

## Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT	OFFICE USE ONLY
4.00.40005	
4/29/2025	

COMMITTEE BIOGEOCOKE REFORT	OVERTAGE	4/29/2025	
M.E.C. ID NO	1		
INSTRUCTIONS ON REVERSE SIDE			
2. FULL NAME OF COMMITTEE		•	•
Friends of Tanya Heath			
3. COMMITTEE MAILING ADDRESS		4. COMMITTEE TELEPHONE	NUMBER
3113 Appalachian Dr.			
CITY / STATE / ZIP		(573) 808-1053	
Columbia MO 65203			
5. TREASURER'S NAME		]	
Anthony R Lupo			
6. TREASURER'S MAILING ADDRESS		7. TREASURER'S TELEPHO	NE NUMBER
2312 Sunflower St.		HOME: (573) 489-8457	
CITY / STATE / ZIP		1	
Columbia MO 65202		WORK:	
8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TRE	ASURER	ı	
Tanya S Heath			
9. DEPUTY TREASURER'S MAILING ADDRESS		10. DEPUTY TREASURER'S	TELEPHONE NUMBER
3113 Appalachian Dr. Columbia MO 65203		HOME: (573) 808-1053	
CITY / STATE / ZIP		WORK:	
11. DATE OF ELECTION 12. TYPE OF	ELECTION (CHECK	ONE)	
	O PRIMARY	O GENERAL	O SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT			
FROM 4/26/2025	THROUGH 4/28/2	025	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME,	15. TYPE OF REPO	RT	
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY	15 DAYS AFT	ER CAUCUS NOMINATION	
		QUARTERLY REPORT	
Tanya S Heath			ul 15 Oct 15
3113 Appalachian Dr.	8 DAYS BEFC	DRE	<u>—</u>
Columbia MO 65203	30 DAYS AFT	ER ELECTION	
(573) 808-1053	TERMINATION	N (ATTACH FORM CO-3)	
Mayor		DEBT REPORT	
City of Columbia		an 15 Jul 15 PLEMENTAL, JAN 15	
	15 DAYS AFT	ER PETITION DEADLINE	
CHECK IF INCUMBENT	OTHER		
_	☐ ☐ AMENDING P	REVIOUS REPORT DATED	
REPUBLICAN DEMOCRAT 🖊 Non-Partisan		——————————————————————————————————————	20
16. COMMITTEE TREASURER'S SIGNATURE	17 CANDIDATE'S S	GIGNATURE ( CANDIDATE CO	7
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.		THIS REPORT, COMPRISED ATTACHED FORMS, IS COMF	
ELECTRONICALLY FILED Apr 29 2025 10:59AM	ELECTRON	ICALLY FILED Apr 29 202	5 10:59AM
TREASURER'S SIGNATURE	CANDIDAT	E'S SIGNATURE	



Name of Committee

Friends of Tanya Heath

Date of Report Office Use Only
4/29/2025

		B. This Calendar Yr		<u> </u>
Receipts	A. This Period	or Election Cycle	Statement of Beginning and Er	
Total Receipts For This Election     Previously Reported		\$ 7,825.35	Financial Condi	_
All Monetary Contributions Received     This Period	\$ 0.00		Money On Har	nd
3. All Loans Received This Period	+ 0.00		INIONEY ON HAI	ıu
4. Miscellaneous Receipts This Period	+ 0.00		24. Money On Hand at the beginning of this reporting period (Including funds	• 0 00
<ol> <li>Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)</li> </ol>	\$ 0.00		in depository, cash, savings accounts and all other investments)	\$ 0.00
<ol> <li>In-kind Contributions Received This Period</li> </ol>	+ 0.00		25.  Monetary Receipts this Period	+ 0 00
<ol> <li>Total All Receipts This Period (Sum 5A + 6A)</li> </ol>	\$ 0.00		(From Item 5 - this page)	+ 0.00
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 7,825.35	<sup>26.</sup> Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 0.00
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	a) Disbursements By Check \$0.00 b) Disbursements By Cash \$0.00	0.00
Total Expenditures for this election previously reported		\$ 7,143.54	27. Money On Hand at the close of this reporting period	\$ 0.00
10. Expenditures made by cash or check this period	\$ 0.00		(SUM 24 + 25 - 26)	0.00
11. In-Kind Expenditures made this period	+ 0.00			
Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00		Indebtedness	3
<ol> <li>Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)</li> </ol>	\$ 0.00		28.  Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 7,143.54	29.  Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	Edans received This Feriod	0.00
<ul><li>15. Total Contributions Made For This Election Previously Reported</li><li>16.</li></ul>		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
All Contributions Made This Period (25A or 25B of CD3)	0.00	← Cash/Check ← Credit Card	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00	,	31.	0 00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		Payments Made on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	32.  Debt Forgiven on Loans This Period	- 0.00
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	2521. 5.g. 511 511 254.15 11110 1 51100	- 0.00
Funds Used For Paying Loans This     Period Including Credit Card Payments	+ 0.00		33. Payments Made This Period on Expenditures Incurred in Previous	- 0 00
Payments This Period on Prev Reported     Expend Incurred (Paid by Cash/Check Only)	+ 0.00		Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 +	\$ 0.00
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00		30A + 30B - 31 - 32 - 33)	· · · · · ·



## MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

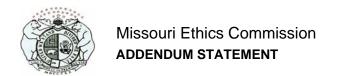
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY	

	2. REPORT DATE	
Friends of Tanya Heath	4/29/2025	
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	MONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME:		\$
ADDRESS: CITY / STATE:		Ф
EMPLOYER:		☐ MONETARY
COMMITTEE:	\$	IN-KIND
NAME:		IN-KIND
ADDRESS:		\$
CITY / STATE:		Ψ
EMPLOYER:		☐ MONETARY
COMMITTEE:	\$	IN-KIND
NAME:		IN-KIND
ADDRESS:		\$
CITY / STATE:		Ψ
EMPLOYER:		☐ MONETARY
COMMITTEE:	\$	IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:		Ψ
EMPLOYER:	Φ	☐ MONETARY
COMMITTEE:	\$	I IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:		<b>T</b>
EMPLOYER:	Φ	MONETARY
COMMITTEE:	\$	☐ IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+\$ 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 0.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 0.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS	\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED		AMOUNT RECEIVED
(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)  11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	CD1A	Φ.
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS	CDIA	Φ.
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		Φ.
	- ¢400 OD I ECC	¢.
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING		
C. LOANS RECEIVED  15. NAME AND ADDRESS OF LENDER	16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100
NAME:	- NEGENTED	ATTACH CD-1B)
ADDRESS:		
CITY / STATE:		\$
NAME:		Ψ
ADDRESS:		
		¢
CITY / STATE:		\$
CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00
CITY / STATE:  18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)  19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00 \$ 0.00
CITY / STATE:  18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)  19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES  20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00 \$ 0.00 \$ 0.00
CITY / STATE:  18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)  19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES  20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)  21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
CITY / STATE:  18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)  19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES  20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00 \$ 0.00 \$ 0.00

Office Use Only

Name of Committee		2. Report Date		
Friends of Tanya Heath		4/29/2025		
A. Expenditures of \$100 or Less by Category     (List Payments to Campaign Workers in Section B Below)     3. Category of Expenditure		•	Amount Paid o     This Perio	
or outagory or anjoinantaro				
Subtotal: Non-Itemized Expenditures This Page (Sum Column	<u>4</u> )		\$	0.00
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		10. Purpose - (If	T T	
And All Payments To Campaign Workers	9. Date	Payment was to a	11. Amount Thi	s Period
Name and Address of Recipient		Campaign Worker, Show Aggregate Paid)		
Name:		35 5 7	\$	
Address:			Paid	
City / State:			Incurred	
Name:			\$	
Address:			Paid	
City / State:			Incurred	
Name:			\$	
Address:			Paid	
City / State:			Incurred	
12. Subtotal: This Page (Sum Column 11)				0.00
13. Subtotal: Any Attached Pages			+	0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$	0.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$	0.00
16. Amount of Line 15 Above which was Paid Out This Period			\$	0.00
17. Amount of Line 15 Which Were Expenditures Incurred This Pe	eriod Including Payments	Made by Credit Cards	\$	0.00
18. If Committee Made Any In-Kind Expenditures This Period, Lis	t Amount		\$	0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attac	ch Form CD1B - amount go	pes to Line 5 / Part II)	\$	0.00
C. Contributions Made (Regardless of Amount)				
20. Name and Address of Candidate or Committee		21. Date	22. Amou	ınt
Name:			\$	
Address:			Monetary	
City / State:			In-Kind	
Name:			\$	
Address:			Monetary	
City / State:			In-Kind	
Name:			\$	
Address:			Monetary	
City / State:			In-Kind	
23. Subtotal: This Page (Sum Column 22)			\$	0.00
24. Subtotal: Any Attached Pages		T	\$	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 Perio	od (Sum 25 + 26)		\$	0.00
28. Total: In-Kind Contributions Made This Period, List Amount	8. Total: In-Kind Contributions Made This Period, List Amount			0.00
MO 300-1315 (1-10)				Form CD3



M.E.C. ID NO	C243131

#### INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

### General Addendum:

The candidate loaned her own campaign 2,200.00. There was \$679.57 in 'surplus' funds after all external debts were paid. This leftover amount was used to pay the debt to herself down. The \$1520.43 in self debt - the candidate is fine to absorb.

MO 300-1325 (10-06) ADDENDUM STMT



# Missouri Ethics Commission COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY	OFF	FICE	USE	ONL	Y
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### Friends of Tanya Heath  4/29/2025  4. TREASURER'S NAME AND ADDRESS  5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS  NAME: Anthony R Lupo  ADDRESS: 2312 Sunflower St.  CITY / STATE / ZIP: Columbia MO 65202  6. DISTRIBUTION OF SURPLUS FUNDS  CHECK IF NO SURPLUS REMAINED UPON TERMINATION  A. NAME AND ADDRESS OF RECIPIENT  NAME:  ADDRESS: filler value  CITY / STATE / ZIP:  Anthony R Lupo  4/28/2025  Anthony R Lupo  **Anthony R Lupo  CITY / STATE / ZIP:  NAME:  ADDRESS:  CITY / STATE / ZIP:  **Anthony R Lupo  **CHECK IF NO SURPLUS REMAINED UPON TERMINATION  A. NAME AND ADDRESS OF RECIPIENT  **ADDRESS:  CITY / STATE / ZIP:  **Anthony R Lupo  **STATE / ZIP:  **Anthony R Lupo  **CHECK IF NO SURPLUS REMAINED UPON TERMINATION  A. NAME AND ADDRESS OF RECIPIENT  **ADDRESS:  CITY / STATE / ZIP:  **Anthony R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **CHECK IF NO SURPLUS REMAINED UPON TERMINATION  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo	INSTRUCTIONS ON REVERSE SIDE M.E.C. ID N	o. <u>C243131</u>	<u> </u>
4. TREASURER'S NAME AND ADDRESS  NAME: Anthony R Lupo ADDRESS: 2312 Sunflower St. CITY / STATE / 2IP: ADDRESS: 2312 Sunflower St. CITY / STATE / 2IP: ADDRESS: ADDRESS: CITY / STATE / 2IP: ADDRESS: ADDRESS: CITY / STATE / 2IP: ADDRESS: ADDRESS: ADD	1. FULL NAME OF COMMITTEE	2. DATE OF REPORT	3. DATE OF DISSOLUTION
RESPONSIBLE FOR MAINTAINING RECORDS NAME: Anthony R Lupo ADDRESS: 2312 Sunflower St. CITY / STATE / ZIP: Columbia M0 65202  E. DISTRIBUTION OF SUPPLUS FUNDS □CHECK IF NO SURPLUS REMAINED UPON TERMINATION  A NAME AND ADDRESS OF RECIPIENT  NAME: ADDRESS: CITY / STATE / ZIP: NAME: ADDRESS: CITY /	Friends of Tanya Heath	4/29/2025	4/28/2025
NAME: Anthony R Lupo ADDRESS: 2312 Sunfilower St. CITY / STATE / ZIP: Columbia MO 65202 TELEPHONE NO: 573-489-8457 TELEPHONE NO:	4. TREASURER'S NAME AND ADDRESS	1	
ADDRESS: 2312 Sunflower St. CITY/STATE/ZIP: Columbia MO 65202 TELEPHONE NO: 573-489-8457  6. DISTRIBUTION OF SURPLUS FUNDS	NAME: Anthony P. Luno	N 1 A B 4 E	
CITY/STATE/ZIP: Columbia MO 65202 TELEPHONE NO: 573-489-8457  ELEPHONE NO: 573-489-8457  ELECTRONICALLY SIGNED	initially it happy	AIICIIOII	
TELEPHONE NO: 573-489-8457    O			
CHECK IF NO SURPLUS REMAINED UPON TERMINATION   A. NAME AND ADDRESS OF RECIPIENT   B. DATE OF TRANSFER   C. AMOUNT     NAME:   ADDRESS:   filer value   4/28/2025   Anthony R Lupo     NAME:   ADDRESS:   CITY / STATE / ZIP:   \$     NAME:   ADDRESS:   CITY / S	on the contained the object		
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Anthony R Lupo  NAME: ADDRESS: CITY / STATE / ZIP: S CANDIDATE VERIFICATION OF DISSOLUTION: CANDIDATE COMMITTEE ONLY)  I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046,7 RSMo HAVE BEEN MET.  ELECTRONICALLY SIGNED	NAME:		
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S   S	NAME:		
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# Missouri Ethics Commission COMMITTEE TERMINATION STATEMENT

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### Friends of Tanya Heath  4/29/2025  4. TREASURER'S NAME AND ADDRESS  5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS  NAME: Anthony R Lupo  ADDRESS: 2312 Sunflower St.  CITY / STATE / ZIP: Columbia MO 65202  6. DISTRIBUTION OF SURPLUS FUNDS  CHECK IF NO SURPLUS REMAINED UPON TERMINATION  A. NAME AND ADDRESS OF RECIPIENT  NAME:  ADDRESS: filler value  CITY / STATE / ZIP:  Anthony R Lupo  4/28/2025  Anthony R Lupo  **Anthony R Lupo  CITY / STATE / ZIP:  NAME:  ADDRESS:  CITY / STATE / ZIP:  **Anthony R Lupo  **CHECK IF NO SURPLUS REMAINED UPON TERMINATION  A. NAME AND ADDRESS OF RECIPIENT  **ADDRESS:  CITY / STATE / ZIP:  **Anthony R Lupo  **STATE / ZIP:  **Anthony R Lupo  **CHECK IF NO SURPLUS REMAINED UPON TERMINATION  A. NAME AND ADDRESS OF RECIPIENT  **ADDRESS:  CITY / STATE / ZIP:  **Anthony R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **CHECK IF NO SURPLUS REMAINED UPON TERMINATION  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo  **STATE / ZIP:  **ANTHONY R Lupo	INSTRUCTIONS ON REVERSE SIDE M.E.C. ID N	o. <u>C243131</u>	<u> </u>
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