



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C211743

1. DATE OF REPORT 4/11/2022	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
 Friends of Chimene Schwach

3. COMMITTEE MAILING ADDRESS
 1400 Forum Blvd. Suite 7A, #406

4. COMMITTEE TELEPHONE NUMBER
 (573) 355-4078

CITY / STATE / ZIP
 Columbia MO 65203

5. TREASURER'S NAME
 Johanna Cox

6. TREASURER'S MAILING ADDRESS
 1805 Limerick Ln

7. TREASURER'S TELEPHONE NUMBER
 HOME: (631) 678-7308

CITY / STATE / ZIP
 Columbia MO 65203

WORK:

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

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

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 HOME: (573) 445-4940

CITY / STATE / ZIP

WORK:

11. DATE OF ELECTION

12. TYPE OF ELECTION (CHECK ONE)
 PRIMARY GENERAL SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM 1/1/2022 THROUGH 3/31/2022

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

Chimene Schwach
 1232 Sunset Dr.
 Columbia MO 65203
 (573) 355-4078
 State Representative
 Missouri House of Representatives

CHECK IF INCUMBENT

REPUBLICAN DEMOCRAT

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT
 Jan 15 Apr 15 Jul 15 Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

SEMIANNUAL DEBT REPORT
 Jan 15 Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

AMENDING PREVIOUS REPORT DATED _____, 20__

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

ELECTRONICALLY FILED Apr 11 2022 10:12AM

 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 11 2022 10:12AM

 CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends of Chimene Schwach	4/11/2022	

Receipts		A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition			
1. Total Receipts For This Election Previously Reported			\$ 0.00				
2. All Monetary Contributions Received This Period		\$ 2,095.00		Money On Hand			
3. All Loans Received This Period		+ 0.00					
4. Miscellaneous Receipts This Period		+ 0.00					
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)		\$ 2,095.00				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 4,579.41
6. In-kind Contributions Received This Period		+ 0.00				25. Monetary Receipts this Period (From Item 5 - this page)	+ 2,095.00
7. Total All Receipts This Period (Sum 5A + 6A)		\$ 2,095.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 3,635.22		
8. Total All Receipts This Election (Sum 1B + 7A)			\$ 2,095.00	a) Disbursements By Check \$ 3,635.22 b) Disbursements By Cash \$ 0.00			
Expenditures		A. This Period	B. This Calendar Yr or Election Cycle				
9. Total Expenditures for this election previously reported			\$ 0.00	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 3,039.19		
10. Expenditures made by cash or check this period		\$ 2,335.22		Indebtedness			
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)		+ 1,000.00					
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)		\$ 3,335.22		28. Outstanding Indebtedness at the beginning of this period	\$ 1,800.00		
14. Total Expenditures This Election (Sum 9B + 13A)			\$ 3,335.22	29. Loans Received This Period	+ 0.00		
Contributions Made		A. This Period	B. This Calendar Yr or Election Cycle				
15. Total Contributions Made For This Election Previously Reported			\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 1,000.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A	300.00	← Cash/Check	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00		
	B	0.00	← Credit Card				
17. All In-Kind Contributions Made This Period		+ 0.00		31. Payments Made on Loans This Period	- 0.00		
18. Total Contributions Made This Period (Sum 16A + 17A)		\$ 300.00		32. Debt Forgiven on Loans This Period	- 0.00		
19. Total All Contributions Made This Election (Sum 15B + 18A)			\$ 300.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 1,000.00		
Other Disbursements		A. This Period	B. This Calendar Yr or Election Cycle				
20. Funds Used For Paying Loans This Period Including Credit Card Payments		+ 0.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 1,800.00		
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)		+ 1,000.00					
22. Any Miscellaneous Disbursement Not Reported Elsewhere		+ 0.00					
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)		\$ 1,000.00					



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends of Chimene Schwach		2. REPORT DATE 4/11/2022	
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		+	\$ 2,075.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	2,075.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	2,075.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND 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		\$	20.00
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
C. LOANS RECEIVED		17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	
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)		\$	2,095.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	2,075.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 4/11/2022
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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: Susan Maze CITY / STATE: 902 N 7th St Columbia MO 65201 EMPLOYER: Univ of MO -- Programmer <input type="checkbox"/> COMMITTEE:	1/3/2022 ----- \$ 55.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Virginia Booker CITY / STATE: 2306 Woodridge Rd Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	1/4/2022 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Gibson CITY / STATE: Box 1372 Jefferson City MO 65102 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	1/16/2022 ----- \$ 15.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Maze CITY / STATE: 902 N 7th St Columbia MO 65201 EMPLOYER: Univ of MO -- Programmer <input type="checkbox"/> COMMITTEE:	2/3/2022 ----- \$ 60.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Virginia Booker CITY / STATE: 2306 Woodridge Rd Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	1/4/2022 ----- \$ 20.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brent Berry CITY / STATE: 21882 West 121st Terr Olathe KS 66061 EMPLOYER: Wells Fargo -- Mortgage banking <input type="checkbox"/> COMMITTEE:	2/4/2022 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MacKenzie Everett-Kennedy CITY / STATE: 12630 E Durk Rd Centralia MO 65240 EMPLOYER: Columbia Public Schools -- Teacher <input type="checkbox"/> COMMITTEE:	2/4/2022 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dawn Powell CITY / STATE: 905 Pannell St Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/5/2022 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 4/11/2022
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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: Laurie Wern Overmann CITY / STATE: 1830 Cliff Dr Columbia MO 65201 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/5/2022 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: T Leia Brooks CITY / STATE: 2708 Waynesboro Dr Columbia MO 65202 EMPLOYER: Columbia Public Schools -- Teacher <input type="checkbox"/> COMMITTEE:	2/7/2022 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Carter CITY / STATE: 2105 Hillsboro Dr Columbia MO 65202 EMPLOYER: Boone Co Family Resources -- Prog Mgr <input type="checkbox"/> COMMITTEE:	2/7/2022 ----- \$ 100.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cydney Mayfield CITY / STATE: 12402 Highway 135 Pilot Grove MO 65276 EMPLOYER: Mayfield Law Office -- Attorney <input type="checkbox"/> COMMITTEE:	2/8/2022 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jennifer Reeves CITY / STATE: 1023 Vegas Dr Columbia MO 65203 EMPLOYER: Just Right Strategy -- President <input type="checkbox"/> COMMITTEE:	2/13/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeff Chinn CITY / STATE: PO Box 1742 Columbia MO 65205 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/15/2022 ----- \$ 500.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Gibson CITY / STATE: Box 1372 Jefferson City MO 65102 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	2/16/2022 ----- \$ 20.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marjorie Sable CITY / STATE: 228 East Parkway Dr Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	2/17/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS --

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



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 4/11/2022
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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: Johanna Cox CITY / STATE: 1805 Limerick Ln Columbia MO 65203 EMPLOYER: Veterans United -- IT Business Analyst <input type="checkbox"/> COMMITTEE:	2/27/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lawrence Thomas CITY / STATE: Stadionkade 26-3 Amsterdam NL 1077vm EMPLOYER: Apogee Consulting -- Consultant <input type="checkbox"/> COMMITTEE:	2/27/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peggy Placier CITY / STATE: 209 S Greenwood Ave Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/2/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Maze CITY / STATE: 902 N 7th St Columbia MO 65201 EMPLOYER: Univ of MO -- Programmer <input type="checkbox"/> COMMITTEE:	3/3/2022 ----- \$ 65.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Virginia Booker CITY / STATE: 2306 Woodridge Rd Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/4/2022 ----- \$ 30.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jessica Norris CITY / STATE: 2413 Cimarron Dr Columbia MO 65203 EMPLOYER: Biohabitats -- Biologist <input type="checkbox"/> COMMITTEE:	3/6/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brandon Fines CITY / STATE: 2269 Concordia Dr Columbia MO 65203 EMPLOYER: Apple -- Software Developer <input type="checkbox"/> COMMITTEE:	3/11/2022 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Gibson CITY / STATE: Box 1372 Jefferson City MO 65102 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/16/2022 ----- \$ 25.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 4/11/2022
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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)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Nick Knoth CITY / STATE: 701 Oak St Columbia MO 65203 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/20/2022 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Copenhaver CITY / STATE: 1512 Ridgeline Dr Moberly MO 65270 EMPLOYER: Retired -- Educator <input type="checkbox"/> COMMITTEE:	3/22/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Weinberg CITY / STATE: 807 West Blvd S Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	3/22/2022 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paula Schwach CITY / STATE: 1901 West 48th Ter Westwood Hills KS 66205 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	3/23/2022 ----- \$ 120.00	\$ 120.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shannon Jackson CITY / STATE: 35 E 53rd Ter Kansas City MO 64112 EMPLOYER: UMKC -- Professor <input type="checkbox"/> COMMITTEE:	3/24/2022 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alexander Kalen CITY / STATE: 4819 Terrace St Kansas City MO 64112 EMPLOYER: CVS Pharmacy -- Operations Mgr <input type="checkbox"/> COMMITTEE:	3/21/2022 ----- \$ 250.00	\$ 250.00 <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

TOTAL: ITEMIZED CONTRIBUTIONS		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Friends of Chimene Schwach		2. Report Date 4/11/2022	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 376.75
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 376.75
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			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			+ 2,958.47
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,958.47
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 3,335.22
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,335.22
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 1,000.00
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
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name: MO Dem State Committee			\$ 150.00
Address: 4218 Roanoke Rd		2/23/2022	<input checked="" type="checkbox"/> Monetary
City / State: Ste 304 Kansas City MO 64111			<input type="checkbox"/> In-Kind
Name: Boone County Democratic Committee			\$ 150.00
Address: PO Box 1294		2/19/2022	<input checked="" type="checkbox"/> Monetary
City / State: Columbia MO 65205			<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)			\$ 300.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 300.00
		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)			\$ 300.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



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

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 4/11/2022
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EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) CATEGORY OF EXPENDITURE	AMOUNT PAID OR INCURRED THIS PERIOD
Office supplies	\$ 71.51
Stamps	\$ 71.34
Postal box rent	\$ 78.00
Printing	\$ 60.74
Online fundraising fees	\$ 74.15
Online ads	\$ 21.01
	\$
	\$
	\$
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TOTAL: ITEMIZED EXPENDITURES THIS PAGE (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 Friends of Chimene Schwach		REPORT DATE 4/11/2022		
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME AND ADDRESS OF RECIPIENT				
NAME: FedEx Office ADDRESS: 25 S 6th St CITY/STATE: Columbia MO 65201		1/23/2022	Copies \$	\$ <input checked="" type="checkbox"/> PAID 173.56 <input type="checkbox"/> INCURRED
NAME: Minuteman Press ADDRESS: 2511 Bernadette Dr CITY/STATE: Columbia MO 65203		1/26/2022	Copies \$	\$ <input checked="" type="checkbox"/> PAID 118.77 <input type="checkbox"/> INCURRED
NAME: William Murphy ADDRESS: 1801 Timber Creek Dr CITY/STATE: Columbia MO 65202		2/2/2022	Data entry \$	\$ <input checked="" type="checkbox"/> PAID 225.00 <input type="checkbox"/> INCURRED
NAME: Best Buy ADDRESS: 2001 W Worley CITY/STATE: Columbia MO 65203		2/22/2022	Laptop \$	\$ <input checked="" type="checkbox"/> PAID 591.14 <input type="checkbox"/> INCURRED
NAME: NGP VAN ADDRESS: 655 15th St NW Ste 650 CITY/STATE: Washington DC 20005		3/10/2022	Fundraising \$	\$ <input checked="" type="checkbox"/> PAID 350.00 <input type="checkbox"/> INCURRED
NAME: 360 COMO LLC ADDRESS: 3200 Penn Terr Ste 121 CITY/STATE: Columbia MO 65202		3/31/2022	Digital marketing \$	\$ <input type="checkbox"/> PAID 1,000.00 <input checked="" type="checkbox"/> INCURRED
NAME: PPP LLC ADDRESS: 4001 Coats Ln CITY/STATE: Columbia MO 65203		3/31/2022	Compliance \$	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
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)				--



**MISSOURI ETHICS COMMISSION
INDEPENDENT CONTRACTOR EXPENDITURE**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 4/11/2022
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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
360 CoMO LLC 3200 Penn Terr Ste 121 Columbia MO 65202	3/31/2022	Digital marketing	1,000.00	1,000.00
PPP LLC 4001 Coats Ln Columbia MO 65203	3/31/2022	Compliance	500.00	500.00
TOTAL ALL PAGES				1,500.00



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C211743

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.

Debt Payment:

360 COMO LLC3200 Penn Terr, Ste 121Columbia MO 65202

Amount: 1000.00