



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C211722

1. DATE OF REPORT  4/17/2025	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Buffaloe for Mayor	
3. COMMITTEE MAILING ADDRESS 1020 E. Walnut Street Ste 203	4. COMMITTEE TELEPHONE NUMBER  (573) 289-2781
CITY / STATE / ZIP Columbia MO 65201	
5. TREASURER'S NAME David Brown	
6. TREASURER'S MAILING ADDRESS 1020 E. Walnut Street Ste 203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 814-2375  WORK:
CITY / STATE / ZIP Columbia MO 65201	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Barbara Buffaloe	
9. DEPUTY TREASURER'S MAILING ADDRESS 1020 E. Walnut Street Ste 203 Columbia MO 65201	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 289-2781  WORK: (573) 874-7222
CITY / STATE / ZIP	
11. DATE OF ELECTION 4/8/2025	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 4/1/2025 THROUGH 4/17/2025	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Barbara Buffaloe 717 Hilltop Dr.  Columbia MO 65201  (573) 289-2781  Mayor  City of Columbia  <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 type="checkbox"/> 8 DAYS BEFORE <input checked="" 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 type="checkbox"/> 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 Apr 17 2025 3:04PM _____ 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 Apr 17 2025 3:04PM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

Buffaloe for Mayor

Date of Report

4/17/2025

Office Use Only

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		\$ 70,755.75		
2. All Monetary Contributions Received This Period	\$ 2,073.79		<b>Money On Hand</b>	
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)	\$ 2,073.79		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 39,924.00
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 2,073.79
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 2,073.79		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23 ) a) Disbursements By Check \$ 31,287.64 b) Disbursements By Cash \$ 0.00	- 31,287.64
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 72,829.54	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 10,710.15
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle	<b>Indebtedness</b>	
9. Total Expenditures for this election previously reported		\$ 25,743.76	28. Outstanding Indebtedness at the beginning of this period	\$ 5,000.00
10. Expenditures made by cash or check this period	\$ 31,287.64		29. Loans Received This Period	+ 0.00
11. In-Kind Expenditures made this period	+ 0.00		30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00		B. New Contributions Made by Credit Card (Line 25B 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)	\$ 31,287.64		31. Payments Made on Loans This Period	- 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 57,031.40	32. Debt Forgiven on Loans This Period	- 0.00
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 5,000.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card		
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		
<b>Other Disbursements</b>	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 Buffaloe for Mayor		2. REPORT DATE 4/17/2025	
<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		+ \$ 2,073.79	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 2,073.79	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 2,073.79	
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	
15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE:		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)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 2,073.79	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 2,073.79	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Buffaloe for Mayor	DATE 4/17/2025
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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: Duane Cole CITY / STATE: 1001 Pheasant Run Dr Columbia MO 65201 EMPLOYER: Cole Properties -- Realtor <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Doris Lackey CITY / STATE: 422 Bailey Dr Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jessica Norris CITY / STATE: 2413 Cimarron Dr Columbia MO 65203 EMPLOYER: Biohabitats -- Ecologist <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christina McCartney CITY / STATE: 509 Edgewood Ave Columbia MO 65203 EMPLOYER: Self -- Attorney <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marion Mace CITY / STATE: 3651 S.Ben Williams Rd. Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/1/2025 ----- \$ 400.00	\$ 400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elena Vega CITY / STATE: 2815 N Oakland Gravel Road Columbia MO 65202 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Megan Moody CITY / STATE: PO Box 564 Tenakee Springs AK 99841 EMPLOYER: Chatham School District -- Teacher <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank Koch CITY / STATE: 15 Lucerne Ct Columbia MO 65203 EMPLOYER: Self -- Lawyer <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Buffaloe for Mayor	DATE 4/17/2025
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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: Richard Shoemaker CITY/STATE: 30709 Stampede Run Buena Vista CO 81211 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 1.79	\$ 1.79 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jennifer Black Cone CITY/STATE: 503 Russell Blvd Columbia MO 65203 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher Abernathy CITY/STATE: 3605 Rock Quarry Rd Apt B Columbia MO 65201 EMPLOYER: Shelter Mutual Insurance -- Elearning Manager <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Angela Hull CITY/STATE: 1444 Coachlamp Columbia MO 65203 EMPLOYER: University of Missouri -- Instructor <input type="checkbox"/> COMMITTEE:	4/2/2025 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Witten CITY/STATE: 2322 Deer Creek Ct Columbia MO 65201-3564 EMPLOYER: Self -- Computer Programmer <input type="checkbox"/> COMMITTEE:	4/3/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Heather Sheahan CITY/STATE: 1260 Cinnamon Hill Ln 107 Columbia MO 65201 EMPLOYER: MHF -- IT <input type="checkbox"/> COMMITTEE:	4/3/2025 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Anne Alexander CITY/STATE: 2500 Cimarron Dr Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	4/3/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Flanagan CITY/STATE: Box 411 Oakton VA 22124 EMPLOYER: W. Flanagan -- consultant <input type="checkbox"/> COMMITTEE:	4/4/2025 ----- \$ 4.00	\$ 4.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Buffaloe for Mayor	DATE 4/17/2025
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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: Therese Polkoski CITY / STATE: 6127 E Tri Lakes Rd South Range WI 54874 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/4/2025 ----- \$ 1.00	\$ 1.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Heather Sheahan CITY / STATE: 1260 Cinnamon Hill Ln 107 Columbia MO 65201 EMPLOYER: MHF -- IT <input type="checkbox"/> COMMITTEE:	4/4/2025 ----- \$ 35.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ellen Wood CITY / STATE: 11 Bittern Drive Topsham ME 4086 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/4/2025 ----- \$ 55.00	\$ 55.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carolyn Magnuson CITY / STATE: 3900 Hyde Park Avenue Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/6/2025 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Muska Nuhanovic CITY / STATE: 3308 W. Worley Columbia MO 65203 EMPLOYER: MU -- RN <input type="checkbox"/> COMMITTEE:	4/7/2025 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Melinda Koonse CITY / STATE: 720 N East Park Ln Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/7/2025 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Edelstein CITY / STATE: 308 Heidinger Drive Cary NC 27511 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	4/13/2025 ----- \$ 2.00	\$ 2.00 <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

