



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. A232712

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

2. FULL NAME OF COMMITTEE April Ferrao 4 CPS	
3. COMMITTEE MAILING ADDRESS 3105 Alligator Ln CITY / STATE / ZIP Columbia MO 65202	4. COMMITTEE TELEPHONE NUMBER (573) 424-2512
5. TREASURER'S NAME Jordan K Ferrao	
6. TREASURER'S MAILING ADDRESS 3105 Alligator Ln CITY / STATE / ZIP Columbia MO 65202	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 823-4977 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Lisa Boyer	
9. DEPUTY TREASURER'S MAILING ADDRESS 409 W Briarwood Columbia MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 268-9774 WORK:
11. DATE OF ELECTION 4/4/2023	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> 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 April S Ferrao 3105 Alligator Ln Columbia MO 65202 (573) 424-2512 Boardmember Columbia School District <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> Non-Partisan	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED March _____, 20____, 20 ²³
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 1:31PM _____ 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 1:31PM _____ CANDIDATE'S SIGNATURE



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: A232712

This form is to be used when amending a previously filed Campaign Finance Disclosure Report.

1. Name of Committee

April Ferrao 4 CPS

2. Date of Report

3/26/2023

3. Type and Date of Previously Filed Report

03/26/2023 AMENDED 8 Day Before General Municipal Election-4/4/2023

4. Reason for Amendment

have an individual contributor listed 2x - only contributed one time; had to amend 40 Day Before Election Report to include expenses for online donation processing service;

5. Amendment Detail

Itemized Contributions Received
Deleted-Ben Zweig



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee April Ferrao 4 CPS	Date of Report 3/26/2023	Office Use Only
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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		\$ 1,688.17	Money On Hand	
2. All Monetary Contributions Received This Period	\$ 3,414.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 3,414.00			
6. In-kind Contributions Received This Period	+ 1,002.99		25. Monetary Receipts this Period (From Item 5 - this page)	+ 3,414.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 4,416.99		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 2,742.16
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 6,105.16	a) Disbursements By Check \$ 2,739.16 b) Disbursements By Cash \$ 3.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 694.27
9. Total Expenditures for this election previously reported		\$ 1,492.57	Indebtedness	
10. Expenditures made by cash or check this period	\$ 2,742.16			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 2,742.16		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 4,234.73	29. Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card	31. Payments Made on Loans This Period	- 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 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. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE April Ferrao 4 CPS		2. REPORT DATE 3/26/2023	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: 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		+	\$ 4,416.99
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	4,416.99
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	3,414.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$	1,002.99
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$	0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	0.00
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$	0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	1,002.99
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	3,414.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	3,414.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE April Ferrao 4 CPS	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)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Kathy Steinhoff CITY/STATE: 301 Fredora Ave Columbia MO 65203 EMPLOYER: MO State Legislature -- State Legislator <input type="checkbox"/> COMMITTEE:	3/9/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brenda Mathews CITY/STATE: 3105 Alligator Lane Columbia MO 65201 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	2/21/2023 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri NEA - PAC CITY/STATE: 1810 East Elm St. EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	2/22/2023 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lisa Boyer CITY/STATE: 409 West Briarwood Ln Columbia MO 65203 EMPLOYER: retired teacher <input type="checkbox"/> COMMITTEE:	3/10/2023 ----- \$ 580.00	\$ 480.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Dan Bianco CITY/STATE: 66-92 Selfridge St. #5 Forest Hills NY 11375 EMPLOYER: Lantern Organization <input type="checkbox"/> COMMITTEE:	2/20/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kelsey Raymond CITY/STATE: 1031 Bourn Ave. Columbia MO 65203 EMPLOYER: Influence & Co. -- CEO of Marketing <input type="checkbox"/> COMMITTEE:	2/20/2023 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brenda York CITY/STATE: 1004 Golden Trout Ct. Columbia MO 65203 EMPLOYER: teacher <input type="checkbox"/> COMMITTEE:	2/20/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lara Wakefield CITY/STATE: 9 East Ridgeley Rd Columbia MO 65203 EMPLOYER: Smarter Steps -- Advocate <input type="checkbox"/> COMMITTEE:	2/20/2023 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS	<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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE April Ferrao 4 CPS	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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NAME: ADDRESS: Sarah Caitlin CITY / STATE: 2264 Country Ln. Columbia MO 65201 EMPLOYER: none given <input type="checkbox"/> COMMITTEE:	2/20/2023 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susannah Ferguson CITY / STATE: 5090 E. Wilson Turner Dr. Columbia MO 65202 EMPLOYER: none given <input type="checkbox"/> COMMITTEE:	2/21/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Megan Bounous CITY / STATE: 506 Edgewood Ave. Columbia MO 65203 EMPLOYER: none given <input type="checkbox"/> COMMITTEE:	2/22/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lisa Frick CITY / STATE: 701 Manor Dr. Columbia MO 65203 EMPLOYER: self-employed -- free-lance writer <input type="checkbox"/> COMMITTEE:	2/26/2023 ----- \$ 110.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Schopflin CITY / STATE: 908 Hickory Hill Dr. Columbia MO 65201 EMPLOYER: Compass Health -- social worker <input type="checkbox"/> COMMITTEE:	2/28/2023 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rachel McCarthy CITY / STATE: 6406 Crooked Switch Ct. Columbia MO 65201 EMPLOYER: none given <input type="checkbox"/> COMMITTEE:	2/28/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Candace Sall CITY / STATE: 809 Randy Ln. Columbia MO 65201 EMPLOYER: none <input type="checkbox"/> COMMITTEE:	3/1/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ethan Froese CITY / STATE: 102 North Glenwood Columbia MO 65203 EMPLOYER: CPS -- instructor <input type="checkbox"/> COMMITTEE:	3/2/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS		<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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE April Ferrao 4 CPS	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)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Karin Stuart CITY / STATE: 5303 Tip Tree Ct. Columbia MO 65203 EMPLOYER: none given <input type="checkbox"/> COMMITTEE:	3/3/2023 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rosemary Feraldi CITY / STATE: 401 Angels Rest Way Columbia MO 65203 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	3/4/2023 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shannon Cary CITY / STATE: 502 Parkwood Ct. Columbia MO 65203 EMPLOYER: UMC -- Communications Office <input type="checkbox"/> COMMITTEE:	3/8/2023 ----- \$ 75.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michelle Shepard CITY / STATE: 4908 Forum Blvd. Columbia MO 65203 EMPLOYER: none given -- not given <input type="checkbox"/> COMMITTEE:	3/10/2023 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Howard Hutton CITY / STATE: 804 Cambridge Dr. Columbia MO 65203 EMPLOYER: USPS -- clerk <input type="checkbox"/> COMMITTEE:	3/10/2023 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Genalee Alexander CITY / STATE: 1019 Westwinds Ct. Columbia MO 65203 EMPLOYER: CPS -- Assistant to the Principal <input type="checkbox"/> COMMITTEE:	3/12/2023 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robyn Pummill CITY / STATE: 801 Quick Sand Circle Columbia MO 65201 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	3/13/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Manary CITY / STATE: 3505 Bray Ave. Columbia MO 65203 EMPLOYER: self-employed -- optomistris <input type="checkbox"/> COMMITTEE:	3/13/2023 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS		<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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE April Ferrao 4 CPS	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: Alison Kaiser CITY / STATE: 805 Hulen Dr. Columbia MO 65203 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	3/14/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Meghon Ross CITY / STATE: 205 S. Garth Columbia MO 65203 EMPLOYER: none given -- none given <input type="checkbox"/> COMMITTEE:	3/14/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dee Dee Strnad CITY / STATE: 803 Cornell Columbia MO 65203 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	3/18/2023 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jill Orr CITY / STATE: 2808 Overhill Rd. Columbia MO 65203 EMPLOYER: self-employed -- writer <input type="checkbox"/> COMMITTEE:	3/19/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Becca Besaw CITY / STATE: 707 Shelburne Ct. Columbia MO 65202 EMPLOYER: none given -- none given <input type="checkbox"/> COMMITTEE:	3/19/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Phillips CITY / STATE: 101 West Brandon Rd. Columbia MO 65203 EMPLOYER: Treece Phillips Public Affairs -- Public Affairs <input type="checkbox"/> COMMITTEE:	3/20/2023 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: LeAnn Stroupe CITY / STATE: 3100 Kohler Circle Columbia MO 65203 EMPLOYER: none given -- none given <input type="checkbox"/> COMMITTEE:	3/20/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leia Brooks CITY / STATE: 2708 Waynesboro Dr. Columbia MO 65202 EMPLOYER: CPS -- teacher <input type="checkbox"/> COMMITTEE:	3/22/2023 ----- \$ 29.00	\$ 29.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS		<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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE April Ferrao 4 CPS	DATE 3/26/2023
---	-------------------

