



**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 | | 3/31/2025 |
| 3. Type and Date of Previously Filed Report | | |
| 03/31/2025 AMENDED 8 Day Before General Municipal Election-4/8/2025 | | |
| 4. Reason for Amendment | | |
| Include an In-Kind donation of \$38.73 in office supplies overlooked on original report. | | |
| 5. Amendment Detail | | |
| Itemized Contributions Received Added-Randy Cook | | |



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

| | | |
|-------------------------|----------------|-----------------|
| Name of Committee | Date of Report | Office Use Only |
| Francis Howell Families | 3/31/2025 | |

| 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 | | \$ 25,349.25 | | |
| 2. All Monetary Contributions Received This Period | \$ 3,202.00 | | 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) | \$ 3,202.00 | | 24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments) | \$ 11,097.10 |
| 6. In-kind Contributions Received This Period | + 95.23 | | 25. Monetary Receipts this Period (From Item 5 - this page) | + 3,202.00 |
| 7. Total All Receipts This Period (Sum 5A + 6A) | \$ 3,297.23 | | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) | - 8,442.18 |
| 8. Total All Receipts This Election (Sum 1B + 7A) | | \$ 28,646.48 | a) Disbursements By Check \$ 8,442.18 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 | | \$ 17,369.07 | 27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26) | \$ 5,856.92 |
| 10. Expenditures made by cash or check this period | \$ 8,442.18 | | 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) | \$ 8,442.18 | | 28. Outstanding Indebtedness at the beginning of this period | \$ 0.00 |
| 14. Total Expenditures This Election (Sum 9B + 13A) | | \$ 25,811.25 | 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 | | \$ 13,346.64 | 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 | + 8,313.48 | | 31. Payments Made on Loans This Period | - 0.00 |
| 18. Total Contributions Made This Period (Sum 16A + 17A) | \$ 8,313.48 | | 32. Debt Forgiven on Loans This Period | - 0.00 |
| 19. Total All Contributions Made This Election (Sum 15B + 18A) | | \$ 21,660.12 | 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 3/31/2025 | |
| 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: 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 | | + \$ 2,092.23 | |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ 2,092.23 | |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ 1,997.00 | |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS | | \$ 95.23 | |
| 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 | | \$ 1,205.00 | |
| 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) | | \$ 95.23 | |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | \$ 3,202.00 | |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) | | \$ 3,202.00 | |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|--|-------------------|
| NAME OF COMMITTEE Francis Howell Families | DATE 3/31/2025 |
|--|-------------------|

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: Bob Onder CITY/STATE: 4015 S Highway 94 Augusta MO 63332 EMPLOYER: United States Congress -- Congressman <input type="checkbox"/> COMMITTEE: | 3/6/2025 ----- \$ 1,000.00 | \$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Wolf and Associates CITY/STATE: 301 Willowpointe Drive St Charles MO 63304 EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE: | 2/28/2025 ----- \$ 113.00 | \$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Greg Hamilton CITY/STATE: 3030 Meadow Wood Drive St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 3/7/2025 ----- \$ 250.00 | \$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Paul James CITY/STATE: 923 Hemingway Lane Weldon Spring MO 63304 EMPLOYER: self -- consultant <input type="checkbox"/> COMMITTEE: | 3/7/2025 ----- \$ 200.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Michael Kern CITY/STATE: 13 Pinehurst Court St Peters MO 63376 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 3/7/2025 ----- \$ 250.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Caryn Hoenig CITY/STATE: 122 Wimbledon Court OFallon MO 63368 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 3/8/2025 ----- \$ 400.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Kenneth Dunn CITY/STATE: 2646 Horseshoe Ridge St Charles MO 63303 EMPLOYER: CACI Inc -- IT <input type="checkbox"/> COMMITTEE: | 3/8/2025 ----- \$ 150.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Brian Vogel CITY/STATE: 414 Thomas Avenue St Charles MO 63301 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 3/8/2025 ----- \$ 550.00 | \$ 50.00 <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

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|--|-------------------|
| NAME OF COMMITTEE Francis Howell Families | DATE 3/31/2025 |
|--|-------------------|

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: Wolf and Associates CITY/STATE: 301 Willowpointe Drive EMPLOYER: St Charles MO 63303 <input type="checkbox"/> COMMITTEE: | 3/8/2025 ----- \$ 139.50 | \$ 26.50 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: ADDRESS: August Bunten CITY/STATE: 18 Alpine Ridge Court EMPLOYER: St Peters MO 63376 retired -- retired <input type="checkbox"/> COMMITTEE: | 3/10/2025 ----- \$ 200.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Kevin Rhoades CITY/STATE: 23 Richmond Court EMPLOYER: St Charles MO 63303 retired -- retired <input type="checkbox"/> COMMITTEE: | 3/11/2025 ----- \$ 150.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Paul Hon CITY/STATE: 16 Airline Drive EMPLOYER: St Charles MO 63304 Perfection Hytest -- warehouse <input type="checkbox"/> COMMITTEE: | 3/12/2025 ----- \$ 125.00 | \$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Lisa Borchers CITY/STATE: 324 Clarkson Park EMPLOYER: St Charles MO 63303 retired -- retired <input type="checkbox"/> COMMITTEE: | 3/18/2025 ----- \$ 150.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Bev Ehlen CITY/STATE: 601 Meadowview Court EMPLOYER: Warrenton MO 63383 retired -- retired <input type="checkbox"/> COMMITTEE: | 3/25/2025 ----- \$ 200.00 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Vivian Gontarz CITY/STATE: 525 Lexington Landing Drive EMPLOYER: St Charles MO 63303 retired -- retired <input type="checkbox"/> COMMITTEE: | 3/6/2025 ----- \$ 2,620.00 | \$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Vivian Gontarz CITY/STATE: 525 Lexington Landing Drive EMPLOYER: St Charles MO 63303 retired -- retired <input type="checkbox"/> COMMITTEE: | 3/6/2025 ----- \$ 2,622.00 | \$ 2.00 <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 Francis Howell Families | DATE 3/31/2025 |
|--|-------------------|

INSTRUCTIONS

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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: Randy Cook CITY / STATE: 240 Montecito Terrace EMPLOYER: St Peters MO 63304 WSP -- engineer <input type="checkbox"/> COMMITTEE: | 3/25/2025 ----- \$ 241.00 | \$ 38.73 <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 |
| 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; text-align: right; padding-right: 5px;">--</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 Francis Howell Families | | 2. Report Date 3/31/2025 | |
| 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 View Supplemental Form(s) | | | |
| 5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4) | | \$ 0.00 | |
| 6. Subtotal: Non-Itemized Expenditures Any Attached Pages | | + 657.08 | |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) | | \$ 657.08 | |
| 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: View Supplemental Form(s) 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 | | + 7,785.10 | |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13) | | \$ 7,785.10 | |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14) | | \$ 8,442.18 | |
| 16. Amount of Line 15 Above which was Paid Out This Period | | \$ 8,442.18 | |
| 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: View Supplemental Form(s) 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 | | \$ 8,313.48 | |
| 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 | | \$ 8,313.48 | |



5

| | | |
|---|--|--|
| NAME OF COMMITTEE Francis Howell Families | | DATE 3/31/2025 |
| EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) | | AMOUNT PAID OR INCURRED THIS PERIOD |
| CATEGORY OF EXPENDITURE | | |
| St Patricks Day Parade in Defiance (entrance fee) | | \$ 25.00 |
| St Patrick Day Parade (decorations from Michaels) | | \$ 12.99 |
| St Patrick Day Parade (duct tape from Home Depot) | | \$ 9.69 |
| Facebook ads (Feb 24 to March 27) | | \$ 507.56 |
| wire cutters | | \$ 17.26 |
| service fees to Anedot (3/6 to 3/25) | | \$ 84.58 |
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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 Francis Howell Families | | REPORT DATE 3/31/2025 | |
| 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 THIS PERIOD |
| NAME: Walmart ADDRESS: 2897 Veterans Memorial Pkwy CITY/STATE: St Charles MO 63303 | 3/6/2025 | candy for St Pat's parade \$ | \$ <input checked="" type="checkbox"/> PAID 131.39 <input type="checkbox"/> INCURRED |
| NAME: Harbor Freight ADDRESS: 3803 Mexico Road CITY/STATE: St Charles MO 63303 | 3/10/2025 | supplies \$ | \$ <input checked="" type="checkbox"/> PAID 10.75 <input type="checkbox"/> INCURRED |
| NAME: Thomson Printing Inc ADDRESS: 601 N Kingshighway CITY/STATE: St Charles MO 63301 | 3/11/2025 | printing \$ | \$ <input checked="" type="checkbox"/> PAID 360.55 <input type="checkbox"/> INCURRED |
| NAME: Direct Ads ADDRESS: 1122 S Point Prairie Road CITY/STATE: Wentzville MO 63385 | 3/14/2025 | flyers \$ | \$ <input checked="" type="checkbox"/> PAID 250.00 <input type="checkbox"/> INCURRED |
| NAME: Harbor Freight ADDRESS: 3803 Mexico Road CITY/STATE: St Charles MO 63303 | 3/18/2025 | supplies \$ | \$ <input checked="" type="checkbox"/> PAID 16.13 <input type="checkbox"/> INCURRED |
| NAME: Thomson Printing Inc ADDRESS: 601 N Kingshighway CITY/STATE: St Charles MO 63301 | 3/19/2025 | printing \$ | \$ <input checked="" type="checkbox"/> PAID 7,016.28 <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
CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

| | | |
|--|-----------|---|
| NAME OF COMMITTEE Francis Howell Families | | DATE 3/31/2025 |
| CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) | | |
| NAME AND ADDRESS OF CANDIDATE OR COMMITTEE | DATE | AMOUNT |
| NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE: Cottleville MO 63338 | 3/11/2025 | \$ 180.28 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE: Defiance MO 63341 | 3/11/2025 | \$ 180.28 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE: Cottleville MO 63338 | 3/14/2025 | \$ 125.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE: Defiance MO 63341 | 3/14/2025 | \$ 125.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE: Cottleville MO 63338 | 3/19/2025 | \$ 3,508.14 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE: Defiance MO 63341 | 3/19/2025 | \$ 3,508.14 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE: Cottleville MO 63338 | 3/27/2025 | \$ 253.78 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE: Defiance MO 63341 | 3/27/2025 | \$ 253.78 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE: Cottleville MO 63338 | 3/15/2025 | \$ 89.54 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE: Defiance MO 63341 | 3/15/2025 | \$ 89.54 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| TOTAL: ITEMIZED CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3) | | \$ -- |



MISSOURI ETHICS COMMISSION
DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | |
|---|-----------------------------|
| 1. NAME OF COMMITTEE Francis Howell Families | 2. REPORT DATE 3/31/2025 |
|---|-----------------------------|

DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A. CANDIDATES

| 3. CANDIDATE'S NAME AND ADDRESS | 4. OFFICE SOUGHT | 5. CHECK ONE SUPP. OPP. | 6. EXPENDITURE DATE (MM/DD/YY) | 7. EXPENDITURE AMOUNT |
|---|------------------|-------------------------------|-----------------------------------|--------------------------|
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: View Attached Form(s) ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |

B. BALLOT MEASURES

| 8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION) | 9. ELECTION DATE | 10. CHECK ONE SUPP. OPP. | 11. EXPENDITURES THIS PERIOD | 12. EXPENDITURES TO DATE |
|--|---------------------|--------------------------------|------------------------------------|--------------------------------|
| BALLOT MEASURE: POLITICAL SUBDIVISION: | | | \$ | \$ |
| BALLOT MEASURE: POLITICAL SUBDIVISION: | | | \$ | \$ |
| BALLOT MEASURE: POLITICAL SUBDIVISION: | | | \$ | \$ |



MISSOURI ETHICS COMMISSION DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

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| | |
|---|-----------------------------|
| 1. NAME OF COMMITTEE Francis Howell Families | 2. REPORT DATE 3/31/2025 |
|---|-----------------------------|

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A. CANDIDATES

| 3. CANDIDATE'S NAME AND ADDRESS | 4. OFFICE SOUGHT | 5. CHECK ONE SUPP. OPP. | 6. EXPENDITURE DATE (MM/DD/YY) | 7. EXPENDITURE AMOUNT |
|--|------------------|-------------------------------|-----------------------------------|--------------------------|
| NAME: Randy Cook ADDRESS: PO Box 141 Cottleville MO 63338 CITY STATE ZIP: | FHSB Director | ✓ | 3/15/2025 | \$ 89.54 |
| NAME: Ashley Sturm ADDRESS: PO Box 11 Defiance MO 63341 CITY STATE ZIP: | FHSB Director | ✓ | 3/15/2025 | \$ 89.54 |
| NAME: Randy Cook ADDRESS: PO Box 141 Cottleville MO 63338 CITY STATE ZIP: | FHSB Director | ✓ | 3/11/2025 | \$ 180.28 |
| NAME: Ashley Sturm ADDRESS: PO Box 11 Defiance MO 63341 CITY STATE ZIP: | FHSB Director | ✓ | 3/11/2025 | \$ 180.28 |
| NAME: Randy Cook ADDRESS: PO Box 141 Cottleville MO 63338 CITY STATE ZIP: | FHSB Director | ✓ | 3/14/2025 | \$ 125.00 |
| NAME: Ashley Sturm ADDRESS: PO Box 11 Defiance MO 63341 CITY STATE ZIP: | FHSB Director | ✓ | 3/14/2025 | \$ 125.00 |
| NAME: Randy Cook ADDRESS: PO Box 141 Cottleville MO 63338 CITY STATE ZIP: | FHSB Director | ✓ | 3/19/2025 | \$ 3,508.14 |
| NAME: Ashley Sturm ADDRESS: PO Box 11 Defiance MO 63341 CITY STATE ZIP: | FHSB Director | ✓ | 3/19/2025 | \$ 3,508.14 |



MISSOURI ETHICS COMMISSION
DIRECT EXPENDITURE REPORT

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| | |
|---|-----------------------------|
| 1. NAME OF COMMITTEE Francis Howell Families | 2. REPORT DATE 3/31/2025 |
|---|-----------------------------|

DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A. CANDIDATES

| 3. CANDIDATE'S NAME AND ADDRESS | 4. OFFICE SOUGHT | 5. CHECK ONE SUPP. OPP. | 6. EXPENDITURE DATE (MM/DD/YY) | 7. EXPENDITURE AMOUNT |
|--|------------------|-------------------------------|-----------------------------------|--------------------------|
| NAME: Randy Cook ADDRESS: PO Box 141 Cottleville MO 63338 CITY STATE ZIP: | FHSB Director | ✓ | 3/27/2025 | \$ 428.56 |
| NAME: Ashley Sturm ADDRESS: PO Box 11 Defiance MO 63341 CITY STATE ZIP: | FHSB Director | ✓ | 3/27/2025 | \$ 428.56 |
| NAME: Amy Gryder ADDRESS: 917 Lafayette Landing Place St Charles MO 63303 CITY STATE ZIP: | FHSB Director | ✓ | 2/24/2025 | \$ 39.50 |
| NAME: Sarah Oelke ADDRESS: 82 Jane Drive St Peters MO 63376 CITY STATE ZIP: | FHSB Director | ✓ | 2/24/2025 | \$ 39.50 |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |