



MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT
 7/15/08
 OFFICE USE ONLY
JW

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. 0081248

2. FULL NAME OF COMMITTEE
SCHAUWECKER FOR ASSESSOR

3. COMMITTEE MAILING ADDRESS
2606 Walther Ct

4. COMMITTEE TELEPHONE NUMBER

CITY/STATE/ZIP
Columbia, MO 65203-1344

5. TREASURER'S NAME
Nancy K. Wilson

6. TREASURER'S MAILING ADDRESS
3704 Shaden Glen Ct

7. TREASURER'S TELEPHONE NUMBER
 HOME: 573-875-8501 WORK: 573-445-8000

CITY/STATE/ZIP
Columbia MO 65203-4844

8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER
Sharon J. Schauwecker

9. DEPUTY TREASURER'S MAILING ADDRESS
2606 Walther Ct Columbia, MO 65203-1344

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 HOME: 573-446-0593 WORK: N/A

11. DATE OF ELECTION
August 5, 2008

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM April 1, 2008 THROUGH June 30, 2008

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

Tom Schauwecker
2606 Walther Ct
Columbia, MO 65203-1344
ASSESSOR
Boone County
Democrat
573-446-0593

15. TYPE OF REPORT:
 15 DAY AFTER CAUCUS NOMINATION
 COMMITTEE QUARTERLY REPORT
 JAN 15 APRIL 15 JULY 15 OCT 15
 8 DAYS BEFORE ELECTION
 30 DAYS AFTER ELECTION
 TERMINATION (ATTACH FORM CO-3)
 SEMIANNUAL DEBT REPORT
 JAN 15 JULY 15
 ANNUAL SUPPLEMENTAL, JAN 15
 15 DAYS AFTER PETITION DEADLINE
 OTHER _____
 AMENDING PREVIOUS REPORT DATED _____ - 20 _____

MISSOURI ETHICS COMMISSION
 JUL 15 2008
 HAND DELIVERED

CHECK IF INCUMBENT
 REPUBLICAN DEMOCRAT _____

16. COMMITTEE TREASURER'S SIGNATURE
 I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

TREASURER'S SIGNATURE
Nancy K. Wilson

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.

CANDIDATE'S SIGNATURE
Tom Schauwecker



MISSOURI ETHICS COMMISSION
REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

Schauwecker For Assessor

DATE OF REPORT

7/15/08

OFFICE USE ONLY

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION			
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED	0	\$ 0	MONEY ON HAND			
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 17,285. ⁰⁰					
3. ALL LOANS RECEIVED THIS PERIOD	+					
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+					
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$				25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 523. ²³				26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 17,285. ⁰⁰
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 17,808. ²³				27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 27A + 27B)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-				a) Disbursements By Check \$ 4,361. ⁰⁶	- 4,361. ⁰⁶
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 17,808. ²³			b) Disbursements By Cash \$	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 12,923. ⁹⁴		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$	INDEBTEDNESS			
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 4,361. ⁰⁶					
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 523. ²³					
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ 2,136. ³²					
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 7,020. ⁶¹					
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 7,020. ⁶¹	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0		
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	30. LOANS RECEIVED THIS PERIOD	+		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$	31. NEW DEBTS INCURRED THIS PERIOD	+ 2,136. ³²		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		32. PAYMENTS MADE ON LOANS THIS PERIOD	-		
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-		
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-		
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 2,136. ³²		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION				
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+					
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+					
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+					
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$					



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE SCHAUWECKER FOR ASSESSOR		2. REPORT DATE July 15, 2008	
A. ITEMIZED CONTRIBUTIONS RECEIVED			
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: F. L. Martin ADDRESS: 407 Meadowmere View CITY/STATE: ASHLAND, MO 65010 EMPLOYER: FIRST NATIONAL BANK & TRUST CO <input type="checkbox"/> COMMITTEE:		3/27/08 150.⁰⁰	\$ 150.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Bettie S. Johnson ADDRESS: 108 W. Leslie Ln. CITY/STATE: Columbia, MO 65202 EMPLOYER: BOONE COUNTY <input type="checkbox"/> COMMITTEE:		3/28/08 250.⁰⁰	\$ 250.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Sentinel Industries INC. ADDRESS: Bill Rite Buildings CITY/STATE: P.O. Box 165 EMPLOYER: ASHLAND, MO 65010 <input type="checkbox"/> COMMITTEE:		3/26/08 200.⁰⁰	\$ 200.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Jeffrey H. Branch ADDRESS: 11050 Klinkenbeard Rd CITY/STATE: ASHLAND, MO 65010 EMPLOYER: F.A.A. (Federal Auction Adm) <input type="checkbox"/> COMMITTEE:		4/25/08 250.⁰⁰	\$ 250.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ 850.⁰⁰
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ 11,298.23
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 12,148.23
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 11,625.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 523.23
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			5,660
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
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)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED – SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: **Schauwecker For Assessor** DATE: **July 15, 2008**

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD-1 (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	5. AMOUNT RECEIVED
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME: Brenda P. Potterfield ADDRESS: 8251 W. Highway 40 CITY/STATE: Columbia, MO 65202 EMPLOYER: Self Employed - Business <input type="checkbox"/> COMMITTEE	4/24/08 675.⁰⁰	\$ 675.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Jack Oubertem ADDRESS: 1908 FAIRVIEW CITY/STATE: Columbia, MO 65203 EMPLOYER: "Self Employed" Business <input type="checkbox"/> COMMITTEE	4/15/08 250.⁰⁰	\$ 250.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: EMERY SAPPESONS, INC ADDRESS: 2602 N Stadium Blvd. CITY/STATE: Columbia, MO 65202 EMPLOYER: Self Employed - Business <input type="checkbox"/> COMMITTEE	6/2/08 600.⁰⁰	\$ 600.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: JULIA K. AMES ADDRESS: 807 W Ash St CITY/STATE: Columbia, MO 65203 EMPLOYER: Self Employed - Business <input type="checkbox"/> COMMITTEE	6/24/08 400	\$ 400 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ELISSA G. ODLE ADDRESS: 807 W. Ash St CITY/STATE: Columbia, MO 65203 EMPLOYER: Self Employed - Business <input type="checkbox"/> COMMITTEE	6/24/08 #600.⁰⁰	\$ 600.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Mark ADAMS M.D. ADDRESS: 2600 West brook Way CITY/STATE: Columbia, MO 65203-5220 EMPLOYER: Self Employed - Physician <input type="checkbox"/> COMMITTEE	6/30/08 250.⁰⁰	\$ 250.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Christi Wolverton Revocable Trust ADDRESS: 2504 St Regis Ct CITY/STATE: Columbia, MO 65203-8445 EMPLOYER: Homemaker <input type="checkbox"/> COMMITTEE	6/30/08 250.⁰⁰	\$ 250.⁰⁰ <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) **\$ 3,025**



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: **Schauwecker For Assessor** DATE: **July 15, 2008**

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD-1 (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	5. AMOUNT RECEIVED
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME: JLM Acquisitions, INC ADDRESS: 3902 Woodrail on the Green CITY/STATE: Columbia, MO 65203-0970 <input type="checkbox"/> COMMITTEE	6/30/08 250.⁰⁰	\$ 250.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: William R. Coil ADDRESS: 209 E BROADWAY CITY/STATE: Columbia, MO. 65203 EMPLOYER: Self Employed - Business <input type="checkbox"/> COMMITTEE	6/30/08 250.⁰⁰	\$ 250.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: George A. Pfenengler ADDRESS: P.O. Box 1811 CITY/STATE: Columbia, MO 65205 EMPLOYER: Self Employed - Business <input type="checkbox"/> COMMITTEE	6/30/08 300.⁰⁰	\$ 300.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: TEVOSA ROUSA MALEPY ADDRESS: 215 W. BRANDON Rd CITY/STATE: Columbia, MO. 65203 EMPLOYER: Commerce BANK <input type="checkbox"/> COMMITTEE	6/30/08 300.⁰⁰	\$ 300.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Moly Commercial Realty, INC ADDRESS: Aspen Acquisitions, INC CITY/STATE: 2200 Forum Blvd Ste 105 EMPLOYER: Columbia, MO 65203 <input type="checkbox"/> COMMITTEE	6/30/08 600.⁰⁰	\$ 600.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Gary Grossnickle ADDRESS: 1311 Tenny Pines Dr CITY/STATE: Columbia, MO 65203 EMPLOYER: Self Employed Business <input type="checkbox"/> COMMITTEE	6/25/08 675.⁰⁰	\$ 675.⁰⁰ <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Peter K. Buchert M.D. P.C. ADDRESS: 5601 Highlands Parkway CITY/STATE: Columbia, MO. 65203 EMPLOYER: Self Employed - Physician <input type="checkbox"/> COMMITTEE	6/24/08 675.⁰⁰	\$ 675.⁰⁰ <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)		\$ 3,050.⁰⁰



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

Schauwecker For Assessor

DATE

July 15, 2008

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD-1 (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	5. AMOUNT RECEIVED
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME: Greenwing Development LLC ADDRESS: P.O. Box 756 CITY/STATE: Columbia, MO 65205 <input type="checkbox"/> COMMITTEE	6/30/08 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: The MARCEL FAMILY Trust ADDRESS: 4408 Glen EAGLE Drive CITY/STATE: Columbia, MO 65203 <input type="checkbox"/> COMMITTEE	6/30/08 675.00	\$ 675.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Little Dixie Construction LLC ADDRESS: 3316 Lemone Industrial Blvd. CITY/STATE: Columbia, MO. 65201 <input type="checkbox"/> COMMITTEE	6/30/08 675.00	\$ 675.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: DAISY Grossnickle ADDRESS: 1311 Turkey Pines Drive CITY/STATE: Columbia, MO 65203 <input type="checkbox"/> COMMITTEE "Hememaha"	6/25/08 675.00	\$ 675.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Columbia Orthopaedic Group, LLP ADDRESS: P.O. Box 0 CITY/STATE: 400 Keene Street EMPLOYER: Columbia, MO 65201 <input type="checkbox"/> COMMITTEE	6/26/08 675.00	\$ 675.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Fairway Construction Co. Inc. ADDRESS: P.O. Box 7688 CITY/STATE: Columbia, MO. 65205 <input type="checkbox"/> COMMITTEE	6/30/08 675.00	\$ 675.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE	\$ 0.00	<input 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)	\$4,025	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED – SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
Schauwecker

DATE
July 15, 2008

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD-1 (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	5. AMOUNT RECEIVED
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME: <i>FAIRWAY MANAGEMENT, INC.</i> ADDRESS: <i>P.O. Box 7688</i> CITY/STATE: <i>Columbia, MO 65205-7688</i> EMPLOYER: <input type="checkbox"/> COMMITTEE	<i>6/30/08</i> <i>675.⁰⁰</i>	<i>\$ 675.⁰⁰</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Stella E OHO maly.</i> ADDRESS: <i>1505 Highlands Ct.</i> CITY/STATE: <i>Columbia, MO 65203</i> EMPLOYER: <i>Self Employed - Business</i> <input type="checkbox"/> COMMITTEE	<i>6/30/08</i> <i>523.²³</i>	<i>\$ 523.²³</i> <input type="checkbox"/> MONETARY <input checked="" 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
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)

\$1,198.²³



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE Schawwecker For Assessor	2. REPORT DATE July 15, 2008
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A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)	
3. CATEGORY OF EXPENDITURE Office & Parade Supplies	4. AMOUNT PAID OR INCURRED THIS PERIOD 131.02
Web Design	153.19
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	\$ 284.21
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	\$ 284.21

B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
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: MK Enterprises ADDRESS: 10411 Kings Ln. CITY/STATE: Rocheport, MO 65279	6/23/08	Signs & Printing	\$ 1,651.39 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: General Printing ADDRESS: 1910 N. Providence Rd CITY/STATE: Columbia, MO 65202-3716	6/24/08	Invitations Printed	\$ 162.60 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: Home Computer Repair LLC ADDRESS: 208 E. Water St CITY/STATE: St. Vernon, MO 65712	6/25/08	web site design	\$ 240.00 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: Hoops Unlimited ADDRESS: 1550 N. Route J CITY/STATE: Rocheport, MO 65279	6/28/08	T-shirts	\$ 82.33 <input type="checkbox"/> PAID <input checked="" type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 2,136.32
13. SUBTOTAL: ANY ATTACHED PAGES			+ 4,076.85
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 6,213.17
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 6,497.38
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 4,361.06
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 2,136.32
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 523.23
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0

C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
NAME: ADDRESS: CITY/STATE:		
NAME: ADDRESS: CITY/STATE:		
NAME: ADDRESS: CITY/STATE:		
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$
24. SUBTOTAL: ANY ATTACHED PAGES		\$
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

SCHAUWECKER FOR ASSESSOR

DATE

July 15, 2008

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS

NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
SAM'S CLUB 101 Conley Rd Columbia MO 65201	6/6/08	Paper Envelopes & LABELS	\$ 167. ⁶⁸ <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Hoops Unlimited 1550 N Route J Rockport MO 65279	6/19/08	T-Shirts & Polo Shirts	\$ 438. ¹¹ <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAACP 108 B Austin Ave Columbia MO 65205	6/22/08	Program Advertisement & Tickets	\$ 175. ⁰⁰ <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
MK ENTERPRISES 10411 Kings Lane Rockport MO 65279	6/25/08	YARD Signs & Shipping	\$ 2,125. ²² <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Boone County Fair, Inc 5212 N. OAKLAND GRASS RD. Columbia MO 65202	6/25/08	Fair Book Advertising	\$ 500. ⁰⁰ <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
UNITED STATES Postal Service Columbia, MO 65201 9998	6/11/08	Postage	\$ 159. ⁸⁴ <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
UNITED STATES Postal Service Columbia, MO 65201-9998	6/27/08	Postage	\$ 336. ⁰⁰ <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
Boone County Journal 209 E Johnson Ashland, MO 65010	6/18/08	4th of July Advertising	\$ 175. ⁰⁰ <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED

TOTAL: ITEMIZED EXPENDITURES

(CARRY TO ITEM 13" SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)

\$ 4,076.⁸⁵