



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

M.E.C. ID NO. C232561

1. DATE OF REPORT  10/1/2023	OFFICE USE ONLY
------------------------------------	-----------------

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
 Janet Thompson for Boone County

3. COMMITTEE MAILING ADDRESS  
 1400 Forum Blvd Ste. 7A, #546

4. COMMITTEE TELEPHONE NUMBER  
 (573) 864-5197

CITY / STATE / ZIP  
 Columbia MO 65203

5. TREASURER'S NAME  
 John D Baker

6. TREASURER'S MAILING ADDRESS  
 3301 S Rangeline Rd

7. TREASURER'S TELEPHONE NUMBER  
 HOME: (573) 808-6638

CITY / STATE / ZIP  
 Columbia MO 65201

WORK:

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER  
 Vicki Hobbs

9. DEPUTY TREASURER'S MAILING ADDRESS  
 4001 Coats Ln Columbia MO 65203

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME: (573) 289-4067

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 9/5/2023 THROUGH 9/30/2023

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

Janet Thompson  
 8300 N Wagon Trail Rd  
 Columbia MO 65202  
 (573) 864-5197  
 Associate Commissioner  
 Boone County

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 1 2023 8:27PM

\_\_\_\_\_  
 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 1 2023 8:27PM

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



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Janet Thompson for Boone County	10/1/2023	

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		\$ 0.00	<b>Money On Hand</b>	
2. All Monetary Contributions Received This Period	\$ 3,600.00			
3. All Loans Received This Period	+ 18,000.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 21,600.00			
6. In-kind Contributions Received This Period	+ 154.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 21,600.00
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 21,754.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 316.00
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 21,754.00	a) Disbursements By Check \$ 316.00 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		\$ 0.00	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 21,284.00
10. Expenditures made by cash or check this period	\$ 316.00			
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)	\$ 316.00		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 316.00	29. Loans Received This Period	+ 18,000.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A	0.00 ← Cash/Check	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
	B	0.00 ← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00		31. Payments Made on Loans This Period	- 0.00
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 18,000.00
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 Janet Thompson for Boone County		2. REPORT DATE 10/1/2023	
<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		+	\$ 3,754.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	3,754.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	3,600.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$	154.00
<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>			
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		\$	18,000.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	18,000.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	154.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	3,600.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	21,600.00



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Janet Thompson for Boone County	DATE 10/1/2023
--	-------------------

**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.

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: Janet Thompson CITY / STATE: 8300 N Wagon Trail Rd Columbia MO 65202 EMPLOYER: Boone County -- Assoc Commissioner <input type="checkbox"/> COMMITTEE:	9/5/2023 ----- \$ 1,000.00	\$ 1,000.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Janet Thompson CITY / STATE: 8300 N Wagon Trail Rd Columbia MO 65202 EMPLOYER: Boone County -- Assoc Commissioner <input type="checkbox"/> COMMITTEE:	9/5/2023 ----- \$ 1,154.00	\$ 154.00  <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Greg Mermelstein CITY / STATE: PO Box 1837 Columbia MO 65205 EMPLOYER: State of MO -- Attorney <input type="checkbox"/> COMMITTEE:	9/25/2023 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joanne Mermelstein CITY / STATE: PO Box 1837 Columbia MO 65205 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	9/25/2023 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sue & Herb Tillema CITY / STATE: 306 Westridge Dr Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	9/25/2023 ----- \$ 250.00	\$ 250.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rockie & Mike Alden CITY / STATE: 111 E Ridgely Rd Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	9/26/2023 ----- \$ 250.00	\$ 250.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randa Rawlins CITY / STATE: 5701 Shackelford Ct Columbia MO 65203 EMPLOYER: Shelter Insurance -- Ins Executive Attorney <input type="checkbox"/> COMMITTEE:	9/26/2023 ----- \$ 500.00	\$ 500.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert & Ellen Roper CITY / STATE: PO Box 10084 Columbia MO 65205 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	9/28/2023 ----- \$ 100.00	\$ 100.00  <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS** --

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



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Janet Thompson for Boone County	DATE 10/1/2023
--	-------------------

**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.

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: Judith LaRose CITY / STATE: 3570 Old Ridge Rd Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	9/29/2023 ----- \$ 500.00	\$ 500.00  <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
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  
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

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

NAME OF COMMITTEE Janet Thompson for Boone County	REPORT DATE 10/1/2023
--	--------------------------

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

1. NAME AND ADDRESS OF LENDER  
Janet Thompson  
8300 N Wagon Trail Rd  
Columbia MO 65202

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN  
Janet Thompson  
8300 N Wagon Trail Rd  
Columbia MO 65202

3. LOAN I.D. NUMBER (IF ANY)  
N/A

4. DATE OF LOAN  
9/23/2023

5. AMOUNT OF LOAN  
\$ 10,000.00

6. ANNUAL RATE OF INTEREST  
N/A %

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)  
none

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)  
none

**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

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)	\$
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE	\$
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED	\$



**MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

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

NAME OF COMMITTEE Janet Thompson for Boone County	REPORT DATE 10/1/2023
--	--------------------------

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

1. NAME AND ADDRESS OF LENDER  
 Donna Thompson  
 13815 Bluff Ln  
 San Antonio TX 78216

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN  
 Janet Thompson  
 8300 N Wagon Trail Rd  
 Columbia MO 65202

3. LOAN I.D. NUMBER (IF ANY)  
N/A

4. DATE OF LOAN  
9/30/2023

5. AMOUNT OF LOAN  
\$ 8,000.00

6. ANNUAL RATE OF INTEREST  
N/A %

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)  
none

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)  
none

**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

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)	\$
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE	\$
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED	\$



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

Office Use Only

1. Name of Committee Janet Thompson for Boone County		2. Report Date 10/1/2023	
<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			
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			
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: ActBlue Address: PO Box 441146 City / State: Somerville MA 02144	9/30/2023	Online contribution fees	\$ <input checked="" type="checkbox"/> Paid 316.00 <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
12. Subtotal: This Page ( Sum Column 11)			\$ 316.00
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 316.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 316.00
16. Amount of Line 15 Above which was Paid Out This Period			\$ 316.00
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			
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