY |
| COMMITTEE: | | | L IN-KIND |
| NAME: ADDRESS: | | | ¢ 500 |
| | Dan Viets 15 N 10th St | 2/28/2022 | \$ 5.00 |
| CITY / STATE: | Columbia MO 65201 | | MONETARY |
| EMPLOYER: | Self-employed Attorney | \$ 80.00 | |
| COMMITTEE: NAME: | | <u> </u> | L IN-KIND |
| | | | c |
| ADDRESS: | Timothy Hawks 208 Sondra Ave | 3/1/2022 | \$ 50.00 |
| CITY / STATE: | Columbia MO 65202 | | MONETARY |
| EMPLOYER: COMMITTEE: | Boone Co Hospital Nurse | \$ 50.00 | MONETARY IN-KIND |
| NAME: | | | IN-KIND |
| ADDRESS: | | | \$ 100.00 |
| CITY / STATE: | Gary Thompson 1202 Stablestone Ln | 3/1/2022 | \$ 100.00 |
| EMPLOYER: | Columbia MO 65201 | | ✓ MONETARY |
| COMMITTEE: | Columbia Insurance Group President | \$ 100.00 | IN-KIND |
| NAME: | | | IN-KIND |
| ADDRESS: | Jeanne Kirkton | | \$ 200.00 |
| CITY / STATE: | 659 Tuxedo Blvd | 3/3/2022 | 3 200.00 |
| EMPLOYER: | St Louis MO 63119 | | ✓ MONETARY |
| COMMITTEE: | Not employed Not employed | \$ 200.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Ruth Milledge | | \$ 50.00 |
| CITY / STATE: | 715 Columbine Ct | 3/3/2022 | Ψ 50.00 |
| EMPLOYER: | Columbia MO 65203 Retired Retired | | ✓ MONETARY |
| COMMITTEE: | Meetica - Meetica | \$ 50.00 | IN-KIND |
| | | | III IIII IIII |
| TOTAL: ITEMIZE | D CONTRIBUTIONS | | |
| (CADDY | TO ITEM 7 HOURTOTAL . ITEMIZED CONTRIBUTIONS FROM ANY ATT | | |

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



OFFICE USE ONLY

NAME OF COMMITTEE DATE
Friends Of Kip Kendrick 4/15/2022

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.

| If further information | tion is needed concerning reporting itemized expenditures, see Form C | CD-1 Instructions. | |
|--|---|-------------------------------------|---|
| FROM COMMITTE MORE THAN \$100 3. NAME, ADDRESS | RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 10 TO A COMMITTEE. 15 AND OCCUPATION (LIST COMMITTEES FIRST) | 4. DATE RECEIVED AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Winifred Colwill 1417 N Countryshire Dr Columbia MO 65202 Not employed Not employed | 3/4/2022 \$ 150.00 | \$ 150.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Marilyn Andre 2215 Bushnell Columbia MO 65201 Retired Retired | 3/8/2022 \$ 25.00 | \$ 25.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Timothy Hawks 208 Sondra Ave Columbia MO 65202 Boone Co Hospital Nurse | 3/10/2022 \$ 100.00 | \$ 50.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Leanne Tippett Mosby 2605 E Nichols Rd Hartsburg MO 65039 MO Dept of Nat Res Division Director | 3/13/2022 \$ 250.00 | \$ 250.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Sheet Metal Workers Local Union #36 Political Education Acct 2319 Chouteau Ave St Louis MO 63103 | 3/13/2022 \$ 500.00 | \$ 500.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Kay Callison 600 Crestland Columbia MO 65203 Retired Retired | \$ 80.00 | \$ 20.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Jason Growe 7733 Kingsbury Blvd St Louis MO 63105 Apollo Medical Holdings CEO | 3/14/2022 \$ 250.00 | \$ 250.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Michael Kelley 409 North 15th St Saint Louis MO 63103 The Kelley Group Consultant | 3/14/2022 \$ 250.00 | \$ 250.00 MONETARY IN-KIND |
| | D CONTRIBUTIONS | · | |

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



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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 | tion is needed concerning reporting itemized expenditures, see Form C | ט-ו instructions. | | |
|--|---|------------------------|--------------------|--|
| | RIBUTIONS RECEIVED | 4. DATE RECEIVED | 5. AMOUNT RECEIVED | |
| FROM COMMITTEES 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 COMMINITIEES FIRST) | | + | |
| ADDRESS: | Samuel Gladney | | \$ 100.00 | |
| CITY / STATE: | 2 Price Ct | 3/14/2022 | Ψ | |
| EMPLOYER: | Saint Louis MO 63132 Gladney Law Group Attorney | f 100 00 | ✓ MONETARY | |
| COMMITTEE: | 2 | \$ 100.00 | IN-KIND | |
| NAME: | | | | |
| ADDRESS: | Jeffrey Mazur | 3/14/2022 | \$ 100.00 | |
| CITY / STATE: | 209 Clara Ave St Louis MO 63119 | 3/14/2022 | _ | |
| EMPLOYER: | Launch Code Exec Dir | \$ 100.00 | ■ MONETARY | |
| COMMITTEE: | | Ψ 100.00 | IN-KIND | |
| NAME: | | | ^ 100 00 | |
| ADDRESS: | Levi Lovell | 3/14/2022 | \$ 100.00 | |
| CITY / STATE: | 403 Franklin St Hillsboro IL 62049 | 3/14/2022 | Manager Str | |
| EMPLOYER: | MO AFL-CIO Regional Political Dir | \$ 100.00 | MONETARY | |
| COMMITTEE: | | · · | L IN-KIND | |
| NAME: | | | \$ 100.00 | |
| ADDRESS: CITY / STATE: | Mary & James Lappe 6111 Alabama Ave | 3/14/2022 | \$ 100.00 | |
| EMPLOYER: | Saint Louis MO 63111 | | MONETARY | |
| COMMITTEE: | MO Jobs for Justice Reg Director | \$ 100.00 | IN-KIND | |
| NAME: | | | I IVINID | |
| ADDRESS: | JFM Strategies LLC | | \$ 250.00 | |
| CITY / STATE: | 9922 Vicksburg Siege Ct | 3/14/2022 | 250.00 | |
| EMPLOYER: | Saint Louis MO 63123 Self-employed Govt Affairs Consultant | Ф 050 00 | ✓ MONETARY | |
| COMMITTEE: | | \$ 250.00 | IN-KIND | |
| NAME: | | | | |
| ADDRESS: | David Sweeney | 3/14/2022 | \$ 100.00 | |
| CITY / STATE: | 100 N Kingshighway Blvd Saint Louis MO 63108 | 3/14/2022 | | |
| EMPLOYER: | Lewis Rice Attorney | \$ 100.00 | ✓ MONETARY | |
| COMMITTEE: | | V 100.00 | IN-KIND | |
| NAME: | | | φ. | |
| ADDRESS: | Irl Scissors 9444 Old Bonhomme Rd | 3/14/2022 | \$ 250.00 | |
| CITY / STATE: | Olivette MO 63132 | 3/14/2022 | MONETARY | |
| EMPLOYER: | Gateway Govt Relations Lobbyist | \$ 250.00 | MONETARY | |
| COMMITTEE: | | , | IN-KIND | |
| NAME: ADDRESS: | TTO T 1 510 D 111 1 2 - 1 | | \$ 500.00 | |
| CITY / STATE: | IUOE Local 513 Political & Educ Fund 3449 Hollenberg Dr | 3/14/2022 | ψ 500.00 | |
| EMPLOYER: | Bridgeton MO 63044 | | ✓ MONETARY | |
| COMMITTEE: | | \$ 500.00 | IN-KIND | |
| | D CONTRIBUTIONS | <u>!</u> | | |
| TOTAL. HEWIZE | D CONTRIBUTIONS | | | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | ACHED PAGES" ON FORM C |) - 1) | |



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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 CD | -1 instructions. | |
|--------------------|--|------------------------|--------------------|
| A. ITEMIZED CONT | RIBUTIONS RECEIVED | 4. DATE RECEIVED | 5. AMOUNT RECEIVED |
| | ROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING | | (CHECK IF MONETARY |
| · · | 0 TO A COMMITTEE. | AGGREGATE TO DATE | OR IN-KIND) |
| NAME: | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | |
| ADDRESS: | Ob Tarley D. (13) and D. | | \$ 100.00 |
| CITY / STATE: | St Louis Building Trades PAC 2300 Hampton Ave | 3/14/2022 | Ψ |
| EMPLOYER: | St Louis MO 63139 | Φ | MONETARY |
| COMMITTEE: | | \$ 100.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | BAC ADC of Eastern MO PAC | 3/14/2022 | \$ 200.00 |
| CITY / STATE: | 1670 Fenpark Dr | 3/14/2022 | _ |
| EMPLOYER: | Fenton MO 63026 | \$ 200.00 | ■ MONETARY |
| COMMITTEE: | | Ψ 200.00 | IN-KIND |
| NAME: | | | A 250 00 |
| ADDRESS: | St Louis Labor Council AFL-CIO Project 2000 | 3/14/2022 | \$ 250.00 |
| CITY / STATE: | 3301 Hollenberg Dr | 3/14/2022 | Manager 1977 |
| EMPLOYER: | Bridgeton MO 63044 | \$ 250.00 | MONETARY |
| COMMITTEE: NAME: | | <u>'</u> | IN-KIND |
| ADDRESS: | | | \$ 100.00 |
| CITY / STATE: | David & Claire Jackson 1377 Lake Knoll Dr | 3/14/2022 | \$ 100.00 |
| EMPLOYER: | Lake St Louis MO 63367 | | ✓ MONETARY |
| COMMITTEE: | Gamble & Schlemeier Attorney | \$ 100.00 | IN-KIND |
| NAME: | | | I IV IVINE |
| ADDRESS: | David Mehr | | \$ 100.00 |
| CITY / STATE: | 714 Ingleside Dr | 3/14/2022 | 100.00 |
| EMPLOYER: | Columbia MO 65201 Univ of MO Physician/Professor | Ф соо оо | ✓ MONETARY |
| COMMITTEE: | | \$ 600.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Matthew Acre | 3/15/2022 | \$ 25.00 |
| CITY / STATE: | 2111 17th St Lubbock TX 79401 | 3/15/2022 | |
| EMPLOYER: | Texas Tech Univ PhD Student | \$ 125.00 | MONETARY |
| COMMITTEE: | | Ψ 123.00 | IN-KIND |
| NAME: | | | φ. |
| ADDRESS: | Tracy McCreery 41 Rye Ln | 3/15/2022 | \$ 100.00 |
| CITY / STATE: | Saint Louis MO 63132 | 3/13/2022 | MONETARY |
| EMPLOYER: | State of MO Legislator | \$ 100.00 | MONETARY |
| COMMITTEE: | | · | IN-KIND |
| ADDRESS: | Vin Kondrigh | | \$ 17.40 |
| CITY / STATE: | Kip Kendrick 808 Fairway Dr | 3/16/2022 | Ψ 1/.40 |
| EMPLOYER: | Columbia MO 65201 MO Senate Chief of Staff | | MONETARY |
| COMMITTEE: | Schwes Office of Staff | \$ 504.41 | IN-KIND |
| TOTAL: ITEMIZE | D CONTRIBUTIONS | • | - |
| | | NUED DA GEON CO. TOTAL | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTAC | CHED PAGES" ON FORM CE | <i>i</i> -1) |



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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 turther informa | ation is needed concerning reporting itemized expenditures, see Form C | ט-ו mstructions. | | |
|--|--|-------------------------|--------------------|--|
| | RIBUTIONS RECEIVED | 4. DATE RECEIVED | 5. AMOUNT RECEIVED | |
| FROM COMMITTEES 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 COMMINITIEES FIRST) | 27.1.2 | + | |
| ADDRESS: | Edward Coe | | \$ 50.00 | |
| CITY / STATE: | 206 Heather Ln | 3/16/2022 | — • | |
| EMPLOYER: | Columbia MO 65203 None Not Employed | Φ | MONETARY | |
| COMMITTEE: | | \$ 200.00 | IN-KIND | |
| NAME: | | | | |
| ADDRESS: | Roger Johnson | 3/16/2022 | \$ 150.00 | |
| CITY / STATE: | 12080 N Hecht Rd Hallsville MO 65255 | 3/10/2022 | _ | |
| EMPLOYER: | Van Matre Law Firm Attorney | \$ 150.00 | ■ MONETARY | |
| COMMITTEE: | | Ψ 130.00 | IN-KIND | |
| NAME: | | | 6 50 00 | |
| ADDRESS: | Marilyn Beck | 3/16/2022 | \$ 50.00 | |
| CITY / STATE: | 9426 Brenda Ave Saint Louis MO 63123 | 3/10/2022 | TAT HONETH DV | |
| EMPLOYER: | St Louis County Admin Asst | \$ 50.00 | MONETARY | |
| COMMITTEE: | | T | L IN-KIND | |
| NAME: | | | \$ 150.00 | |
| ADDRESS: CITY / STATE: | Jeffrey R Smith 7 The Orchards Ln | 3/16/2022 | \$ 150.00 | |
| EMPLOYER: | Saint Louis MO 63132 | | ✓ MONETARY | |
| COMMITTEE: | Concordance Academy Exec VP | \$ 250.00 | IN-KIND | |
| NAME: | | | | |
| ADDRESS: | Garry & Llona Weiss | | \$ 50.00 | |
| CITY / STATE: | 1801 S Johnmeyer Ln | 3/18/2022 | Ψ 50.00 | |
| EMPLOYER: | Columbia MO 65203 Retired Retired | ф. 150.00 | ✓ MONETARY | |
| COMMITTEE: | | \$ 150.00 | IN-KIND | |
| NAME: | | | | |
| ADDRESS: | Diane Dunn | 3/18/2022 | \$ 45.00 | |
| CITY / STATE: | 204 Central Rocheport MO 65279 | 3/18/2022 | | |
| EMPLOYER: | Retired Retired | \$ 45.00 | MONETARY | |
| COMMITTEE: | | Ψ =3.00 | IN-KIND | |
| NAME: | | | φ. | |
| ADDRESS: | Randy Blackburn 15030 W Hwy BB | 3/18/2022 | \$ 20.00 | |
| CITY / STATE: | Rocheport MO 65279 | 3/10/2022 | MONETARY | |
| EMPLOYER: | Self-employed Business Owner | \$ 20.00 | MONETARY | |
| COMMITTEE: NAME: | | | IN-KIND | |
| ADDRESS: | Herb & Sue Tillema | | \$ 100.00 | |
| CITY / STATE: | 306 Westridge Dr | 3/18/2022 | Ψ 100.00 | |
| EMPLOYER: | Columbia MO 65203 Retired Retired | | ✓ MONETARY | |
| COMMITTEE: | NOULEGE NOULEGE | \$ 500.00 | IN-KIND | |
| | ED CONTRIBUTIONS | | <u> </u> | |
| TOTAL. TIEWIZE | - CONTINUO HONO | | | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | ACHED PAGES" ON FORM CD |) - 1) | |



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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 OR IN-KIND) |
| 3. NAME, ADDRESS | AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | OK IIV-KIIVD) |
| NAME: | | | 1 |
| ADDRESS: | Rachel Turnbull | 3/18/2022 | \$ 100.00 |
| CITY / STATE: | 3702 Coral Dr Columbia MO 65202 | 3/18/2022 | ļ . |
| EMPLOYER: | Boone Co Family Services Social Worker | \$ 350.00 | ✓ MONETARY |
| COMMITTEE: | | ψ 330.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Mike Campbell | 3/18/2022 | \$ 200.00 |
| CITY / STATE: | 1707 Labrador Dr | 3/10/2022 | |
| EMPLOYER: | Columbia MO 65203 Thomas Law Offices Attorney | | MONETARY |
| COMMITTEE: | | \$ 1,200.00 | ✓ IN-KIND |
| NAME: | | | |
| ADDRESS: | Lyra Noce | | \$ 22.00 |
| CITY / STATE: | 1151 E Nashville Church Rd | 3/18/2022 | · ' |
| EMPLOYER: | Ashland MO 65010 Southern Boone Learning Garden Educator | Φ | ✓ MONETARY |
| COMMITTEE: | bouchern booke hearning ourden Educator | \$ 22.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Mary Windmiller | | \$ 20.00 |
| CITY / STATE: | 705 Medavista Dr | 3/18/2022 | |
| EMPLOYER: | Columbia MO 65203 | | ✓ MONETARY |
| COMMITTEE: | Windsor St Montessori School School Director | \$ 390.00 | IN-KIND |
| NAME: | | | IN KIND |
| ADDRESS: | Tim & Linda Harlan | | \$ 200.00 |
| CITY / STATE: | 511 S Glenwood Ave | 3/18/2022 | 3 200.00 |
| EMPLOYER: | Columbia MO 65203 Retired Retired | | ✓ MONETARY |
| COMMITTEE: | Retired Retired | \$ 450.00 | IN-KIND |
| NAME: | | + | IN-KIND |
| ADDRESS: | | | \$ 100.00 |
| | Patricia Smith 4601 W Akeman Bridge Rd | 3/20/2022 | \$ 100.00 |
| CITY / STATE: | Columbia MO 65202 | | AZ MONETARY |
| EMPLOYER: | Univ of MO Editor | \$ 100.00 | MONETARY |
| COMMITTEE: | | | IN-KIND |
| NAME: | | | • |
| ADDRESS: | Nick Knoth 701 Oak St | 3/20/2022 | \$ 25.00 |
| CITY / STATE: | Columbia MO 65203 | 3/20/2022 | |
| EMPLOYER: | Not employed Not Employed | \$ 25.00 | MONETARY |
| COMMITTEE: | | Ψ | L IN-KIND |
| NAME: | | | |
| ADDRESS: | Heat & Frost Insulators PAC | 3/22/2022 | \$ 250.00 |
| CITY / STATE: | 3325 Hollenberg Dr | | |
| EMPLOYER: | Bridgeton MO 63044 | \$ 250.00 | MONETARY |
| COMMITTEE: | | Ψ 250.00 | ☐ IN-KIND |
| TOTAL: ITEMIZE | D CONTRIBUTIONS | | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | CHED PAGES" ON FORM CD | -1) |



OFFICE USE ONLY

NAME OF COMMITTEE DATE Friends Of Kip Kendrick 4/15/2022

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 | | | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | International Union of Elevator Constructors Local #3 PAC 5916 Wilson Ave St Louis MO 63110 | 3/22/2022 \$ 150.00 | \$ 150.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Nancy Copenhaver 1512 Ridgeline Dr Moberly MO 65270 Retired Educator | 3/22/2022 \$ 100.00 | \$ 100.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Jefrey Bittle 2500 Old 63 S Columbia MO 65201 MO Dem Party Fellow | 3/23/2022 \$ 12.00 | \$ 12.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Susan McClintic 15201 W Hwy BB Rocheport MO 65279 Not employed Not employed | 3/23/2022 \$ 250.00 | \$ 200.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Plumbers & Pipefitters Local 562 Political Educ Fund 3640 Corporate Trail Dr Earth City MO 63045 | 3/26/2022 \$ 500.00 | \$ 500.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Dan Viets 15 N 10th St Columbia MO 65201 Self-employed Attorney | 3/29/2022 \$ 85.00 | \$ 5.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Vic Arnold 2405 Stratford Chase Pkwy Columbia MO 65201 Univ of MO Administrator | 3/29/2022 \$ 650.00 | \$ 250.00 MONETARY IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: | Jacque Sample 5000 Maple Leaf Dr Columbia MO 65201 Central MO Therapy Occupational Therapist | 3/29/2022 \$ 50.00 | \$ 50.00 MONETARY IN-KIND |
| TOTAL: ITEMIZE | D CONTRIBUTIONS | | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | CHED PAGES" ON FORM CD | -1) |



OFFICE USE ONLY

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

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 turther informa | tion is needed concerning reporting itemized expenditures, see Form C | ט-ו instructions. | |
|--------------------|---|------------------------|--------------------|
| | 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: | Chuig Dianas | | \$ 100.00 |
| CITY / STATE: | Chris Pieper 2307 Shepard Blvd | 3/29/2022 | Ψ |
| EMPLOYER: | Columbia MO 65201 Blitz Bardgett & Deutsch Attorney | | MONETARY |
| COMMITTEE: | Bittz Bardgett & Dedtsch Actorney | \$ 350.00 | IN-KIND |
| NAME: | | | <u> </u> |
| ADDRESS: | Randall Kilgore | 3 / 20 / 20 22 | \$ 100.00 |
| CITY / STATE: | 804 Fairway Dr | 3/29/2022 | · |
| EMPLOYER: | Columbia MO 65201 Not employed Not employed | c 200 00 | ✓ MONETARY |
| COMMITTEE: | | \$ 300.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Dan Viets | _ , | \$ 50.00 |
| CITY / STATE: | 15 N 10th St | 3/29/2022 | |
| EMPLOYER: | Columbia MO 65201 Self-employed Attorney | | ✓ MONETARY |
| COMMITTEE: | | \$ 135.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Conner Kerrigan | 3/29/2022 | \$ 25.00 |
| CITY / STATE: | 10563 Williamsburg Tr Frankfort IL 60423 | 3/29/2022 | |
| EMPLOYER: | Juristat Client Success Mgr | \$ 50.00 | ✓ MONETARY |
| COMMITTEE: | - | 5 0.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Thomas Schneider | 2 / 2 2 / 2 2 2 2 | \$ 100.00 |
| CITY / STATE: | 917 LaGrange Rd Columbia MO 65203 | 3/29/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 350.00 | ✓ MONETARY |
| COMMITTEE: | | ψ 330.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Cara Joos | 3/29/2022 | \$ 25.00 |
| CITY / STATE: | 211 West Thurman Columbia MO 65202 | 3/29/2022 | |
| EMPLOYER: | American Bird Conservancy Science Coordinator | \$ 25.00 | MONETARY |
| COMMITTEE: | | Ψ 23.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Martha John | 2/20/2022 | \$ 25.00 |
| CITY / STATE: | 2011 Country Club Dr Columbia MO 65201 | 3/29/2022 | |
| EMPLOYER: | Not employed Not employed | \$ 35.00 | MONETARY |
| COMMITTEE: | | Ψ | IN-KIND |
| NAME: | | | Φ. |
| ADDRESS: | Lea Langdon 2800 Green Valley Dr | 3/29/2022 | \$ 30.00 |
| CITY / STATE: | Columbia MO 65201 | | |
| EMPLOYER: | MO River Communities Network Environ Educator | \$ 30.00 | MONETARY |
| COMMITTEE: | | — | L 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

Friends Of Kip Kendrick 4/15/2022

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 | 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 OR IN-KIND) |
| | S AND OCCUPATION (LIST COMMITTEES FIRST) | DATE | OK IIV KIIVD) |
| NAME: ADDRESS: | Alice Landrum | 3/29/2022 | \$ 50.00 |
| CITY / STATE: | 1121 S Hickory Grove Sch Rd Rocheport MO 65279 | 3/25/2022 | <u> </u> |
| EMPLOYER: COMMITTEE: | Not employed Not employed | \$ 150.00 | MONETARY IN-KIND |
| NAME: | | | |
| ADDRESS: | Clare Adrian | 2 / 2 2 / 2 2 2 2 | \$ 20.00 |
| CITY / STATE: | 209 N Ann St | 3/29/2022 | |
| EMPLOYER: | Columbia MO 65201 | | ✓ MONETARY |
| COMMITTEE: | Not employed Not employed | \$ 40.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Pain Wilson | | \$ 250.00 |
| CITY / STATE: | Erin Wilson 10551 W Old Rocheport Rd | 3/29/2022 | Ψ |
| EMPLOYER: | Rocheport MO 65279 | | ✓ MONETARY |
| COMMITTEE: | Self-employed Communications/Marketing | \$ 350.00 | IN-KIND |
| | | | L IN-KIND |
| NAME: | | | C 100.00 |
| ADDRESS: | David Jackson | 3/30/2022 | \$ 100.00 |
| CITY / STATE: | 1310 Countryside Forrest Ct Chesterfield MO 63005 | | |
| EMPLOYER: | Gamble & Schlemeier Govt Relations | \$ 400.00 | MONETARY |
| COMMITTEE: | | Ψ 100.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Jami Thompson | | \$ 50.00 |
| CITY / STATE: | 5009 Wood Shire Dr Columbia MO 65202 | 3/30/2022 | |
| EMPLOYER: | Univ of MO Data Analysis | | ✓ MONETARY |
| COMMITTEE: | | \$ 150.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Nina Stawski | | \$ 25.00 |
| CITY / STATE: | 5000 E Richland Rd | 3/30/2022 | |
| EMPLOYER: | Columbia MO 65201 Not employed Not employed | | ✓ MONETARY |
| COMMITTEE: | Not capitated Not capitated | \$ 265.00 | IN-KIND |
| NAME: | | | |
| ADDRESS: | Eric Mericle | | \$ 50.00 |
| CITY / STATE: | 1914 Jackson St | 3/30/2022 | 5 0.00 |
| EMPLOYER: | Columbia MO 65202 | | ✓ MONETARY |
| | Not employed none | \$ 50.00 | |
| COMMITTEE: | | - | IN-KIND |
| NAME: | | | c 500.00 |
| ADDRESS: | David Mehr 714 Ingleside Dr | 3/30/2022 | \$ 500.00 |
| CITY / STATE: | Columbia MO 65201 | | |
| EMPLOYER: COMMITTEE: | Univ of MO Physician/Professor | \$ 1,100.00 | MONETARY IN-KIND |
| | D CONTRIBUTIONS | <u> </u> | |
| | | CUED DACES! ON FORM OF | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | CHED PAGES" ON FORM CD | -1) |



OFFICE USE ONLY

NAME OF COMMITTEE
Friends Of Kip Kendrick

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

4/15/2022

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 | ation 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 | FROM COMMITTEES 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: | | | |
| ADDRESS: | Chad Courtney | 3/30/2022 | \$ 20.00 |
| CITY / STATE: | 5731 S Bearfield Rd Columbia MO 65201 | 3/30/2022 | |
| EMPLOYER: | DCI Nurse | \$ 20.00 | ✓ MONETARY |
| COMMITTEE: | | y 20.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Dan Hanneken | 2/20/2022 | \$ 100.00 |
| CITY / STATE: | 3104 Fox Trot Dr | 3/30/2022 | |
| EMPLOYER: | Columbia MO 65202 In2Action Director | C 100 00 | MONETARY |
| COMMITTEE: | | \$ 100.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Paula Kendrick | | \$ 250.00 |
| CITY / STATE: | 24 Griffith Cir | 3/30/2022 | * |
| EMPLOYER: | Monroe City MO 63456 | | MONETARY |
| COMMITTEE: | Not employed Not employed | \$ 250.00 | IN-KIND |
| NAME: | | | IN-KIND |
| ADDRESS: | | | \$ 250.00 |
| | Paula Kendrick 24 Griffith Cir | 3/30/2022 | 5 250.00 |
| CITY / STATE: | Monroe City MO 63456 | | Total Montana |
| EMPLOYER: | Not employed Not employed | \$ 250.00 | MONETARY |
| COMMITTEE: | | <u> </u> | IN-KIND |
| NAME: | | | |
| ADDRESS: | Ronald Rouse 2726 Northland Dr | 3/30/2022 | \$ 15.00 |
| CITY / STATE: | Columbia MO 65202 | 3/30/2022 | |
| EMPLOYER: | Boone Hospital Center Massage Therapist | \$ 35.00 | ■ MONETARY |
| COMMITTEE: | | Ψ 33.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Mary Heitkamp | 2/20/2022 | \$ 25.00 |
| CITY / STATE: | 600 Paris Court Columbia MO 65201 | 3/30/2022 | |
| EMPLOYER: | Not employed Not employed | | ✓ MONETARY |
| COMMITTEE: | | \$ 25.00 | ☐ IN-KIND |
| NAME: | | | |
| ADDRESS: | Timothy Hawks | | \$ 100.00 |
| CITY / STATE: | 208 Sondra Ave | 3/30/2022 | 100.00 |
| EMPLOYER: | Columbia MO 65202 Boone Hospital Nurse | | ✓ MONETARY |
| COMMITTEE: | | \$ 200.00 | IN-KIND |
| NAME: | | | I I I I I I I I I I I I I I I I I I I |
| ADDRESS: | Scott Orr | | \$ 100.00 |
| CITY / STATE: | 28 N 8th St | 3/30/2022 | Ψ 100.00 |
| | Columbia MO 65201 | | MONETARY |
| EMPLOYER: | Not employed Not employed | \$ 100.00 | |
| COMMITTEE: | | · . | ☐ IN-KIND |
| TOTAL: ITEMIZE | ED CONTRIBUTIONS | | |
| (CARRY | TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA | ACHED PAGES" ON FORM C | D-1) |



OFFICE USE ONLY

NAME OF COMMITTEE DATE Friends Of Kip Kendrick 4/15/2022

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. AMOL | JNT RECEIVED |
| FROM COMMITTEES REGARDLESS OF THE AMOMORE THAN \$100 TO A COMMITTEE. | JNT, OR FROM PERSONS GIVING | AGGREGATE TO (CHECK IF MONETA | | K IF MONETARY |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMM | ITTEES FIRST) | DATE | C | OR IN-KIND) |
| NAME: | TTTEEOT INOT/ | | | |
| ADDRESS: Don Lafferty | | | \$ | 50.00 |
| CITY / STATE: 4801 Walnut Ridge Ct | | 3/31/2022 | · | |
| Columbia MO 65203 EMPLOYER: ACT Exec Mgmt | | ¢ 200 00 | V | MONETARY |
| COMMITTEE: | | \$ 300.00 | | IN-KIND |
| NAME: | | | | |
| ADDRESS: Lori Hagglund | | 3/31/2022 | \$ | 50.00 |
| CITY/STATE: 1902 S Fairview Rd Columbia MO 65203 | | 3/31/2022 | | |
| EMPLOYER: Not employed Not employe | ì | \$ 150.00 | | MONETARY |
| COMMITTEE: | | Ψ 100.00 | Ш | IN-KIND |
| NAME: | | | φ. | 5.00 |
| ADDRESS: Raeona Nichols CITY/STATE: 700 Morningside Dr | | 3/31/2022 | \$ | 5.00 |
| Columbia MO 65201 | | | | MONETARY |
| COMMITTEE: Not employed Not employe | i l | \$ 15.00 | | MONETARY IN-KIND |
| NAME: | | | | IN-KIND |
| ADDDECC. | | | \$ | 20.00 |
| CITY/STATE: Travers 106 McBaine Ave | | 3/31/2022 | Ψ | 20.00 |
| Columbia MO 65203 | | | | MONETARY |
| Missouri State Senate St | aif | \$ 20.00 | | IN-KIND |
| NAME: | | | | III TAILE |
| ADDRESS: Vicki Smith | | | \$ | 25.00 |
| CITY / STATE: 809 N William St | | 3/31/2022 | Ψ | 25.00 |
| Columbia MO 65201 EMPLOYER: Bluestem Sales | | Ф 45 00 | V | MONETARY |
| COMMITTEE: | | \$ 45.00 | | IN-KIND |
| NAME: | | | | |
| ADDRESS: Winifred Colwill | | 3/31/2022 | \$ | 50.00 |
| CITY/STATE: 1417 N Countryshire Dr Columbia MO 65202 | | J/J⊥/∠U∠∠ | | |
| EMPLOYER: Not employed Not employe | i | \$ 200.00 | | MONETARY |
| COMMITTEE: | | Ψ 200.00 | | IN-KIND |
| NAME: | | | φ. | |
| ADDRESS: Gary Fennewald 1316 Willowcreek Ln | | 3/31/2022 | \$ | 103.00 |
| COlumbia MO 65203 | | 3/31/2022 | | MONETARY |
| EMPLOYER: Retired Retired | | \$ 1,103.00 | | MONETARY |
| NAME: | | • | | IN-KIND |
| | | | \$ | 465.36 |
| ADDRESS: Gateway Gov't Relatic CITY/STATE: 903 E High St | ns | 3/14/2022 | Ψ | 400.30 |
| EMPLOYER: Jefferson City MO 651 | 02 | | | MONETARY |
| COMMITTEE: | <u> </u> | \$ 465.36 | | IN-KIND |
| TOTAL: ITEMIZED CONTRIBUTIONS | | | | |
| (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZ | ED CONTRIBUTIONS FROM ANY ATTACHE | ED PAGES" ON FORM CD | -1) | |