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(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 Buffaloe for Mayor		2. Report Date 4/17/2025	
<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> <b>And All Payments To Campaign Workers</b>			
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: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
Name: Address: View Supplemental Form(s) 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)		\$ 0.00	
13. Subtotal: Any Attached Pages		+ 31,287.64	
14. Total: Itemized Expenditures This Period (Sum 12 + 13)		\$ 31,287.64	
15. Total: Monetary Expenditures This Period (Sum 7 + 14)		\$ 31,287.64	
16. Amount of Line 15 Above which was Paid Out This Period		\$ 31,287.64	
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>			
20. Name and Address of Candidate or Committee	21. Date	22. Amount	
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	





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

OFFICE USE ONLY

NAME OF COMMITTEE Buffaloe for Mayor		REPORT DATE 4/17/2025	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Choozle ADDRESS: 1125 17th St CITY/STATE: No 1000 Denver CO 80202	4/1/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 665.21 <input type="checkbox"/> INCURRED
NAME: Choozle ADDRESS: 1125 17th St CITY/STATE: No 1000 Denver CO 80202	4/1/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 629.28 <input type="checkbox"/> INCURRED
NAME: Choozle ADDRESS: 1125 17th St CITY/STATE: No 1000 Denver CO 80202	4/2/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 764.03 <input type="checkbox"/> INCURRED
NAME: Choozle ADDRESS: 1125 17th St CITY/STATE: No 1000 Denver CO 80202	4/4/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 771.71 <input type="checkbox"/> INCURRED
NAME: Choozle ADDRESS: 1125 17th St CITY/STATE: No 1000 Denver CO 80202	4/7/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 846.82 <input type="checkbox"/> INCURRED
NAME: Choozle ADDRESS: 1125 17th St CITY/STATE: No 1000 Denver CO 80202	4/8/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 766.39 <input type="checkbox"/> INCURRED
NAME: Choozle ADDRESS: 1125 17th St CITY/STATE: No 1000 Denver CO 80202	4/10/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 556.58 <input type="checkbox"/> INCURRED
NAME: Columbia Missourian ADDRESS: 221 South 8th Street CITY/STATE: Columbia MO 65201	4/2/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Columbia Missourian ADDRESS: 221 South 8th Street CITY/STATE: Columbia MO 65201	4/3/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 1,260.00 <input type="checkbox"/> INCURRED
NAME: Lee Strategies LLC ADDRESS: 127 8th St CITY/STATE: Apt 216 Columbia MO 65201	4/1/2025	campaign management \$	\$ <input checked="" type="checkbox"/> PAID 1,624.26 <input type="checkbox"/> INCURRED
NAME: Lee Strategies LLC ADDRESS: 127 8th St CITY/STATE: Apt 216 Columbia MO 65201	4/12/2025	campaign management \$	\$ <input checked="" type="checkbox"/> PAID 3,248.52 <input type="checkbox"/> INCURRED
NAME: Sheena Rice ADDRESS: 100 Diego Ct CITY/STATE: Columbia MO 65203	4/1/2025	Campaign Worker \$ 1,200.00	\$ <input checked="" type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED
NAME: Sheena Rice ADDRESS: 100 Diego Ct CITY/STATE: Columbia MO 65203	4/12/2025	Campaign Worker \$ 1,600.00	\$ <input checked="" type="checkbox"/> PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Show Me Victory for Campaign Mailers ADDRESS: 409 N 15th St CITY/STATE: St. Louis MO 63103	4/7/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 5,442.03 <input type="checkbox"/> INCURRED
NAME: Show Me Victory for Campaign Mailers ADDRESS: 409 N 15th St CITY/STATE: St. Louis MO 63103	4/8/2025	campaign advertising \$	\$ <input checked="" type="checkbox"/> PAID 10,884.05 <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --





MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Buffaloe for Mayor		REPORT DATE 4/17/2025	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Ozark Roots LLC ADDRESS: 1204 Hinkson Ave CITY / STATE: Columbia MO 65201	4/7/2025	campaign fundraising	\$ <input checked="" type="checkbox"/> PAID 2,428.76 <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
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
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --