



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C211743

1. DATE OF REPORT 1/15/2022	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 11/1/2021 THROUGH 12/31/2021

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 Jan 15 2022 3:10PM

 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 Jan 15 2022 3:10PM

 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	1/15/2022	

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	Money On Hand	
2. All Monetary Contributions Received This Period	\$ 5,310.00			
3. All Loans Received This Period	+ 800.00			
4. Miscellaneous Receipts This Period	+ 332.38			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 6,442.38			
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 6,442.38
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 6,442.38		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 1,862.97
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 6,442.38	a) Disbursements By Check \$ 1,862.97 b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	Indebtedness	
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)	\$ 4,579.41
10. Expenditures made by cash or check this period	\$ 1,862.97		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)	\$ 2,862.97			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 2,862.97	29. Loans Received This Period	+ 800.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	+ 1,000.00	
16. All Contributions Made This Period (25A or 25B of CD3)	A	0.00 ← Cash/Check	B. New Contributions Made by Credit Card (Line 25B CD3)	
	B	0.00 ← Credit Card	+ 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		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (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
Other Disbursements	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)	
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00		\$ 1,800.00	
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. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			



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 1/15/2022	
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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+	\$ 5,310.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	5,310.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	5,310.00
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		\$	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
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	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		\$	800.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	800.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	5,310.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	6,110.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 1/15/2022
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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: Chimene Schwach CITY / STATE: 1232 Sunset Dr Columbia MO 65203 EMPLOYER: CASA -- Advocate Supervisor <input type="checkbox"/> COMMITTEE:	11/1/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew Sullivan CITY / STATE: 6626 Ashwood Ct Ne Cedar Rapids IA 52411 EMPLOYER: Labor Relations -- BASF <input type="checkbox"/> COMMITTEE:	11/13/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Amy Enderle CITY / STATE: 3101 Blackberry Lane Columbia MO 65201 EMPLOYER: Professor -- Columbia College <input type="checkbox"/> COMMITTEE:	11/13/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nila Gupta CITY / STATE: 3062 S. Old Ridge Rd Columbia MO 65203 EMPLOYER: Physician -- Mid America Anesthesia <input type="checkbox"/> COMMITTEE:	11/13/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Katherine Sasser CITY / STATE: 705 Gunnison Court Columbia MO 65203 EMPLOYER: Educator -- Equal Opportunity Schools <input type="checkbox"/> COMMITTEE:	11/14/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Bailey CITY / STATE: 3446 Benton Blvd Kansas City MO 64128 EMPLOYER: IT -- CRC <input type="checkbox"/> COMMITTEE:	11/14/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Allison Hardy CITY / STATE: 15422 Broken Hills Ln Houston TX 77044 EMPLOYER: Product Manager -- Travelers <input type="checkbox"/> COMMITTEE:	11/14/2021 ----- \$ 100.00	\$ 100.00 <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:	11/16/2021 ----- \$ 5.00	\$ 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 1/15/2022
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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: Olivia Stiffler CITY / STATE: 344 Shearwater Point Dr Bluffton SC 29909 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	11/17/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lara Wakefield CITY / STATE: 9 East Ridgeley Rd Columbia MO 65203 EMPLOYER: Smarter Steps -- Advocate <input type="checkbox"/> COMMITTEE:	11/20/2021 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Wright CITY / STATE: 3115 Carlisle Ct St Joseph MO 64506 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	11/25/2021 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Suzanne Dohrer CITY / STATE: 346 E Medlock Dr Phoenix AZ 85011 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	11/26/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike & Barb Klote CITY / STATE: 1501 Overhill Rd Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	12/1/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Kelly CITY / STATE: 2706 Bristol Lake Dr Columbia MO 65201 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	12/1/2021 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Candace Iveson CITY / STATE: 6430 E Palmer Rd Columbia MO 65202 EMPLOYER: Univ of MO -- Instructor <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sarah Catlin CITY / STATE: 2264 Country Ln Columbia MO 65201 EMPLOYER: Owner -- Maker Redux LLC <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 100.00	\$ 100.00 <input checked="" 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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 1/15/2022
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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.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Susan Maze CITY / STATE: 902 N 7th St Columbia MO 65201 EMPLOYER: Univ of MO -- Programmer <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Adrian Plank CITY / STATE: 6250 W Druid Ln Columbia MO 65203 EMPLOYER: B-GAP -- Carpenter <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 25.00	\$ 25.00 <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 -- Program Mgr <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tonya Tamara Ford CITY / STATE: 2004 Katy Ln Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Cheak CITY / STATE: 201 Haywood Ct Columbia MO 65203 EMPLOYER: Univ of MO -- Assoc Prof <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jackie Carney CITY / STATE: 2987 S Running Deer Ct Columbia MO 65201 EMPLOYER: Univ of MO -- Compliance Mgr <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rosalie Metro CITY / STATE: 203 S Garth Ave Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wayne Brekhus CITY / STATE: 703 Hilltop Dr Columbia MO 65201 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 100.00	\$ 100.00 <input checked="" 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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 1/15/2022
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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.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Karl Kruse & Ila Irwin CITY / STATE: 2405 Lynnwood Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Audrey Spielers CITY / STATE: 1018 Danforth Dr Columbia MO 65201 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard & Susan Perkins CITY / STATE: 612 Maplewood Dr Columbia MO 65203 EMPLOYER: Columbia Public Sch -- Educator <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann & David Mehr CITY / STATE: 714 Ingleside Dr Columbia MO 65201 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael MacMann CITY / STATE: 507 N Ann Columbia MO 65201 EMPLOYER: Self-employed -- Construction <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan McClintic CITY / STATE: 15201 W Hwy BB Rocheport MO 65279 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kate Canterbury CITY / STATE: 600 Manor Dr Columbia MO 65203 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeff Chinn CITY / STATE: 504 Westmount Ave Columbia MO 65203 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 250.00	\$ 250.00 <input checked="" 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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 1/15/2022
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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: Carolyn Magnuson CITY/STATE: 3900 Hyde Park Ave Columbia MO 65201 EMPLOYER: Retired -- Educator <input type="checkbox"/> COMMITTEE:	12/2/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Rosman CITY/STATE: 302 Maplewood Dr Columbia MO 65203 EMPLOYER: J C Penny -- Manager <input type="checkbox"/> COMMITTEE:	12/6/2021 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Flynn Consulting LLC CITY/STATE: PO Box 322 EMPLOYER: Seahurst WA 98062 <input checked="" type="checkbox"/> COMMITTEE:	12/9/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lawrence Thomas CITY/STATE: 345 W Amoroso Gilbert AZ 85233 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	12/9/2021 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Landau CITY/STATE: 9700 Outlook Dr Overland Park KS 66207 EMPLOYER: Perfect Output -- Business Exec <input type="checkbox"/> COMMITTEE:	12/11/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ruth Friar CITY/STATE: 2717 Cimarron Dr Columbia MO 65203 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	12/11/2021 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stacey Thompson CITY/STATE: 2011 Wynfield Dr Columbia MO 65203 EMPLOYER: Ragtag Film Society -- Sponsorship Coord <input type="checkbox"/> COMMITTEE:	12/14/2021 ----- \$ 100.00	\$ 100.00 <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:	12/16/2021 ----- \$ 5.00	\$ 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 1/15/2022
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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: Maria Oropallo CITY / STATE: 208 E Briarwood Ln Columbia MO 65203 EMPLOYER: Not employed -- Not employed <input type="checkbox"/> COMMITTEE:	12/16/2021 ----- \$ 100.00	\$ 100.00 <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

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
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM	OFFICE USE ONLY
<input checked="" type="checkbox"/> LOAN RECEIVED	
<input type="checkbox"/> LOAN REPAYMENT	

NAME OF COMMITTEE Friends of Chimene Schwach	REPORT DATE 1/15/2022
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I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER
Chimene Schwach
1232 Sunset Dr
Columbia MO 65203

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN
Chimene Schwach
1232 Sunset Dr
Columbia MO 65203

3. LOAN I.D. NUMBER (IF ANY)
N/A

4. DATE OF LOAN
11/22/2021

5. AMOUNT OF LOAN
\$ 800.00

6. ANNUAL RATE OF INTEREST
N/A %

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)
unknown

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)
unknown

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)	\$
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE	\$
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED	\$



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 1/15/2022	
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 Wire Deposit Fee			15.00
Printing			129.25
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 144.25
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 144.25
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			+ 2,718.72
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,718.72
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,862.97
16. Amount of Line 15 Above which was Paid Out This Period			\$ 1,862.97
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:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
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		REPORT DATE		
Friends of Chimene Schwach		1/15/2022		
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: ZippityPrint ADDRESS: 182 Harrisonville Rd CITY/STATE: Mullica Hill NJ 8062		11/26/2021	Printing \$	\$ <input checked="" type="checkbox"/> PAID 395.65 <input type="checkbox"/> INCURRED
NAME: The Blue Deal ADDRESS: 4115 Annandale Rd CITY/STATE: Annandale VA 22003		12/1/2021	Printing \$	\$ <input checked="" type="checkbox"/> PAID 428.58 <input type="checkbox"/> INCURRED
NAME: Ozark Mtn Biscuit ADDRESS: 1204 Hinkson Ave CITY/STATE: Columbia MO 65201		12/2/2021	Event catering \$	\$ <input checked="" type="checkbox"/> PAID 259.15 <input type="checkbox"/> INCURRED
NAME: PPP LLC ADDRESS: 4001 Coats Ln CITY/STATE: Columbia MO 65203		12/31/2021	Compliance \$	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: ActBlue ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		12/31/2021	Online fundraising fees \$	\$ <input checked="" type="checkbox"/> PAID 135.34 <input type="checkbox"/> INCURRED
NAME: 360 COMO LLC ADDRESS: 3200 Penn Terr Ste 121 CITY/STATE: Columbia MO 65202		12/31/2021	Digital marketing \$	\$ <input type="checkbox"/> PAID 1,000.00 <input checked="" type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$	\$ --



**MISSOURI ETHICS COMMISSION
INDEPENDENT CONTRACTOR EXPENDITURE**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Friends of Chimene Schwach	DATE 1/15/2022
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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
PPP LLC 4001 Coats Ln Columbia MO 65203	12/31/2021	Compliance	500.00	500.00
360 COMO LLC 3200 Penn Terr Ste 121 Columbia MO 65202	12/31/2021	Digital marketing	1,000.00	1,000.00
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.

Miscellaneous Receipt:

Printing reimbursement from Zippity Print

Amount: 317.38

Miscellaneous Receipt:

Reimbursement from candidate for wire deposit fee

Amount: 15.00