



1. DATE OF REPORT	OFFICE USE ONLY
10/20/2023	

2. FULL NAME OF COMMITTEE Francis Howell Families	
3. COMMITTEE MAILING ADDRESS PO Box 1672 CITY / STATE / ZIP St. Charles MO 63302	4. COMMITTEE TELEPHONE NUMBER (636) 578-7947
5. TREASURER'S NAME Vivian Gontarz	
6. TREASURER'S MAILING ADDRESS PO Box 1672 CITY / STATE / ZIP St. Charles MO 63302	7. TREASURER'S TELEPHONE NUMBER HOME: (636) 578-7947 WORK:
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 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (636) 328-5573 WORK:
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL </div>
13. TIME PERIOD COVERED BY THIS STATEMENT <div style="display: flex; justify-content: space-between;"> FROM 4/30/2023 THROUGH 6/30/2023 </div>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <div style="margin-top: 20px;"> <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> _____ </div>	15. TYPE OF REPORT <div style="margin-bottom: 10px;"> <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 </div> </div> <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 <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 </div> <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 <div style="text-align: center; margin-top: 5px;"> July _____ — 3 _____, 20 23 </div>
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <div style="text-align: center; font-size: small;"> ELECTRONICALLY FILED Oct 20 2023 1:17PM </div> <hr/> 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. <div style="text-align: center; font-size: small;"> ELECTRONICALLY FILED Oct 20 2023 1:17PM </div> <hr/> CANDIDATE'S SIGNATURE



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

Francis Howell Families

2. Date of Report

10/20/2023

3. Type and Date of Previously Filed Report

10/20/2023 AMENDED July Quarterly Report

4. Reason for Amendment

Since I corrected the ending "Money on Hand" on the 30-Days-After-Election Report, I am correcting the beginning "Money on Hand" on Line 24 of this report. No other corrections.

5. Amendment Detail



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

Francis Howell
Families

Date of Report

10/20/2023

Office Use Only

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		\$ 26,085.80		
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)	\$ 4,625.76
6. In-kind Contributions Received This Period	+ 214.42		25. Monetary Receipts this Period (From Item 5 - this page)	+ 0.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 214.42		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 32.93
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 26,300.22	a) Disbursements By Check \$ 32.93 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		\$ 21,961.37	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 4,592.83
10. Expenditures made by cash or check this period	\$ 32.93		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)	\$ 32.93		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 21,994.30	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		
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 10/20/2023	
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		+ \$ 214.42	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 214.42	
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		\$ 214.42	
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		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 214.42	
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

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families	DATE 10/20/2023
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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 and Associates CITY/STATE: 305 Willowpointe EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	4/30/2023 \$ 146.50	\$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf and Associates CITY/STATE: 305 Willowpointe EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	5/9/2023 \$ 173.00	\$ 26.50 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf and Associates CITY/STATE: 305 Willowpointe EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	5/24/2023 \$ 244.42	\$ 71.42 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf and Associates CITY/STATE: 305 Willowpointe EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	5/30/2023 \$ 274.42	\$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf and Associates CITY/STATE: 305 Willowpointe EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	6/24/2023 \$ 300.92	\$ 26.50 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf and Associates CITY/STATE: 305 Willowpointe EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:	6/30/2023 \$ 330.92	\$ 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

TOTAL: ITEMIZED CONTRIBUTIONS

(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 10/20/2023	
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 Business Cards			32.93
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 32.93
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 32.93
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:			<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			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 0.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 32.93
16. Amount of Line 15 Above which was Paid Out This Period			\$ 32.93
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:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<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