

Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT	OFFICE USE ONLY
5/9/2025	

COMMITTEE BIOGEOGORE REFORM	OOVERTAGE	5/9/2025		
M.E.C. ID NO.	3200 			
INSTRUCTIONS ON REVERSE SIDE				
2. FULL NAME OF COMMITTEE				
Murphy for Mayor				
3. COMMITTEE MAILING ADDRESS		4. COMMITTEE TELEPHO	ONE NUMBER	
2501 Chelan Circle				
CITY / STATE / ZIP		(573) 999-4013		
Columbia MO 65203				
5. TREASURER'S NAME				
John W Fields Jr.				
6. TREASURER'S MAILING ADDRESS		7. TREASURER'S TELEPI	HONE NUMBER	
2402 Lichfield Dr.		HOME: (573) 289-4700		
CITY / STATE / ZIP		WORK.		
Columbia MO 65202		WORK:		
8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY 1	TREASURER	•		
Beth A Campbell				
9. DEPUTY TREASURER'S MAILING ADDRESS		10. DEPUTY TREASURE	R'S TELEPHONE NUMBER	
2513 Chelan Circle Columbia MO 65203		HOME: (573) 999-4013		
CITY / STATE / ZIP		WORK:		
11. DATE OF ELECTION 12. TYPE	OF ELECTION (CHECK	(ONE)		
4/8/2025	O PRIMARY	GENERAL	O SPECIAL	
13. TIME PERIOD COVERED BY THIS STATEMENT				
FROM 4/1/2025	THROUGH 5/3/20	25		
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION ANI	15. TYPE OF REPO	RT		
POLITICAL PARTY	15 DAYS AFT	ER CAUCUS NOMINATION	I	
Michael B Murphy		QUARTERLY REPORT	Tulas Douas	
2501 Chelan Circle	8 DAYS BEFO		Jul 15Oct 15	
Columbia MO 65203	☑ 30 DAYS AFT	ER ELECTION		
(573) 489-1887	TERMINATIO	N (ATTACH FORM CO-3)		
Mayor		DEBT REPORT		
City of Columbia		Jan 15 Jul 15 ANNUAL SUPPLEMENTAL, 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	COMMITTEES ONLY)	
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER	I CERTIFY THAT	THIS REPORT, COMPRIS	ED OF THIS COVER	
PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.		ATTACHED FORMS, IS CO		
ELECTRONICALLY FILED May 9 2025 6:15PM	ELECTRON	ICALLY FILED May 9 2	025 6:15PM	
TREASURER'S SIGNATURE	CANDIDAT	E'S SIGNATURE	-	



Name of Committee

Murphy for Mayor

5/9/2025

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of		
Total Receipts For This Election Previously Reported		\$ 262,709.86	Beginning and Ending Financial Condition		
All Monetary Contributions Received This Period	\$ 2,050.00		Manay On Use		
3. All Loans Received This Period	+ 0.00		Money On Han	Ia	
4. Miscellaneous Receipts This Period	+ 0.00		Money On Hand at the beginning of this reporting period (Including funds	\$ 70,469.46	
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 2,050.00		in depository, cash, savings accounts and all other investments)	\$ 70,409.40	
In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period	+ 2,050.00	
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 2,050.00		(From Rom of time page)	12,030.00	
 Total All Receipts This Election (Sum 1B + 7A) 		\$ 264,759.86	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 72,176.18	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	a) Disbursements By Check $\frac{72,176.18}{0.00}$ b) Disbursements By Cash $\frac{0.00}{0.00}$	72,170.10	
Total Expenditures for this election previously reported		\$ 183,415.15	27. Money On Hand at the close of this reporting period	\$ 343.28	
Expenditures made by cash or check this period	\$ 72,176.18		(SUM 24 + 25 - 26)		
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) 	+ 4,790.51		Indebtedness	3	
 Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3) 	\$ 76,966.69		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00	
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 260,381.84	29. Loans Received This Period	+ 0.00	
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		0.00	
15. Total Contributions Made For This Election Previously Reported16.		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 4,790.51	
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. Payments Made on Loans This Period	- 0 00	
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		T dyments wade on Edans This Feriod	- 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	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00	
 Funds Used For Paying Loans This Period Including Credit Card Payments Payments This Period on Prev Reported 	+ 0.00		^{33.} Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only)	- 0.00	
Expend Incurred (Paid by Cash/Check Only) 22. Any Miscellaneous Disbursement Not	+ 0.00		(Line 21 this page) 34. Total Indebtodness at the Class of		
Reported Elsewhere 23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	+ 0.00 \$ 0.00		Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + \$ 4 , 79 (30A + 30B - 31 - 32 - 33)		
(OUIII ZUA + ZIA + ZZA)	\$ 0.00				



MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE 1. NAME OF COMMITTEE 2. REPORT DATE Murphy for Mayor 5/9/2025 A. ITEMIZED CONTRIBUTIONS RECEIVED 4. DATE RECEIVED 5. AMOUNT RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING (CHECK IF AGGREGATE TO MONETARY MORE THAN \$100 TO A COMMITTEE. DATE OR IN-KIND) 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: \$ CITY / STATE: View Supplemental Form(s) EMPLOYER: MONETARY \$ COMMITTEE: **IN-KIND** NAME: \$ ADDRESS: CITY / STATE: EMPLOYER: MONETARY \$ COMMITTEE: IN-KIND NAME: \$ ADDRESS: CITY / STATE: EMPLOYER: MONETARY \$ COMMITTEE: IN-KIND NAME: \$ ADDRESS: CITY / STATE: EMPLOYER: MONETARY \$ COMMITTEE: IN-KIND NAME: ADDRESS: CITY / STATE: EMPLOYER: **MONETARY** \$ IN-KIND COMMITTEE: \$ 6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) 0.00 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES +\$ 2,050.00 \$ TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) 2,050.00 \$ 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS 2,050.00 \$ 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND 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 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 17. AMOUNT OF LOAN C. LOANS RECEIVED DATE (IF MORE THAN \$100 15. NAME AND ADDRESS OF LENDER **RECEIVED** ATTACH CD-1B) NAME: ADDRESS: CITY / STATE: NAMF: 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) 2,050.00 \$ 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) 2,050.00

OFFICE USE ONLY



MISSOURI ETHICS COMMISSION **CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE DATE Murphy for Mayor 5/9/2025

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.					
FROM COMMITTI MORE THAN \$10	RIBUTIONS RECEIVED EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING 0 TO A COMMITTEE. B AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Russ Fletcher 3012 Alsup Drive Columbia MO 65203 Auto repair	4/2/2025 \$ 250.00	\$ 250.00 MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	John State 3065 Arrowhead Lake Dr Columbia MO 65203 Little Dixie	\$ 1,000.00	\$ 500.00 MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Bruce and Pamela Walker 6013 Dornagh Ct Columbia MO 65203 retired	\$ 300.00	\$ 100.00 MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Thomas Downes 4006 Frontgate Dr Columbia MO 65203 insurance agent	4/5/2025 \$ 150.00	\$ 50.00 MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Albert Chance 1501 Fox Run Dr Columbia MO 65202 Fox Run Properties	\$ 50.00	\$ 50.00 MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Denny and Dodie Douglas 2902 Shoreside Dr Columbia MO 65203 retired	\$ 200.00	\$ 200.00 MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Quinn Bellmar 4420 Silver Valley Columbia MO 65203 builder	4/11/2025 \$ 200.00	\$ 200.00 MONETARY IN-KIND		
NAME: ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE:	Fred Overton 2712 Chapel Wood View Columbia MO 65203 Developer	4/2/2025 \$ 500.00	\$ 500.00 MONETARY IN-KIND		
TOTAL: ITEMIZED CONTRIBUTIONS					
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM CD	p-1)		



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

DFFI	CE	USE	ONL	_Y

NAME OF COMMITTEE NORE THAN PROVIDED THE Mayor NSTRUCTIONS PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional agase 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. This form may be reproduced as needed. Total all itemized contributions from may be reproduced as needed. It further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions. In TEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES RECEIVED FROM COMMITTEES RECEIVED FROM COMMITTEES RECRARDLESS OF THE AMOUNT. OR FROM PERSONS GIVIND MAKE HAND SIDE OF THE AMOUNT. OR FROM PERSONS GIVIND AGGREGATE YO DATE 4. DATE RECEIVED GRIECHEN FROMETARY OR NAKIND ALABE: BURLOYER BURLOYER COMMITTEE BURLOYER COMMITTEE WINCHIND AMAME: BURLOYER COMMITTEE: WINCHIND MONETARY WINCHIN	CONTRIBUTIONS RECEIVED - SUPPLEMENTAL		
NSTRUCTIONS 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. In TEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES RECARDLESS OF THE AMOUNT, OR FROM PERSONS GIVIND MORE THAN \$100 TO A COMMITTEE. NAME, ADDRESS: MICHAEL AND COUNTITIES. MICHAEL AND COUNTITIES	NAME OF COMMITTEE	DATE	
PUPPOSE: 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. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed	Murphy for Mayor	5/9/2025	
PUPPOSE: 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. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. If the Information is needed	NSTRUCTIONS		
Form CD-1: If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions. A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEE SEREGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. ADDRESS: DIDRESS: DIDRESS: DISPERSE AND OCCUPATION LIST COMMITTEE STRST) ADDRESS: DISPERSE AND OCCUPATION LIST COMMITTEE STRST) DATE DATE DATE DATE COMMITTEE: ACCUPATION OF STREET DATE COMMITTEE: ACCUPATION OF STREET DORESS: DORESS: DORESS: DITY (\$TATE: MONETARY IN-KIND ADDRESS: DORESS: DITY (\$TATE: MONETARY IN-KIND ADDRESS: DORESS: DITY (\$TATE: MONETARY IN-KIND ADDRESS: DORESS: DORESS: DORESS: DITY (\$TATE: MONETARY IN-KIND ADDRESS: DORESS: DORESS: DORESS: DORESS: DORESS: DORESS: DORESS: DITY (\$TATE: MONETARY IN-KIND ADDRESS: DORESS:	PURPOSE: The purpose of the Contributions Received supplement is to provide a printe (Contributions Received). This form should be used as additional space for reporting per		
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. ANAME: HODRESS: INFORMATION OCCUPATION LIST COMMITTEES FIRST) ANAME: GORDESS AND OCCUPATION LIST COMMITTEES FIRST) AVAILABLE: INFORMATION OCCUPATION LIST COMMITTEES FIRST) AVAILABLE: INFORMATION OCCUPATION LIST COMMITTEES FIRST) AVAILABLE: INFORMATION OCCUPATION LIST COMMITTEES AVAILABLE: INFORMATION COMMITTEES AVAILABLE: INF	Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Ite	emized Contributions From A	Any Attached Pages) on
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN 5010 TO A COMMITTEE. NAME: DODRESS: MICHAEL AND COULDATION (LIST COMMITTEES FIRST) MONETARY INVAIND	Form CD-1.		
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE IN AME: ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) AGGREGATE TO DATE \$ 200.00 AGGREGATE TO DATE AGGREGATE TO DATE \$ 200.00 AGGREGATE TO DATE \$	If further information is needed concerning reporting itemized expenditures, see Form CD	O-1 Instructions.	
MORE THAN \$100 TO A COMMITTEE AGGREGATE TO DATE	A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
MORE HAN \$100 TO A COMMITTEE: ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	·		(CHECK IF MONETARY
AME: DORESS: Michael and Catherine Troyer Michael and			,
ADDRESS		DATE	
A A A A A A A A A A	PDDDC00		\$ 200.00
MONOTARY	Figure and eatherine frozer	4/23/2025	Ι Ψ
COMMITTEE: \$ 200.00	Columbia MO 65203		MONETARY
AME:		\$ 200.00	I IN-KIND
MONETARY	NAME:		
MONETARY	ADDRESS:		\$
□ COMMITTEE: \$ □ IN-KIND JAME: JAME: JAME: JADDRESS: \$ S CITY / STATE: □ MONETARY JAME: JAME: IN-KIND JAME: □ MONETARY IN-KIND JAME: □ MONETARY IN-KIND JAME: JAME: IN-KIND JAME: IN-KIND IN-KIND JAME:	CITY / STATE:		
COMMITTEE:	MPLOYER:	•	MONETARY
SDEPT / STATE:	COMMITTEE:	Ψ	☐ IN-KIND
MONETARY	NAME:		
MONETARY			\$
□ COMMITTEE: \$ IN-KIND NAME: \$ IN-KIND NAME: \$ IN-KIND MONETARY IN-KIND MAME: \$ NAME: \$ MADDRESS: \$ COMMITTEE: \$ MONETARY IN-KIND MAME: \$ NAME: \$ NAME: \$ MONETARY IN-KIND MAME: \$ MADDRESS: \$ IN-KIND IN-KIND			
ADDRESS:		\$	ı = -
STATE STAT		<u> </u>	IN-KIND
MONETARY			\$
MONETARY			Ψ
□ COMMITTEE: \$ □ IN-KIND NAME: NAME: NDDRESS: \$ □ MONETARY EMPLOYER: □ MONETARY NAME: □ IN-KIND NAME: □ MONETARY NDDRESS: □ MONETARY IN-KIND □ IN-KIND NAME: □ MONETARY NAME: □ IN-KIND NAME: □ MONETARY NAME: □ MONETARY IN-KIND □ IN-KIND NAME: □ MONETARY NAME: □ MONETARY <td></td> <td></td> <td>MONETARY</td>			MONETARY
S	COMMITTEE:	\$	IN-KIND
MONETARY	NAME:		
MONETARY	ADDRESS:		\$
□ COMMITTEE: \$ □ IN-KIND NAME: ADDRESS: \$ CITY / STATE: □ MONETARY EMPLOYER: □ IN-KIND NAME: □ IN-KIND ADDRESS: □ MONETARY CITY / STATE: □ MONETARY IN-KIND □ IN-KIND MAME: □ MONETARY ADDRESS: □ MONETARY CITY / STATE: □ MONETARY EMPLOYER: □ MONETARY □ COMMITTEE: □ MONETARY □ IN-KIND □ IN-KIND	CITY / STATE:		
☐ COMMITTEE: ☐ IN-KIND NAME: \$ ADDRESS: ☐ MONETARY EMPLOYER: ☐ IN-KIND ADDRESS: \$ CITY / STATE: ☐ MONETARY EMPLOYER: ☐ MONETARY ☐ COMMITTEE: \$ MAME: ☐ IN-KIND NAME: ☐ MONETARY ADDRESS: \$ CITY / STATE: ☐ MONETARY EMPLOYER: ☐ MONETARY EMPLOYER: ☐ MONETARY ☐ COMMITTEE: ☐ MONETARY ☐ IN-KIND ☐ IN-KIND		\$	
State Stat		Ψ	☐ IN-KIND
CITY / STATE:			Φ.
### STATE: #### STATE: ### STATE: #### STATE: #### STATE: #### STATE: #### STATE: ### STATE: #### STATE: #### STATE: #### STATE: #### STATE: ###			Φ
□ COMMITTEE: \$ □ IN-KIND NAME: \$ □ IN-KIND ADDRESS: \$ □ MONETARY EMPLOYER: □ IN-KIND □ IN-KIND NAME: □ MONETARY □ IN-KIND ADDRESS: □ MONETARY □ MONETARY CITY / STATE: □ MONETARY □ IN-KIND □ COMMITTEE: \$ □ IN-KIND			☐ MONETARY
MAME: MADRESS: S	<u></u>	\$	ı =
## ADDRESS: CITY / STATE: EMPLOYER:			
MONETARY			\$
☐ COMMITTEE: \$ ☐ IN-KIND NAME: \$ ☐ IN-KIND ADDRESS: \$ ☐ IN-KIND CITY / STATE: ☐ MONETARY ☐ IN-KIND EMPLOYER: ☐ IN-KIND ☐ IN-KIND	CITY / STATE:		,
COMMITTEE:	MPLOYER:	C	MONETARY
ADDRESS: CITY / STATE: EMPLOYER: COMMITTEE: \$ MONETARY IN-KIND	COMMITTEE:	Ψ	☐ IN-KIND
CITY / STATE: EMPLOYER: COMMITTEE: MONETARY IN-KIND			
MPLOYER: COMMITTEE: MONETARY IN-KIND			\$
COMMITTEE: \$ IN-KIND			
L COMMITTEE:		\$	ı =
			IIN-VIIND

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

	MISSOURI ETHICS COMMISSION
/ The state of the	EXPENDITURES AND CONTRIBUTIONS MADE
	Instructions on Reverse Side

Office Use Only	

MECCEST				
Name of Committee		2. Report Date	•	
Murphy for Mayor		5/9/2025		
A. Expenditures of \$100 or Less by Category		I	4 Amour	nt Paid or Incurred
(List Payments to Campaign Workers in Section B Below)				his Period
Category of Expenditure			1	
View Supplemental Form(s)				
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column	4)		\$	0.00
Subtotal: Non-Itemized Expenditures Any Attached Pages			+	242.53
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$	242.53
B. Itemized Expenditures All Over \$100		10. Purpose - (If		
And All Payments To Campaign Workers 8. Name and Address of Recipient	9. Date	Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amo	ount This Period
Name:		/ iggrogato r ala/	\$	
Address:			Paid	l
City / State:			Incu	rred
Name:			\$	
Address: View Supplemental Form(s)			Paid	
City / State:			Incu	rred
Name:			\$	
Address:			Paid	l
City / State:			Incu	rred
12. Subtotal: This Page (Sum Column 11)			\$	0.00
13. Subtotal: Any Attached Pages			+	76,724.16
14. Total: Itemized Expenditures This Period (Sum 12 + 13)	\$	76,724.16		
15. Total: Monetary Expenditures This Period (Sum 7 + 14)	\$	76,966.69		
16. Amount of Line 15 Above which was Paid Out This Period	\$	72,176.18		
17. Amount of Line 15 Which Were Expenditures Incurred This Pe	eriod Including Paymen	nts Made by Credit Cards	\$	4,790.51
18. If Committee Made Any In-Kind Expenditures This Period, List	t Amount		\$	
19. Funds Used For Paying Loans/Credit Cards This Period (Attack	ch 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		21. Buto		. / tirioditi
Name:			 \$	
Address:				etary
City / State:			In-Ki	ind
Name:			 	
Address:				etary
City / State: Name:			In-Ki	ind
Address:			J⊅ Man	otom.
City / State:			In-Ki	etary
23. Subtotal: This Page (Sum Column 22)			\$	
24. Subtotal: Any Attached Pages			\$	0.00
				0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check B. By Credit Card	\$ \$	0.00
26. If Committee Made Any Loans This Period, List Amount		J. 2, Ground Odra	<u> </u> φ	0.00
27. Total: All Monetary Contributions and Loans Made This Perio	d (Sum 25 + 26)		\$	0.00
28. Total: In-Kind Contributions Made This Period, List Amount	\$			
MO 300-1315 (1-10)			ĮΨ	0.00 Form CD3

MISSOURI ETHICS COMMISSION EXPENDITURES OF \$100 OR LESS BY CATEGORY - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE	DATE	
Murphy for Mayor	5/9/2025	
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 CATEGORY OF EXPENDITURE	SUP B)	AMOUNT PAID OR INCURRED THIS PERIOD
Bank charges		\$ 6.65
Travel and Meetings		\$ 19.45
Supplies		\$ 67.94
Google		\$ 60.00
Fundraising expense		\$ 39.50
Software		\$ 48.99
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		FORM CD 3 SUP A



MISSOURI ETHICS COMMISSION ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

O	F	FI	IC	US	Ε(OI	N	LY	

NAME OF COMMITTEE REPORT DATE				
Murphy for			5/9/2025	
AND ALL	ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: ADDRESS: CITY / STATE:	Macy Bean Photography 4713 Brandon Woods Dr Columbia MO 65203	4/9/2025	photography	\$ 150.00 INCURRED
NAME: ADDRESS: CITY / STATE:	D'Rowes Restaurant 1005 Club Village Dr Columbia MO 65203	4/8/2025	Watch Party	\$ 2,683.79 PAID 1NCURRED
NAME: ADDRESS: CITY / STATE:	Staples 115 Conley Rd Columbia MO 65203	4/1/2025	Supplies \$	\$ 120.93 PAID 120.93 INCURRED
NAME: ADDRESS: CITY / STATE:	Amazon 410 Terry Ave North Seattle WA 98109	4/3/2025	Supplies \$	\$ 150.80 PAID 150.80 INCURRED
NAME: ADDRESS: CITY / STATE:	USPS 511 E Walnut Columbia MO 65201	4/1/2025	Mailing expense	\$ PAID 4,760.00
NAME: ADDRESS: CITY / STATE:	SUDS UP Auto Detailing 518 Jefferson St Fulton MO 65251	4/14/2025	Sign Repair	PAID 600.00
NAME: ADDRESS: CITY / STATE:	Angelo's 4107 S Providence Rd Columbia MO 65203	4/4/2025	Food workers	\$ 86.62 PAID 86.62
NAME: ADDRESS: CITY / STATE:	Jersey Mikes Subs 1101 Grindstone Pkwy Columbia MO 65201	4/4/2025	door knocker lunch	PAID 173.65 INCURRED
NAME: ADDRESS: CITY / STATE:	IHOP 51 Conley Rd Columbia MO 65203	4/8/2025	Food \$	\$ PAID 161.88
NAME: ADDRESS: CITY / STATE:	Palm Strategic LLC PO Box 2114 Jefferson City MO 65102	4/16/2025	Strategic Communications and Campaign Management	PAID 60,119.43 INCURRED
NAME: ADDRESS: CITY / STATE:	Facebook 1 Hacker Way Menlo Park CA 94025	4/11/2025	social media	PAID 2,926.55
NAME: ADDRESS: CITY / STATE:	Palm Strategic Group LLC PO Box 2114 Jefferson City MO 65102	4/14/2025	sign printing	\$ □ PAID 4,790.51 ✓ INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
TOTAL: ITE (CA	\$			





MISSOURI ETHICS COMMISSION INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE DATE
Murphy for Mayor 5/9/2025

Murphy for Mayor			5/9/2025	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Palm Strategic LLC PO Box 2114 Jefferson City MO 65102	4/16/2025	Strategic Communications and Campaign Management	60,119.43	125,700.08
Macy Bean Photography 4713 Brandon Woods Dr Columbia MO 65201	4/9/2025	photography	150.00	150.00
TOTAL ALL PAGES				60,269.43