| MIS | SOURI ETHICS | COMMISSION | CHECK T | TYPE OF FORM | OFFICE USE ONLY |
|---------------------------|--------------------------------|---------------------------------------|-----------------------|-----------------|-----------------------------------|
| SUPI | PLEMENTAL LOAN | INFORMATION | l | N RECEIVED | |
| INSTR | UCTIONS ON REVERSI | E SIDE | | N REPAYMENT | |
| NAME OF COMMITTEE | OCTIONS ON REVERSI | L SIDL | REPORT | | |
| Friends Of Kip K | Cendrick | | 4 | /15/2022 | |
| | I. L(| DAN RECEIVED (LOAN C | F MORE THAN \$100 | 0) | |
| 1. NAME AND ADDRESS | | · · · · · · · · · · · · · · · · · · · | | • | |
| | | | | | |
| | | | | | |
| O NAME(C) AND ADDDE | CO(EC) OF DEDCOM(C) | LIADI E EOD THE LOAN | | | |
| 2. NAME(S) AND ADDRES | 55(E5) OF PERSON(5) | LIABLE FOR THE LOAN | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. LOAN I.D. NUMBER (IF | ANY) | 4. DATE OF LOAN | 5. AM | OUNT OF LOAN | |
| o. 20/11/11/21/10/11/22/1 | ,, | II. BATTLE OF LOAM | \$ | 00111 01 207111 | |
| 6. ANNUAL RATE OF INT | FREST | 7. TIME PERIOD OF LOAN (MO | | | |
| o. ANNOALIONE OF INT | % | 7. TIME I EIGOD OF EOVIT (MO | 14111, 12711(0, 210.) | | |
| 8 DESCRIBE DEDAVMEN | NT SCHEDIII E (MONTH | LY, SEMI-ANNUALLY, ETC.) | | | |
| o. DESCRIBE RELATIME | VI SCHEDOLL (MONTH | LI, SLIVII-ANNOALLI, LIG.) | | | |
| | II. SCHEDULE O | F REPAYMENT (PAYMEI | NT MADE OR CRED | IT RECEIVED) | |
| 1. DATE OF PAYMENT | | (| | | 2 AMOUNT OF DAVMENT |
| OR CREDIT | | 2. NAME AND ADDRESS | OF LENDER | | 3. AMOUNT OF PAYMENT OR CREDIT |
| | | | | | |
| 1/3/2022 | Kip Kendrick 808 Fairway Dr | | | | FF 000 00 |
| 1,3,2022 | Columbia MO 65 | 5201 | | | 55,000.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

FORM CD1B

55,000.00

55,000.00

\$

\$

\$

| ******* | |
|--|-------------------------------------|
| | MISSOURI ETHICS COMMISSION |
| | |
| / The state of the | EXPENDITURES AND CONTRIBUTIONS MADE |
| | Instructions on Reverse Side |

| Office Use Only |
|-----------------|
| |
| |

| 1. Name of Committee 2. Report Date | | | | |
|---|------------------------|---|---|-------------------|
| Friends Of Kip Kendrick | | 4/15/2022 | | |
| A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below) | | | Amount Paid or Incurred This Period | |
| 3. Category of Expenditure | | | + | |
| View Supplemental Form(s) | | | | |
| | | | | |
| 5. Subtotal: Non-Itemized Expenditures This Page (Sum Column | 4) | | \$ | 0.00 |
| 6. Subtotal: Non-Itemized Expenditures Any Attached Pages | | | + | 289.82 |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) | | | \$ | 289.82 |
| 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. An | nount This Period |
| Name and Address of Recipient | | Aggregate Paid) | | |
| Name: | | | \$ | |
| Address: | | | Pa | iid |
| City / State: | | | Inc | curred |
| Name: | | | <u>\$</u> | |
| Address: View Supplemental Form(s) | | | Pa | iid |
| City / State: | | | Inc | curred |
| Name: | | | \$ | |
| Address: | | | Pa | iid |
| City / State: | | | | curred |
| 12. Subtotal: This Page (Sum Column 11) | | | \$ | 0.00 |
| 13. Subtotal: Any Attached Pages | | | + | 9,095.52 |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13) | | | \$ | 9,095.52 |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14) | | | \$ | 9,385.34 |
| 16. Amount of Line 15 Above which was Paid Out This Period | | | \$ | 9,385.34 |
| 17. Amount of Line 15 Which Were Expenditures Incurred This Pe | eriod Including Paymen | nts Made by Credit Cards | \$ | 0.00 |
| 18. If Committee Made Any In-Kind Expenditures This Period, List | t Amount | | \$ | 0.00 |
| 19. Funds Used For Paying Loans/Credit Cards This Period (Attac | ch Form CD1B - amount | goes to Line 5 / Part II) | \$ | 55,000.00 |
| C Contributions Made (Regardless of Amount) | | | | 22. Amount |
| 20. Name and Address of Candidate or Committee | | 21. Date | | 22. Amount |
| Name: | | | \$ | |
| Address: | | | Mc Mc | onetary |
| City / State: | | | In- | Kind |
| Name: | | | \$ | |
| Address: | | | Mc | onetary |
| City / State: | | | In- | Kind |
| Name: | | | \$ | |
| Address: | | | Mc Mc | onetary |
| City / State: | | | In- | Kind |
| 23. Subtotal: This Page (Sum Column 22) | | | \$ | 0.00 |
| 24. Subtotal: Any Attached Pages | | | \$ | 0.00 |
| 25 Total, Manatany Contributions Made This Desired | | 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 Period (Sum 25 + 26) | | | \$ | 0.00 |
| 28. Total: In-Kind Contributions Made This Period, List Amount | | | \$ | 0.00 |
| MO 300-1315 (1-10) | | | | Form CD3 |

| OFF | ICE | USE | ONLY |
|-----|-----|-----|------|
| | | | |

| NAME OF COMMITTEE DATE | | - (0000 | | |
|---|----|--|--|--|
| Friends Of Kip Kendrick 4/15/2022 | | 2 | | |
| EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP CATEGORY OF EXPENDITURE | В) | AMOUNT PAID OR INCURRED THIS PERIOD | | |
| Digital communications | | \$ 102.00 | | |
| Printing | | \$ 96.37 | | |
| Mailing | | \$ 91.45 | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| TOTAL: ITEMIZED EXPENDITURES THIS PAGE | | | | |
| (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3) | | \$ | | |



MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

| Э | F | FΙ | CE | USE | ON | LY |
|---|---|----|----|-----|----|----|
| | | | | | | |

| NAME OF COM | | | REPORT DATE | |
|------------------------------------|---|-----------|--|--------------------------|
| | Kip Kendrick | T | 4/15/2022 PURPOSE - (IF PAYMENT | ı |
| AND ALL | ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT | DATE | WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) | AMOUNT THIS PERIOD |
| NAME: ADDRESS: CITY / STATE: | Ousley Strategies 618 Bushwick Ave Apt 627 Brooklyn NY 11206 | 1/2/2022 | Fundraising \$ | PAID 1,000.00 |
| NAME: ADDRESS: CITY / STATE: | FedEx Office 25 S 6th St Columbia MO 65203 | 1/3/2022 | Copying \$ | \$ 478.79 PAID INCURRED |
| NAME: ADDRESS: CITY / STATE: | Midwest Mailing Service PO Box 723 Columbia MO 65205 | 1/11/2022 | Mailing \$ | \$ 2,610.98 INCURRED |
| NAME: ADDRESS: CITY / STATE: | Postal Express 1400 Forum Blvd Ste 7A Columbia MO 65203 | 1/21/2022 | Postal box rent | \$ 204.00 PAID INCURRED |
| NAME: ADDRESS: CITY / STATE: | Haystaq DNA 907 N St NW Ste C1 Washington DC 20001 | 1/24/2022 | Data \$ | PAID 1,500.00 |
| NAME: ADDRESS: CITY / STATE: | Ousley Strategies 618 Bushwick Ave Apt 627 Brooklyn NY 11206 | 2/1/2022 | Fundraising \$ | PAID 1,000.00 |
| NAME: ADDRESS: CITY / STATE: | Hotcards 22 N Main St Floor 2 Chagrin Falls OH 44022 | 2/14/2022 | Printing \$ | \$ 125.24 INCURRED |
| NAME: ADDRESS: CITY / STATE: | Hotcards 22 N Main St Floor 2 Chagrin Falls OH 44022 | 3/10/2022 | Printing \$ | \$ PAID 347.36 INCURRED |
| NAME: ADDRESS: CITY / STATE: | Ousley Strategies LLC 54 Noll St Apt 727 Brooklyn NY 11206 | 3/18/2022 | Fundraising | PAID 1,000.00 |
| NAME: ADDRESS: CITY / STATE: | ActBlue PO Box 441146 Somerville MA 2144 | 3/31/2022 | Online Fundraising Fees | \$ 329.15 INCURRED |
| NAME: ADDRESS: CITY / STATE: | PPP LLC 4001 Coats Ln Columbia MO 65203 | 3/31/2022 | Compliance | \$ PAID 500.00 |
| NAME: ADDRESS: CITY / STATE: | | | \$ | \$ PAID INCURRED |
| NAME: ADDRESS: CITY / STATE: | | | \$ | \$ PAID INCURRED |
| NAME: ADDRESS: CITY / STATE: | | | \$ | \$ PAID INCURRED |
| NAME: ADDRESS: CITY / STATE: | | | \$ | \$ PAID INCURRED |
| | MIZED EXPENDITURES ALL OVER \$100 AND ALL PA RRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAG | | WORKERS | \$ |





MISSOURI ETHICS COMMISSION INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

Friends Of Kip Kendrick

DATE

4/15/2022

| Filends of hip hendrick | | | 1/13/2022 | | |
|--|-----------|-------------------------------------|----------------------------------|----------------------|--|
| ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT) | DATE | DESCRIPTION OF SERVICES RENDERED | PRO-RATED COST FOR SERVICE | TOTAL AMOUNT PAID | |
| PPP LLC 4001 Coats Ln Columbia MO 65203 | 3/31/2022 | Compliance | 500.00 | 500.00 | |
| Ousley Strategies 618 Bushwick Ave Apt 627 Brooklyn NY 11206 | 1/2/2022 | Fundraising | 1,000.00 | 1,000.00 | |
| Ousley Strategies 618 Bushwick Ave Apt 627 Brooklyn NY 11206 | 2/1/2022 | Fundraising | 1,000.00 | 1,000.00 | |
| Ousley Strategies 54 Noll St Apt 727 | 3/18/2022 | Fundraising | | | |
| Brooklyn NY 11206 | | | 1,000.00 | 1,000.00 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | то | TAL ALL PAGES | 3,500.00 | |

| M.E.C. ID NO. | C131169 |
|---------------|---------|
| | |

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.

Debt Payment:

Ousley Strategies618 Bushwick Ave #627Brooklyn NY 11206

Amount: 1500.00

Debt Payment:

PPP LLC4001 Coats LnColumbia MO 65203

Amount: 500.00

MO 300-1325 (10-06) ADDENDUM STMT