



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C211676

1. DATE OF REPORT 1/2/2024	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Francis Howell Families	
3. COMMITTEE MAILING ADDRESS PO Box 1672	4. COMMITTEE TELEPHONE NUMBER (636) 578-7947
CITY / STATE / ZIP St. Charles MO 63302	
5. TREASURER'S NAME Vivian Gontarz	
6. TREASURER'S MAILING ADDRESS PO Box 1672	7. TREASURER'S TELEPHONE NUMBER HOME: (636) 578-7947 WORK:
CITY / STATE / ZIP St. Charles MO 63302	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Dave McFarland	
9. DEPUTY TREASURER'S MAILING ADDRESS PO Box 1672 St. Charles MO 63302	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (636) 328-5573 WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2023 THROUGH 9/30/2023	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> <u> </u>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 15 <input 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 checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED <u>October</u> — <u>20</u> , 20 <u>23</u>
	16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>ELECTRONICALLY FILED Jan 2 2024 4:53PM</u> TREASURER'S SIGNATURE



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: C211676

This form is to be used when amending a previously filed Campaign Finance Disclosure Report.

1. Name of Committee		2. Date of Report
Francis Howell Families		1/2/2024
3. Type and Date of Previously Filed Report		
01/02/2024 AMENDED October Quarterly Report		
4. Reason for Amendment		
Left off two In-Kind Contributions for two internet fees.		
5. Amendment Detail		
<div>View Supplemental Form(s)</div>		



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: C211676

5. Amendment Detail - Continued

Itemized Contributions Received
Added-Wolf & Assoc

Itemized Contributions Received
Added-Wolf & Assoc



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Francis Howell Families	1/2/2024	

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		\$ 26,300.22		
2. All Monetary Contributions Received This Period	\$ 1,400.00		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)	\$ 1,400.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 4,592.83
6. In-kind Contributions Received This Period	+ 181.50		25. Monetary Receipts this Period (From Item 5 - this page)	+ 1,400.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 1,581.50		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 50.49
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 27,881.72	a) Disbursements By Check \$ 50.49 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		\$ 21,994.30	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 5,942.34
10. Expenditures made by cash or check this period	\$ 50.49		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)	+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 50.49		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 22,044.79	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		\$ 21,737.55	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. 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)		\$ 21,737.55	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)	\$ 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. 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 Francis Howell Families		2. REPORT DATE 1/2/2024	
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		+ \$ 1,181.50	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 1,181.50	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 1,000.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 181.50	
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		\$ 400.00	
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)		\$ 181.50	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 1,400.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 1,400.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families	DATE 1/2/2024
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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: Penny Henke CITY/STATE: 770 Meadow Cliff Dr St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	9/12/2023 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Annette Sieve CITY/STATE: 27 Wilderness Lane Defiance MO 63341 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	9/26/2023 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	7/8/2023 ----- \$ 357.42	\$ 26.50 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	7/31/2023 ----- \$ 387.42	\$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	8/7/2023 ----- \$ 399.42	\$ 12.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	8/9/2023 ----- \$ 425.92	\$ 26.50 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	8/30/2023 ----- \$ 455.92	\$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	9/11/2023 ----- \$ 482.42	\$ 26.50 <input type="checkbox"/> MONETARY <input checked="" 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 Francis Howell Families	DATE 1/2/2024
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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: Wolf & Assoc CITY / STATE: 305 Willowpointe Dr EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	9/30/2023 ----- \$ 512.42	\$ 30.00 <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
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 Francis Howell Families		2. Report Date 1/2/2024	
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 service fee		17.50	
cookies for meeting		32.99	
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)		\$ 50.49	
6. Subtotal: Non-Itemized Expenditures Any Attached Pages		+ 0.00	
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)		\$ 50.49	
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	
8. Name and Address of Recipient		9. Date	11. Amount This Period
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
12. Subtotal: This Page (Sum Column 11)		\$ 0.00	
13. Subtotal: Any Attached Pages		+ 0.00	
14. Total: Itemized Expenditures This Period (Sum 12 + 13)		\$ 0.00	
15. Total: Monetary Expenditures This Period (Sum 7 + 14)		\$ 50.49	
16. Amount of Line 15 Above which was Paid Out This Period		\$ 50.49	
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	
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <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	