

Missouri Ethics Commission

1. DATE OF REPORT	OFFICE USE ONLY
3/31/2025	
	Ĭ

COMMITTEE DISCLOSURE	REPORT CO	OVER PAGE	3/31/2025			
M.E.C. ID N	OC211676	;				
INSTRUCTIONS ON REVERSE SIDE						
2. FULL NAME OF COMMITTEE			,	<u> </u>		
Francis Howell Families						
3. COMMITTEE MAILING ADDRESS			4. COMMITTEE TELEF	HONE NU	MBER	
PO Box 1672			/626 \ 570 7/	0.45		
CITY / STATE / ZIP			(636) 578-79	94/		
St. Charles MO 63302						
5. TREASURER'S NAME						
Vivian Gontarz						
6. TREASURER'S MAILING ADDRESS			7. TREASURER'S TEL	EPHONE N	IUMBER	
PO Box 1672			HOME: (636) 578-79	947		
CITY / STATE / ZIP			WORK:			
St. Charles MO 63302						
8. DEPUTY TREASURER'S NAME CHECK IF NO	DEPUTY TREA	ASURER				
Dave McFarland						
9. DEPUTY TREASURER'S MAILING ADDRESS			10. DEPUTY TREASU	RER'S TELI	EPHONE NUMBER	{
PO Box 1672 St. Charles MO 63302			HOME: (636) 328-55	573		
CITY / STATE / ZIP			WORK:			
11. DATE OF ELECTION	12. TYPE OF E	LECTION (CHECK	ONE)			
4/8/2025		O PRIMARY	GENERAL	(SPECIAL	
13. TIME PERIOD COVERED BY THIS STATEMENT						
FROM 2/23/2025		THROUGH 3/27/20	025			
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S		15. TYPE OF REPOR	RT			
ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIV	ISION AND	15 DAYS AFTE	ER CAUCUS NOMINAT	ION		
I SEMONET / IIII		— Псомміттев (QUARTERLY REPORT			
		Ja	n 15 🔲 Apr 15	Jul 15	Oct 15	
		≥ 8 DAYS BEFO	RE			
		30 DAYS AFTE	ER ELECTION			
		TERMINATION	I (ATTACH FORM CO	O-3)		
		— SEMIANNUAL	DEBT REPORT			
			n 15 Jul 15			
		ANNUAL SUP	PLEMENTAL, JAN 15			
		15 DAYS AFTE	ER PETITION DEADLI	NE		
CHECK IF INCUMBENT		OTHER				
		AMENDING PE	REVIOUS REPORT DA	TED		
REPUBLICAN DEMOCRAT		March		_ 28	20 25	
16. COMMITTEE TREASURER'S SIGNATURE	_	47 CANDIDATE'S S		TE COMM	,	
			IGNATURE (CANDIDA			
I CERTIFY THAT THIS REPORT, COMPRISED OF THIS PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TR ACCURATE.			THIS REPORT, COMPI TTACHED FORMS, IS			
ELECTRONICALLY FILED Mar 31 2025 10:14PM		ELECTRONI	CALLY FILED Mar 3	1 2025 10	:14PM	

CANDIDATE'S SIGNATURE

TREASURER'S SIGNATURE



OFFICE USE ONLY

MEC ID #:_____

This form is to be used when amending a previously filed Campaign Finance Disclosure	e Report.
Name of Committee	2. Date of Repo

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

(09-10) (AMD-EXP)



Missouri Ethics Commission REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

Francis Howell
Families

Date of Report

Office Use Only

3/31/2025

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of	
Total Receipts For This Election Previously Reported		\$ 25,349.25	Beginning and Ending Financial Condition	
All Monetary Contributions Received This Period	\$ 3,202.00		Money On Hand	
3. All Loans Received This Period	+ 0.00		money on ridina	
4. Miscellaneous Receipts This Period	+ 0.00		^{24.} Money On Hand at the beginning of this reporting period (Including funds	1,097.10
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 3,202.00		and all other investments)	
In-kind Contributions Received This Period	+ 95.23		25. Monetary Receipts this Period	3,202.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 3,297.23		(From Rem & and page)	7,202.00
 Total All Receipts This Election (Sum 1B + 7A) 		\$ 28,646.48	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	3,442.18
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	b) Disbursements By Cash \$0.00	, 112.10
 Total Expenditures for this election previously reported Expenditures made by cash or check 		\$ 17,369.07	Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	5,856.92
this period	\$ 8,442.18		(SOW 24 + 23 - 20)	
In-Kind Expenditures made this period	+ 0.00		Indebtedness	
 Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3) 	+ 0.00		muesteuriess	
 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.	0 00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	Loans Received This Period +	0.00
15. Total Contributions Made For This Election Previously Reported16.		\$ 13,346.64	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	0.00
All Contributions Made This Period (25A or 25B of CD3)	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.	0 00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 8,313.48		Payments Made on Loans This Period -	0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$21,660.12	32. Debt Forgiven on Loans This Period -	0 00
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		0.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00		33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only)	0.00
Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00		(Line 21 this page)	0.00
Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00		Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + \$	0.00
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00		30A + 30B - 31 - 32 - 33)	CD Summary



