



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C253504

1. DATE OF REPORT  7/24/2025	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Committee to Elect Ken Rice	
3. COMMITTEE MAILING ADDRESS 2101 W Broadway Suite 103, PMB 342	4. COMMITTEE TELEPHONE NUMBER  (586) 354-7641
CITY / STATE / ZIP Columbia MO 65203	
5. TREASURER'S NAME Randy Minchew	
6. TREASURER'S MAILING ADDRESS 2416 Kays Pointe Drive	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 881-9080  WORK:
CITY / STATE / ZIP Columbia MO 65201	
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER Rebecca Rice	
9. DEPUTY TREASURER'S MAILING ADDRESS 209 Reedsport Ridge Columbia MO 65203	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (586) 354-7641  WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION 8/5/2025	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2025 THROUGH 7/24/2025	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Ken Rice 209 Reedsport Ridge  Columbia MO 65203  (586) 354-7641  Council Person  City of Columbia  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> _____	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 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 Jul 24 2025 5:31PM _____ 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 Jul 24 2025 5:31PM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Committee to Elect Ken Rice	7/24/2025	

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		\$ 4,690.00		
2. All Monetary Contributions Received This Period	\$ 2,829.00		<b>Money On Hand</b>	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.30			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 2,829.30		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 3,132.61
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 2,829.30
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 2,829.30		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 3,214.79
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 7,519.30	a) Disbursements By Check \$ 3,214.79 b) Disbursements By Cash \$ 0.00	
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 1,624.72	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 2,747.12
10. Expenditures made by cash or check this period	\$ 3,214.79		<b>Indebtedness</b>	
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)	\$ 3,214.79		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 4,839.51	29. Loans Received This Period	+ 0.00
<b>Contributions Made</b>	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 B 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. <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
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
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 Committee to Elect Ken Rice		2. REPORT DATE 7/24/2025	
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		+ \$ 2,749.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 2,749.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 2,749.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
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		\$ 80.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED		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)		\$ 2,829.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 2,829.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Committee to Elect Ken Rice	DATE 7/24/2025
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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: John Mike Beckstrom CITY / STATE: 213 Wild Ginger Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/1/2025 ----- \$ 600.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rebecca A Elder CITY / STATE: 1304 Weaver Dr Columbia MO 65203 EMPLOYER: Teacher <input type="checkbox"/> COMMITTEE:	7/1/2025 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shirley Haney CITY / STATE: 1506 Barnwood Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/1/2025 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karen Weaver CITY / STATE: 3040 W Arrowhead Lake Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/1/2025 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donald Lang CITY / STATE: 5610 Majestic Cir Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/9/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Moyes CITY / STATE: 4209 Fritz Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/1/2025 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Allison Lupo CITY / STATE: 2312 Sunflower St Columbia MO 65202 EMPLOYER: Our Lady of Lourdes Interparish School -- Kitchen Manager <input type="checkbox"/> COMMITTEE:	7/11/2025 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Minchew CITY / STATE: 2000 E Broadway Columbia MO 65201 EMPLOYER: Hashtag Enterprises, LLC -- Owner/Real Estate professional <input type="checkbox"/> COMMITTEE:	7/12/2025 ----- \$ 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 Committee to Elect Ken Rice	DATE 7/24/2025
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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: Anthony Lupo CITY / STATE: 2312 Sunflower St Columbia MO 65202 EMPLOYER: University Of Missouri Columbia -- Professor <input type="checkbox"/> COMMITTEE:	7/12/2025 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Debra Talbert CITY / STATE: 1601 Park De Ville Pl Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/13/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Edna Penny Garrison CITY / STATE: 1106 Lacosta Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/13/2025 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ben Batson CITY / STATE: 100 Arbor Dr Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/14/2025 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Derek Coats CITY / STATE: 4409 Weybridge Dr Columbia MO 65203 EMPLOYER: Consultant <input type="checkbox"/> COMMITTEE:	7/13/2025 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jacqueline Edwards CITY / STATE: 2508 E Oakland Ridge Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/14/2025 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Debra Jones CITY / STATE: 4305 Christian Fellowship Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/14/2025 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: June Ann Humphrey CITY / STATE: 3908 Amaryllis Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/14/2025 ----- \$ 25.00	\$ 25.00 <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 Committee to Elect Ken Rice	DATE 7/24/2025
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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: James Meyer CITY / STATE: 104 Sea Eagle Dr Columbia MO 65202 EMPLOYER: Meyer Works, LLC -- Real Estate Broker <input type="checkbox"/> COMMITTEE:	7/16/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Fred Parry CITY / STATE: 709 W Broadway Columbia MO 65203 EMPLOYER: Parry and Associates LLC -- Consultant <input type="checkbox"/> COMMITTEE:	7/17/2025 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Blair Murphy CITY / STATE: 2501 Chelan Cir Columbia MO 65203 EMPLOYER: Johnston Paint -- Owner <input type="checkbox"/> COMMITTEE:	7/18/2025 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Melissa Bernhardt CITY / STATE: 205 W Leslie Ln Columbia MO 65202 EMPLOYER: Mary Kay Inc -- IBC <input type="checkbox"/> COMMITTEE:	7/18/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Chatman CITY / STATE: 2400 Lynnwood Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/19/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joan Rawson CITY / STATE: 1705 Blue Ridge Rd Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/20/2025 ----- \$ 24.00	\$ 24.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Larry Lewis CITY / STATE: 5801 Morning Star Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/20/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Phillip Belcher CITY / STATE: 4008 Daylily Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	7/20/2025 ----- \$ 50.00	\$ 50.00 <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 Committee to Elect Ken Rice	DATE 7/24/2025
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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: Brad Johnson CITY / STATE: 4105 Eagle View Ct Columbia MO 65203 EMPLOYER: Kyndryl -- Linux Administrator <input type="checkbox"/> COMMITTEE:	7/1/2025 ----- \$ 50.00	\$ 50.00 <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
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 Committee to Elect Ken Rice		2. Report Date 7/24/2025	
<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:			<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		+ 3,214.79	
14. Total: Itemized Expenditures This Period (Sum 12 + 13)		\$ 3,214.79	
15. Total: Monetary Expenditures This Period (Sum 7 + 14)		\$ 3,214.79	
16. Amount of Line 15 Above which was Paid Out This Period		\$ 3,214.79	
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:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<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 Committee to Elect Ken Rice		REPORT DATE 7/24/2025	
<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: Witt Print Shop ADDRESS: 1901 Vandiver Dr Ste B CITY/STATE: Columbia MO 65202	7/1/2025	Tri-Fold Leaflet \$	\$ 463.08 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Como Image 360 ADDRESS: 1213 Old 63 N Ste 101 CITY/STATE: Columbia MO 65201	7/1/2025	Signs \$	\$ 1,253.41 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Westlake Ace Hardware ADDRESS: 1910 W Worley CITY/STATE: Columbia MO 65203	7/8/2025	Post Driver \$	\$ 85.25 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: 573 Tees ADDRESS: 8 Hitt St. A CITY/STATE: Columbia MO 65201	7/9/2025	Campaign Marketing Shirts \$	\$ 195.26 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Como Image 360 ADDRESS: 1213 Old 63 N Ste 101 CITY/STATE: Columbia MO 65201	7/22/2025	Campaign Signs \$	\$ 540.45 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Witt Print Shop ADDRESS: 1901 Vandiver Dr Ste B CITY/STATE: Columbia MO 65202	7/22/2025	Tri-Fold Leaflet \$	\$ 343.37 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Numinar ADDRESS: 1201 Wilson Blvd CITY/STATE: Arlington VA 22209	7/21/2025	Canvassing App Fee \$	\$ 88.37 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Anedot ADDRESS: 1340 Poydras St # 1770 CITY/STATE: New Orleans LA 70112	7/23/2025	Fees \$	\$ 46.70 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: G & D Pizzaria ADDRESS: 2101 W Broadway L CITY/STATE: Columbia MO 65203	7/1/2025	Committee Gathering \$	\$ 198.90 <input checked="" 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)			\$ --



Missouri Ethics Commission  
**ADDENDUM STATEMENT**

M.E.C. ID NO. C253504

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.

Miscellaneous Receipt:

Credit from Bank due to over charge of processing fee from  
Anedot

Amount: 0.30