



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

M.E.C. ID NO. C141090

1. DATE OF REPORT 3/26/2023	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
 Friends For Chuck Basye

3. COMMITTEE MAILING ADDRESS  
 PO Box 114

4. COMMITTEE TELEPHONE NUMBER  
 (573) 356-3405

CITY / STATE / ZIP  
 Rocheport MO 65279

5. TREASURER'S NAME  
 Rosa Robb

6. TREASURER'S MAILING ADDRESS  
 4105 Blue Hollow

7. TREASURER'S TELEPHONE NUMBER  
 HOME: (573) 875-2530

CITY / STATE / ZIP  
 Columbia MO 65203

WORK: (573) 356-6206

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER  
 Pamela Anderson

9. DEPUTY TREASURER'S MAILING ADDRESS  
 29 Fleming Dr. Columbia MO 65203

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME: (573) 310-3038

CITY / STATE / ZIP

WORK: (573) 310-3038

11. DATE OF ELECTION  
 4/4/2023

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

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM 2/19/2023 THROUGH 3/23/2023

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  
 Charles Basye  
 15000 West Hwy 40  
 Rocheport MO 65279  
 (573) 698-2906  
 Boardmember  
 Columbia School District  
 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 Mar 26 2023 4:44PM  
 \_\_\_\_\_  
 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 Mar 26 2023 4:44PM  
 \_\_\_\_\_  
 CANDIDATE'S SIGNATURE



Missouri Ethics Commission

**REPORT SUMMARY**

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends For Chuck Basye	3/26/2023	

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		\$ 21,231.20	<b>Money On Hand</b>	
2. All Monetary Contributions Received This Period	\$ 8,084.42			
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)	\$ 8,084.42			
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 8,084.42
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 8,084.42		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 16,123.49
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 29,315.62	a) Disbursements By Check \$ 16,123.49 b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	<b>Indebtedness</b>	
9. Total Expenditures for this election previously reported		\$ 3,428.67	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 9,763.46
10. Expenditures made by cash or check this period	\$ 16,123.49		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
11. In-Kind Expenditures made this period	+ 0.00		29. Loans Received This Period	+ 0.00
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00		30. A. New Expenditures Incurred This Period (include payments 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)	\$ 16,123.49		B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 19,552.16	31. Payments Made on Loans This Period	- 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	32. Debt Forgiven on Loans This Period	- 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			



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

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends For Chuck Basye		2. REPORT DATE 3/26/2023	
<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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+	\$ 8,084.42
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	8,084.42
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	8,084.42
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$	0.00
<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>		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$	0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	8,084.42
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	8,084.42



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 3/26/2023
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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: Jim Meyer CITY / STATE: 104 Sea Eagle Columbia MO 65202 EMPLOYER: Realtor <input type="checkbox"/> COMMITTEE:	2/19/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Koelling CITY / STATE: 3700 Lenoir Street Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/19/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Beckstrom CITY / STATE: 213 Wild Ginger Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/22/2023 ----- \$ 500.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bob Hurdle CITY / STATE: 15345 W Hwy BB Rocheport MO 65279 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/19/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Zulo CITY / STATE: 8451 S Stanley Poe Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/21/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Dempsey CITY / STATE: 3503 Topanga Drive Columbia MO 65202 EMPLOYER: Therapist <input type="checkbox"/> COMMITTEE:	2/21/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ed Lewis CITY / STATE: 322 Epperson Moberly MO 65270 EMPLOYER: State Rep <input type="checkbox"/> COMMITTEE:	2/20/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Miles CITY / STATE: 8005 W 150 N Waynetown IN 47990 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/20/2023 ----- \$ 50.00	\$ 50.00  <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 Friends For Chuck Basye	DATE 3/26/2023
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**INSTRUCTIONS**

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 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: Charles Thurston CITY / STATE: 3910 Savoy Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/21/2023 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken and Carolyn Woodward CITY / STATE: 1730 Crocket Drive Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/20/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sandra Knudsen CITY / STATE: 3201 Parker St Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/19/2023 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale Meyer CITY / STATE: 263 Co Rd 208 Fayette MO 65248 EMPLOYER: Plumber <input type="checkbox"/> COMMITTEE:	2/23/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sara Slay Norden CITY / STATE: 450 W Covered Bridge Rd Columbia MO 65203 EMPLOYER: Business Owner <input type="checkbox"/> COMMITTEE:	2/26/2023 ----- \$ 242.45	\$ 242.45 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Matt Padberg CITY / STATE: 910 Leland Ridge Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/25/2023 ----- \$ 96.80	\$ 96.80 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Polly Hendren CITY / STATE: 400 Stallworth Ct Columbia MO 65202 EMPLOYER: Unknown <input type="checkbox"/> COMMITTEE:	2/25/2023 ----- \$ 96.80	\$ 96.80 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Kehoe CITY / STATE: 3589 Gettysburg Pl Jefferson City MO 65109 EMPLOYER: Lt. Governor <input type="checkbox"/> COMMITTEE:	2/23/2023 ----- \$ 242.45	\$ 242.45 <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 Friends For Chuck Basye	DATE 3/26/2023
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Chris Yelich CITY / STATE: 463 Los Robles Lacuna Beach CA 92651 EMPLOYER: Brooks State Real Estate <input type="checkbox"/> COMMITTEE:	2/27/2023 ----- \$ 242.45	\$ 242.45  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Beckstrom CITY / STATE: 213 Wild Ginger Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/27/2023 ----- \$ 96.80	\$ 96.80  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Fred Parry CITY / STATE: 709 W Broadway Columbia MO 65203 EMPLOYER: Business owner <input type="checkbox"/> COMMITTEE:	2/27/2023 ----- \$ 242.45	\$ 242.45  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Martha Smith CITY / STATE: 4741 Boothe Ln Rocheport MO 65279 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/1/2023 ----- \$ 96.80	\$ 96.80  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eric Lidholm CITY / STATE: 7245 Brackenhill Ct Columbia MO 65203 EMPLOYER: Crockett TGL <input type="checkbox"/> COMMITTEE:	2/25/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Venable CITY / STATE: 607 Columbia Ct Colorado Springs CO 80904 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/23/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rita Thackeray CITY / STATE: 7403 W County Hill Rd Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/26/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mighty Missouri PAC CITY / STATE: 12026 Manchester Rd EMPLOYER: St Louis MO 63131 <input checked="" type="checkbox"/> COMMITTEE:	2/22/2023 ----- \$ 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 Friends For Chuck Basye	DATE 3/26/2023
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**INSTRUCTIONS**

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<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Dr Kent Willett CITY / STATE: 1601 Chapel Hill Rd Columbia MO 65203 EMPLOYER: Dentist <input type="checkbox"/> COMMITTEE:	2/27/2023 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Larry Wayland CITY / STATE: 3203 Brown Station Rd Columbia MO 65202 EMPLOYER: Business owner <input type="checkbox"/> COMMITTEE:	3/14/2023 ----- \$ 485.20	\$ 485.20  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Aaron Stephens CITY / STATE: 520 Stalcup St Columbia MO 65203 EMPLOYER: CNC Programmer <input type="checkbox"/> COMMITTEE:	3/13/2023 ----- \$ 96.80	\$ 96.80  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Beckstrom CITY / STATE: 213 Wild Ginger Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/13/2023 ----- \$ 693.60	\$ 96.80  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Prestigiacom CITY / STATE: 3501 Cross Timber Ct Columbia MO 65203 EMPLOYER: MU -- Unknown <input type="checkbox"/> COMMITTEE:	3/13/2023 ----- \$ 96.80	\$ 96.80  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dennis Bogle CITY / STATE: 5803 Screaming Eagle Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/10/2023 ----- \$ 96.80	\$ 96.80  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Gibbens CITY / STATE: 1700 Glenbrook Ct Columbia MO 65203 EMPLOYER: Simmons Bank <input type="checkbox"/> COMMITTEE:	3/8/2023 ----- \$ 96.80	\$ 96.80  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sonja Derboven CITY / STATE: 5030 N Locust Grove Church Rd Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/3/2023 ----- \$ 96.80	\$ 96.80  <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 Friends For Chuck Basye	DATE 3/26/2023
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**INSTRUCTIONS**

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED  (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Dennis Bogle CITY / STATE: 5803 Screaming Eagle EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	3/2/2023 ----- \$ 146.80	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Beckstrom CITY / STATE: 213 Wild Ginger EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/3/2023 ----- \$ 793.60	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Paulsell CITY / STATE: 2414 Boulder Springs Dr EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	2/21/2023 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leanna Clayton CITY / STATE: 120 Copperas Rd EMPLOYER: Eldon MO 65026 Retired <input type="checkbox"/> COMMITTEE:	2/19/2023 ----- \$ 20.00	\$ 20.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kirk Klinger CITY / STATE: 1229 County Rd 434 EMPLOYER: Fayette MO 65248 Isle of Capri <input type="checkbox"/> COMMITTEE:	3/4/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jane Mauck CITY / STATE: 1270 S Victoria Ave EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	3/12/2023 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Rose CITY / STATE: 2012 Iris EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	3/2/2023 ----- \$ 10.00	\$ 10.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Hammer CITY / STATE: 2209 Iris Drive EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	3/5/2023 ----- \$ 100.00	\$ 100.00  <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 Friends For Chuck Basye	DATE 3/26/2023
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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: David Hammer CITY / STATE: 2209 Iris Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/6/2023 ----- \$ 200.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Neil Riley CITY / STATE: 3403 Cross Timber Ct Columbia MO 65203 EMPLOYER: DDS <input type="checkbox"/> COMMITTEE:	3/5/2023 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frederick Evermon CITY / STATE: 1505 Thoroughbred Circle Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/5/2023 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Harkey CITY / STATE: PO Box 250 Macks Creek MO 65786 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/19/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: June Ann Humphrey CITY / STATE: 3908 Amarylliss Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/11/2023 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dewey Brepeau CITY / STATE: 212 Bright Star Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/9/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Doug Butler CITY / STATE: 3300 W Botner Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/8/2023 ----- \$ 50.00	\$ 50.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Merry Sipe CITY / STATE: 6551 N Locust Grove Church Columbia MO 65202 EMPLOYER: Retiredd <input type="checkbox"/> COMMITTEE:	3/9/2023 ----- \$ 100.00	\$ 100.00  <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 Friends For Chuck Basye	DATE 3/26/2023
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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. 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: Joe Korb CITY / STATE: 1805 Iris EMPLOYER: Columbia MO 65202 Retired <input type="checkbox"/> COMMITTEE:	2/23/2023 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Phillip Hanson CITY / STATE: 801 Canterbury EMPLOYER: Columbia MO 65203 Accoountant <input type="checkbox"/> COMMITTEE:	3/13/2023 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Roger Moser CITY / STATE: PO Box 668 EMPLOYER: Fulton MO 65251 Grocer <input type="checkbox"/> COMMITTEE:	3/14/2023 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sara Walsh CITY / STATE: 6676 American Setter Dr EMPLOYER: Ashland MO 65010 Mo Right To Life <input type="checkbox"/> COMMITTEE:	3/17/2023 ----- \$ 48.27	\$ 48.27 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Beckstrom CITY / STATE: 213 Wild Ginger EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/20/2023 ----- \$ 890.40	\$ 96.80 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Hoenstein CITY / STATE: 32 Bingham Rd EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/22/2023 ----- \$ 146.35	\$ 146.35 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Gordon CITY / STATE: 4800 Greenberry EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/22/2023 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Brotemarkle CITY / STATE: 16930 S Bud Wyman Ln EMPLOYER: Hartsburg MO 65039 Retired <input type="checkbox"/> COMMITTEE:	3/22/2023 ----- \$ 100.00	\$ 100.00 <input checked="" 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  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends For Chuck Basye	DATE 3/26/2023
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**INSTRUCTIONS**

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

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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: Wayne Porath CITY / STATE: 415 W Robin Ridge Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/15/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rick Rowden CITY / STATE: 1401 Berwick Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/15/2023 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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



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

Office Use Only

1. Name of Committee Friends For Chuck Basye		2. Report Date 3/26/2023	
<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 Rocheport PO			63.00
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 63.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 63.00
<b>B. Itemized Expenditures All Over \$100</b> And All Payments To Campaign Workers			
8. Name and Address of Recipient	9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amount This Period
Name: Columbia Printing and Sign Address: 1907 Pennsylvania Dr City / State: Columbia MO 65202	3/20/2023	Advertisement	\$ <input checked="" type="checkbox"/> Paid 144.49 <input type="checkbox"/> Incurred
Name: Thompson Communications Address: PO Box 5 City / State: Marshfield MO 65706	3/21/2023	Radio Placement	\$ <input checked="" type="checkbox"/> Paid 15,916.00 <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 16,060.49
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 16,060.49
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 16,123.49
16. Amount of Line 15 Above which was Paid Out This Period			\$ 16,123.49
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00