



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C211676

| | |
|------------------------------------|-----------------|
| 1. DATE OF REPORT 4/14/2025 | OFFICE USE ONLY |
|------------------------------------|-----------------|

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 3/31/2025 THROUGH 3/31/2025 | |
| 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 checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input 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 type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ |
| | 16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Apr 14 2025 8:42PM _____ TREASURER'S SIGNATURE |



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

| | | |
|-------------------------|----------------|-----------------|
| Name of Committee | Date of Report | Office Use Only |
| Francis Howell Families | 4/14/2025 | |

| Receipts | A. This Period | B. This Calendar Yr or Election Cycle | Statement of Beginning and Ending Financial Condition | |
|---|------------------|---------------------------------------|---|-----------|
| 1. Total Receipts For This Election Previously Reported | | \$ 29,170.86 | | |
| 2. All Monetary Contributions Received This Period | \$ 0.00 | | 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) | \$ 0.00 | | 24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments) | \$ 607.90 |
| 6. In-kind Contributions Received This Period | + 0.00 | | 25. Monetary Receipts this Period (From Item 5 - this page) | + 0.00 |
| 7. Total All Receipts This Period (Sum 5A + 6A) | \$ 0.00 | | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) | - 0.00 |
| 8. Total All Receipts This Election (Sum 1B + 7A) | | \$ 29,170.86 | a) Disbursements By Check \$ 0.00 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 | | \$ 30,480.27 | 27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26) | \$ 607.90 |
| 10. Expenditures made by cash or check this period | \$ 0.00 | | 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) | \$ 0.00 | | 28. Outstanding Indebtedness at the beginning of this period | \$ 0.00 |
| 14. Total Expenditures This Election (Sum 9B + 13A) | | \$ 30,480.27 | 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 | | \$ 24,005.94 | 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) | | \$ 24,005.94 | 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 | | |
| 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) | \$ 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 4/14/2025 | |
| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: CITY / STATE: 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 | | + \$ 0.00 | |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ 0.00 | |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ 0.00 | |
| 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 | | 16. DATE RECEIVED | |
| 15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE: | | 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B) | |
| NAME: ADDRESS: CITY / STATE: | | \$ | |
| NAME: ADDRESS: CITY / STATE: | | \$ | |
| 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) | | \$ 0.00 | |
| 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES | | \$ 0.00 | |
| 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) | | \$ 0.00 | |
| 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) | | \$ 0.00 | |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | \$ 0.00 | |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) | | \$ 0.00 | |



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
Instructions on Reverse Side

Office Use Only

| | | | |
|---|----------|---|--|
| 1. Name of Committee Francis Howell Families | | 2. Report Date 4/14/2025 | |
| 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 | | | |
| | | | |
| 5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4) | | \$ 0.00 | |
| 6. Subtotal: Non-Itemized Expenditures Any Attached Pages | | + 0.00 | |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) | | \$ 0.00 | |
| B. 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: 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) | | \$ 0.00 | |
| 16. Amount of Line 15 Above which was Paid Out This Period | | \$ 0.00 | |
| 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) | | | |
| 20. Name and Address of Candidate or Committee | 21. Date | 22. Amount | |
| 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 | |



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C211676

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.

General Addendum:

This PAC has filed five 24-hour expenditure reports for expenses and contributions through 4/8/25. MEC advised me to do an April Quarterly return showing zero expenses/contributions and using Report Summary figures from our last full report on 4/8/25.