INSTRUCTIONS

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

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

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Kay Cafer CITY / STATE: 300 Rothwell Dr. EMPLOYER: Columbia MO 65203 retired -- retired <input type="checkbox"/> COMMITTEE:	3/7/2023 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: April Ferrao CITY / STATE: 3105 Alligator Lane EMPLOYER: Columbia MO 65201 home-maker -- home-maker <input type="checkbox"/> COMMITTEE:	2/27/2023 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lisa Boyer CITY / STATE: 409 W Briarwood Ln EMPLOYER: Columbia MO 65203 retired -- retired teacher <input type="checkbox"/> COMMITTEE:	3/19/2023 ----- \$ 724.00	\$ 144.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Shawn Beatty CITY / STATE: 911 Yale Dr EMPLOYER: Columbia MO 65203 CPS -- teacher <input type="checkbox"/> COMMITTEE:	3/1/2023 ----- \$ 119.99	\$ 69.99 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kristin Bowen CITY / STATE: 614 W. Stewart Rd EMPLOYER: Columbia MO 65203 self-employed -- freelance editor <input type="checkbox"/> COMMITTEE:	3/23/2023 ----- \$ 200.00	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alyce Turner CITY / STATE: 1204 Field Crest EMPLOYER: Columbia MO 65203 retired -- retired <input type="checkbox"/> COMMITTEE:	3/16/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Julia Grus CITY / STATE: 811 Maupin EMPLOYER: Columbia MO 65203 Shelter Insurance -- Senior Litigation Consult <input type="checkbox"/> COMMITTEE:	3/22/2023 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ben Zweig CITY / STATE: 1520 S. Berkley Dr. EMPLOYER: Columbia MO 65201 none given -- none given <input type="checkbox"/> COMMITTEE:	3/22/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS		<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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE April Ferrao 4 CPS	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. 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: Amanda Hinnant CITY / STATE: 2417 Beach View Dr. EMPLOYER: Columbia MO 65203 UMC -- Professor <input type="checkbox"/> COMMITTEE:	3/22/2023 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sheri-Marie Harrison CITY / STATE: 3517 Hialeah Dr. EMPLOYER: Columbia MO 65201 UMC -- Professor/Asst. Dean <input type="checkbox"/> COMMITTEE:	3/23/2023 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Noel Kopriva CITY / STATE: 1213 Subella Dr. EMPLOYER: Columbia MO 65203 none given -- none given <input type="checkbox"/> COMMITTEE:	3/23/2023 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Angela Connell CITY / STATE: 4903 Durham Chase EMPLOYER: Columbia MO 65203 Veterans Administration -- PT <input type="checkbox"/> COMMITTEE:	3/7/2023 ----- \$ 48.00	\$ 48.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Melissa Petsel CITY / STATE: 5610 N. Autumn Dr. EMPLOYER: Columbia MO 65202 RA Truck Services -- Accountant <input type="checkbox"/> COMMITTEE:	3/6/2023 ----- \$ 111.00	\$ 111.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Amy Enderle CITY / STATE: 3103 Blackberry Ln EMPLOYER: Columbia MO 65202 SilverBox Photography -- photographer <input type="checkbox"/> COMMITTEE:	3/23/2023 ----- \$ 150.00	\$ 150.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee April Ferrao 4 CPS		2. Report Date 3/26/2023	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
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. Itemized Expenditures All Over \$100 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			+ 2,742.16
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,742.16
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,742.16
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,742.16
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE		REPORT DATE		
April Ferrao 4 CPS		3/26/2023		
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: USPS ADDRESS: 511 E Walnut CITY/STATE: Columbia MO 65201		3/15/2023	postage \$	\$ <input checked="" type="checkbox"/> PAID 288.00 <input type="checkbox"/> INCURRED
NAME: Hy Vee ADDRESS: 3100 W. Broadway CITY/STATE: Columbia MO 65203		3/19/2023	postage \$	\$ <input checked="" type="checkbox"/> PAID 126.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E. Walnut CITY/STATE: Columbia MO 65201		3/16/2023	postage \$	\$ <input checked="" type="checkbox"/> PAID 144.00 <input type="checkbox"/> INCURRED
NAME: Vista Print ADDRESS: 275 Wyman St. CITY/STATE: Waltham MA 02451		3/15/2023	postcards and signs \$	\$ <input checked="" type="checkbox"/> PAID 465.81 <input type="checkbox"/> INCURRED
NAME: Door Mail Marketing LLC ADDRESS: 2305 Maricopa Dr. CITY/STATE: Columbia MO 65201		3/5/2023	postcards and signs \$	\$ <input checked="" type="checkbox"/> PAID 299.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut CITY/STATE: Columbia MO 65201		3/7/2023	postage \$	\$ <input checked="" type="checkbox"/> PAID 399.00 <input type="checkbox"/> INCURRED
NAME: Image360 ADDRESS: 1213 Old 63 N, Ste 101 CITY/STATE: Columbia MO 65201		3/7/2023	postcards and signs \$	\$ <input checked="" type="checkbox"/> PAID 408.33 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut CITY/STATE: Columbia MO 65201		2/27/2023	postage \$	\$ <input checked="" type="checkbox"/> PAID 192.00 <input type="checkbox"/> INCURRED
NAME: Hy Vee ADDRESS: 3100 W. Broadway CITY/STATE: Columbia MO 65203		2/27/2023	postage \$	\$ <input checked="" type="checkbox"/> PAID 252.00 <input type="checkbox"/> INCURRED
NAME: Staples ADDRESS: 115 Conley Rd CITY/STATE: Columbia MO 65201		2/25/2023	campaign supplies \$	\$ <input checked="" type="checkbox"/> PAID 69.55 <input type="checkbox"/> INCURRED
NAME: Central Bank ADDRESS: 720 E. Broadway CITY/STATE: Columbia MO 65201		3/9/2023	service charge for bank account \$	\$ <input checked="" type="checkbox"/> PAID 3.00 <input type="checkbox"/> INCURRED
NAME: Raise the Money Inc. ADDRESS: P.O. Box 26466 CITY/STATE: Little Rock AR 72221		3/8/2023	account fee for online donation collection \$	\$ <input checked="" type="checkbox"/> PAID 7.99 <input type="checkbox"/> INCURRED
NAME: Raise the Money Inc. ADDRESS: P.O. Box 26466 CITY/STATE: Little Rock AR 72221		3/23/2023	processing fee for online donation collection \$	\$ <input checked="" type="checkbox"/> PAID 87.48 <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
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS				\$
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)				--