



Missouri Ethics Commission  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

M.E.C. ID NO. C171187

1. DATE OF REPORT 10/3/2022	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
 Missourians For O'Laughlin

3. COMMITTEE MAILING ADDRESS  
 1103 East Briggs Drive

4. COMMITTEE TELEPHONE NUMBER  
 (660) 651-4151

CITY / STATE / ZIP  
 Macon MO 63552

5. TREASURER'S NAME  
 Wayne Wilcox

6. TREASURER'S MAILING ADDRESS  
 2647 CR 2520

7. TREASURER'S TELEPHONE NUMBER  
 HOME: (573) 489-0927

CITY / STATE / ZIP  
 Moberly MO 65270

WORK:

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER  
 Jane Thompson

9. DEPUTY TREASURER'S MAILING ADDRESS  
 1103 East Briggs Drive Macon MO 63552

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME: (660) 651-6280

CITY / STATE / ZIP

WORK:

11. DATE OF ELECTION

12. TYPE OF ELECTION ( CHECK ONE )  
 PRIMARY  GENERAL  SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM 7/1/2022 THROUGH 9/30/2022

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

Cindy O'Laughlin  
 PO box 197  
 Shelbina MO 63468  
 (660) 651-4151  
 State Senator  
 Missouri State Senate

CHECK IF INCUMBENT

REPUBLICAN  DEMOCRAT

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT  
 Jan 15  Apr 15  Jul 15  Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

SEMIANNUAL DEBT REPORT  
 Jan 15  Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

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 Oct 3 2022 8:42AM

\_\_\_\_\_  
 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 Oct 3 2022 8:42AM

\_\_\_\_\_  
 CANDIDATE'S SIGNATURE



Missouri Ethics Commission

**REPORT SUMMARY**

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Missourians For O'Laughlin	10/3/2022	

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		\$ 54,501.42	<b>Money On Hand</b>	
2. All Monetary Contributions Received This Period	\$ 57,100.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 57,100.00			
6. In-kind Contributions Received This Period	+ 31.29		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 102,562.88
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 57,131.29		25. Monetary Receipts this Period (From Item 5 - this page)	+ 57,100.00
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 111,632.71	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 10,696.97
			a) Disbursements By Check \$ <u>10,696.97</u>	
			b) Disbursements By Cash \$ <u>0.00</u>	
<b>Expenditures</b>				
9. Total Expenditures for this election previously reported		\$ 30,698.29	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 148,965.91
10. Expenditures made by cash or check this period	\$ 3,697.97		<b>Indebtedness</b>	
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 3,697.97		28. Outstanding Indebtedness at the beginning of this period	\$ 118,028.39
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 34,396.26	29. Loans Received This Period	+ 0.00
<b>Contributions Made</b>				
15. Total Contributions Made For This Election Previously Reported		\$ 250.00	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	999.00	↔ Cash/Check	
	B	0.00	↔ Credit Card	+ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		31. Payments Made on Loans This Period	- 6,000.00
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 999.00		32. Debt Forgiven on Loans This Period	- 0.00
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 1,249.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
<b>Other Disbursements</b>				
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 6,000.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 112,028.39
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 6,000.00			



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Missourians For O'Laughlin		2. REPORT DATE 10/3/2022	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+	\$ 57,131.29
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	57,131.29
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	57,100.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$	31.29
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$	0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	0.00
<b>C. LOANS RECEIVED</b>		17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	
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)		\$	31.29
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	57,100.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	57,100.00



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Missourians For O'Laughlin	DATE 10/3/2022
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**INSTRUCTIONS**

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: AT &T Missouri CITY / STATE: 1010 Pine Street St Louis MO 63101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	7/6/2022 ----- \$ 900.00	\$ 900.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: U Of MO Flagship Council CITY / STATE: 3610 Buttonwood Columbia MO 65203 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	7/6/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Brazeale CITY / STATE: 22284 Hiway 24 Paris MO 65275 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	7/6/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: POL PAC CITY / STATE: 221 Bolivar St Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	7/25/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Corn Growers CITY / STATE: 3118 Emerald Ln Jefferson City MO 65109 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	7/25/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Great Northwest PAC CITY / STATE: PO Box 52 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	7/25/2022 ----- \$ 2,400.00	\$ 2,400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Pork PAC CITY / STATE: 6235 West Cunningham Dr Columbia MO 65202 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	7/25/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Beverage PAC CITY / STATE: PO Box 1865 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	8/1/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">--</div>
<b>(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)</b>		



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Missourians For O'Laughlin	DATE 10/3/2022
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**INSTRUCTIONS**

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NAME: ADDRESS: BNSF RailPAC Missouri CITY / STATE: PO Box 961039 Fort Worth TX 76161 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	8/1/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rural Telecommunications Committee CITY / STATE: PO Box 1865 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	8/1/2022 ----- \$ 1,400.00	\$ 1,400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: A Better Missouri CITY / STATE: 205 E Capitol Ave Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	8/1/2022 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri First CITY / STATE: 205 E Capitol Ave Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	8/1/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Build St Louis CITY / STATE: 10101 Old Olive St Road St Lois MO 63141 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	8/1/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Gamble CITY / STATE: 810 Sherwood Dr Jefferson City MO 65109 EMPLOYER: self -- consulting <input type="checkbox"/> COMMITTEE:	8/1/2022 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Bush CITY / STATE: 27764 National Ave Macon MO 63552 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	9/6/2022 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Maron Co Republican Central Committee CITY / STATE: PO Box 45 Hannibal MO 63401 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/6/2022 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">--</div>
<b>(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)</b>		



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Missourians For O'Laughlin	DATE 10/3/2022
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**INSTRUCTIONS**

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED  (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Cheyenne CITY / STATE: 701 S Battleground Ave EMPLOYER: Grover NC 28073 NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/6/2022 ----- \$ 2,400.00	\$ 2,400.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mo Independent bankersPAC CITY / STATE: PO Box 1765 EMPLOYER: Jefferson City MO 65102 NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/6/2022 ----- \$ 1,000.00	\$ 1,000.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Spire PAC CITY / STATE: 700 Market Street EMPLOYER: Saint Louis MO 63101 NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/6/2022 ----- \$ 900.00	\$ 900.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri American Water Employees PAC CITY / STATE: 727 Craig Rd EMPLOYER: Saint Louis MO 63141 NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/6/2022 ----- \$ 750.00	\$ 750.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AMECPAC CITY / STATE: PO Box1645 EMPLOYER: Jefferson City MO 65102 NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/14/2022 ----- \$ 2,400.00	\$ 2,400.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Todd Hayes CITY / STATE: 6668 County Road 245 EMPLOYER: Monroe City MO 63456 farmer -- farmer <input type="checkbox"/> COMMITTEE:	9/14/2022 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Greg Hoberock CITY / STATE: 500 Braeburn Ct EMPLOYER: Washington MO 63090 retired -- retired <input type="checkbox"/> COMMITTEE:	9/14/2022 ----- \$ 2,400.00	\$ 2,400.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mo Rental Dealers PAC CITY / STATE: PO Box 1708 EMPLOYER: Jefferson City MO 65102 NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/20/2022 ----- \$ 500.00	\$ 500.00  <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 Missourians For O'Laughlin	DATE 10/3/2022
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**INSTRUCTIONS**

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: MBA Mark Twain Region PAC CITY / STATE: 207 E Capitol Ave Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/20/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MBA Capitol Region PAC CITY / STATE: 207 E Capitol Ave Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/20/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: American Property Casualty Insurance Association PAC CITY / STATE: 8700 West Bryn Mawr Ave Chicago IL 60631 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/20/2022 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Deere & Company Political Action Committee CITY / STATE: 1 John Deere Place Moline IL 61265 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/20/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Leadership Fund CITY / STATE: PO Box 1742 Saint Charles MO 63302 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shelby Co Republican Club CITY / STATE: PO Box 378 Shelbina MO 63468 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Chamber PAC CITY / STATE: PO Box 149 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Wissehr CITY / STATE: 5801 W State Rte 161 Belleville IL 62223 EMPLOYER: self employed -- electrician <input type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,000.00	\$ 1,000.00 <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 Missourians For O'Laughlin	DATE 10/3/2022
---	-------------------

**INSTRUCTIONS**

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED  (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Missouri Petroleum Convenience Store Assn CITY / STATE: 205 E Capitol Ave Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,000.00	\$ 1,000.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Credit Union PAC CITY / STATE: 223 Madison Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,500.00	\$ 1,500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Catalyst PAC CITY / STATE: PO Box 7143 Kansas City MO 64113 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 2,400.00	\$ 2,400.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: HBS MO State PAC CITY / STATE: PO Box 1108 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,000.00	\$ 1,000.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AGC of MO PAC CITY / STATE: 6330Knox Industrial Dr Saint Louis MO 63139 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,500.00	\$ 1,500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: The Rhoads Company LLC CITY / STATE: PO Box 1162 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MOSFA PAC CITY / STATE: 121 Madison St Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ameren Mo PAC CITY / STATE: PO Box 780 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">--</div>
<b>(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)</b>		





**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Missourians For O'Laughlin	DATE 10/3/2022
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**INSTRUCTIONS**

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

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

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

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Missouri Realtors PAC CITY / STATE: PO Box 30635 Columbia MO 65205 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 2,400.00	\$ 2,400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO Soybean Assn CITY / STATE: 734 S Countryclub Dr Jefferson City MO 65109 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mo Organization of Defense Lawyers PAC CITY / STATE: Po Box 1072 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Evergy CITY / STATE: 1200 Main St Kansas City MO 64105 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 2,400.00	\$ 2,400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: ATGS PAC CITY / STATE: 7700 Forsyth Boulevard Saint Louis MO 63109 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Insurance Coalition PAC CITY / STATE: 220 E High St Suite B Jefferson City MO 65101 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO CPA PAC CITY / STATE: 540 Maryville Dr Saint Louis MO 63141 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Medical PAC CITY / STATE: PO Box 1402 Jefferson City MO 65102 EMPLOYER: NA -- NA <input checked="" type="checkbox"/> COMMITTEE:	9/27/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">--</div>
<b>(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)</b>		



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Missourians For O'Laughlin	DATE 10/3/2022
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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: MO State Troopers Assn PAC CITY / STATE: 1729 East Elm EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE: NA -- NA	9/30/2022 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MHA CITY / STATE: PO Box 779 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE: NA -- NA	9/30/2022 ----- \$ 2,400.00	\$ 2,400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AuBuchon Law CITY / STATE: 112 E High St EMPLOYER: Jefferson City MO 65102 <input type="checkbox"/> COMMITTEE:	9/13/2022 ----- \$ 31.29	\$ 31.29 <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
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	\$ -----	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		\$ -----
<b>(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)</b>		



**MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM	OFFICE USE ONLY
<input type="checkbox"/> LOAN RECEIVED	
<input checked="" type="checkbox"/> LOAN REPAYMENT	

NAME OF COMMITTEE Missourians For O'Laughlin	REPORT DATE 10/3/2022
---	--------------------------

**I. LOAN RECEIVED (LOAN OF MORE THAN \$100)**

1. NAME AND ADDRESS OF LENDER		
2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN		
3. LOAN I.D. NUMBER (IF ANY)	4. DATE OF LOAN	5. AMOUNT OF LOAN \$
6. ANNUAL RATE OF INTEREST %	7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)	
8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)		

**II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)**

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT
8/15/2022	Russell and Cindy O'Laughlin PO Box 197 Shelbina MO 63468	5,000.00
9/9/2022	Russell and Cindy O'Laughlin PO Box 197 Shelbina MO 63468	1,000.00
4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)		\$ 6,000.00
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE		\$ 6,000.00
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED		\$



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

Office Use Only

1. Name of Committee Missourians For O'Laughlin		2. Report Date 10/3/2022	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 0.00
<b>B. Itemized Expenditures All Over \$100</b> And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 3,697.97
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 3,697.97
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 3,697.97
16. Amount of Line 15 Above which was Paid Out This Period			\$ 3,697.97
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)			\$ 6,000.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name: Schmitt for Senate			\$ 999.00
Address: 101 W Argonne Dr		7/18/2022	<input checked="" type="checkbox"/> Monetary
City / State: #24 St Louis MO 63122			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 999.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 999.00
		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)			\$ 999.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



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

OFFICE USE ONLY

NAME OF COMMITTEE Missourians For O'Laughlin		REPORT DATE 10/3/2022		
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME AND ADDRESS OF RECIPIENT				
NAME: Rocket Science Group ADDRESS: 675 Poncs De Leon Ave NE CITY / STATE: Suite 5000 Atlanta GA 30308		7/6/2022	Campaign Worker \$ 482.93	\$ <input checked="" type="checkbox"/> PAID 69.99 <input type="checkbox"/> INCURRED
NAME: Rocket Science Group ADDRESS: 675 Poncs De Leon Ave NE CITY / STATE: Suite 5000 Atlanta GA 30308		8/6/2022	email \$ 552.92	\$ <input checked="" type="checkbox"/> PAID 69.99 <input type="checkbox"/> INCURRED
NAME: Rocket Science Group ADDRESS: 675 Poncs De Leon Ave NE CITY / STATE: Suite 5000 Atlanta GA 30308		9/6/2022	email \$ 622.91	\$ <input checked="" type="checkbox"/> PAID 69.99 <input type="checkbox"/> INCURRED
NAME: AD&B ADDRESS: 16370 N Buchanon CITY / STATE: Moberly MO 65270		9/9/2022	signs \$ 1,013.00	\$ <input checked="" type="checkbox"/> PAID 1,013.00 <input type="checkbox"/> INCURRED
NAME: Shelby Co Extension ADDRESS: PO Box 230 CITY / STATE: Shelbyville MO 63469		7/25/2022	4h sale \$ 1,800.00	\$ <input checked="" type="checkbox"/> PAID 1,800.00 <input type="checkbox"/> INCURRED
NAME: Adair Co 4H ADDRESS: 503 E Northtowne Rd CITY / STATE: Kirksville MO 63501		8/1/2022	4h sale \$ 475.00	\$ <input checked="" type="checkbox"/> PAID 475.00 <input type="checkbox"/> INCURRED
NAME: Mo State Fair Foundation ADDRESS: 2503 W 16th St CITY / STATE: Sedalia MO 65301		9/1/2022	4h sale \$ 100.00	\$ <input checked="" type="checkbox"/> PAID 100.00 <input type="checkbox"/> INCURRED
NAME: Jim Harmon Tractor Pull ADDRESS: 39367 Osso St CITY / STATE: Anabel MO 63431		9/16/2022	charity event \$ 100.00	\$ <input checked="" type="checkbox"/> PAID 100.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>				\$ --
<b>(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)</b>				\$ --