MISSOURI ETHICS COMMISSION **CONTRIBUTIONS AND LOANS RECEIVED**

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY	

1. NAME OF COMMITTEE	2. REPORT DATE	•
Francis Howell Families	3/31/2025	
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	ACCDECATE TO	(CHECK IF
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO DATE	MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME:	DATE	OK IIV-KIIVD)
ADDRESS:		\$
CITY/STATE: View Supplemental Form(s)		Ψ
EMPLOYER:		MONETARY
COMMITTEE:	\$	IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:		,
EMPLOYER:	¢	■ MONETARY
COMMITTEE:	\$	☐ IN-KIND
NAME:		
ADDRESS:		\$
CITY / STATE:		
EMPLOYER:	\$	MONETARY
COMMITTEE:	Ψ	☐ IN-KIND
NAME:		_
ADDRESS:		\$
CITY / STATE:		
EMPLOYER:	\$	MONETARY
COMMITTEE:	'	☐ IN-KIND
NAME: ADDRESS:		\$
CITY / STATE:		Φ
EMPLOYER:		☐ MONETARY
COMMITTEE:	\$	IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)	L	\$ 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		AMOUNT
(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	1 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	_	\$ 0.00
C. LOANS RECEIVED	16. DATE	17. AMOUNT OF LOAN (IF MORE THAN \$100
15. NAME AND ADDRESS OF LENDER	RECEIVED	ATTACH CD-1B)
NAME:		
ADDRESS:		
CITY / STATE:		\$
NAME:		
ADDRESS:		¢
CITY / STATE: 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)	l	\$ \$ 0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		r
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00 \$ 0.00
20. TOTAL: LOANS THIS PERIOD (SUM 16 + 19) 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		Φ.
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 10 + 14)		\$ 95.23 \$ 3,202.00
22. TO TALE MORE PART CONTINUO HONO (SOM 3, 11, 12 & 13)		TAD 3 2002 00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SLIM 0 13 & 20)	\$ 3,202.00



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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.

if further information is needed concerning reporting itemized expenditures, see Form CD-1 instructions.				
	RIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED	
	EES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	AGGREGATE TO	(CHECK IF MONETARY	
· ·	O TO A COMMITTEE.	DATE	OR IN-KIND)	
NAME:	S AND OCCUPATION (LIST COMMITTEES FIRST)	BATE		
ADDRESS:	Bob Onder		\$ 1,000.00	
CITY / STATE:	4015 S Highway 94	3/6/2025	, ·	
EMPLOYER:	Augusta MO 63332 United States Congress Congressman	Φ	MONETARY	
СОММІТТЕЕ:	onicoa baacab congress congressman	\$ 1,000.00	IN-KIND	
NAME:				
ADDRESS:	Wolf and Associates	2/28/2025	\$ 30.00	
CITY / STATE:	301 Willowpointe Drive	2/28/2025		
EMPLOYER:	St Charles MO 63304	\$ 113.00	MONETARY	
COMMITTEE:		Ψ 113.00	IN-KIND	
NAME:			A 150.00	
ADDRESS:	Greg Hamilton	3/7/2025	\$ 150.00	
CITY / STATE:	3030 Meadow Wood Drive St Charles MO 63303	3/ 1/ 2023		
EMPLOYER:	retired retired	\$ 250.00	MONETARY	
COMMITTEE:			L IN-KIND	
NAME:			c 100.00	
ADDRESS:	Paul James 923 Hemingway Lane	3/7/2025	\$ 100.00	
CITY / STATE: EMPLOYER:	Weldon Spring MO 63304		MONETARY	
COMMITTEE:	self consultant	\$ 200.00	IN-KIND	
NAME:			I IVILIND	
ADDRESS:	Michael Kern		\$ 50.00	
CITY / STATE:	13 Pinehurst Court	3/7/2025	J 30.00	
EMPLOYER:	St Peters MO 63376 retired retired	Ф 050 00	✓ MONETARY	
COMMITTEE:		\$ 250.00	IN-KIND	
NAME:				
ADDRESS:	Caryn Hoenig	3/8/2025	\$ 100.00	
CITY / STATE:	122 Wimbledon Court OFallon MO 63368	3/8/2025		
EMPLOYER:	retired retired	\$ 400.00	MONETARY	
COMMITTEE:		Ψ 100.00	IN-KIND	
NAME:				
ADDRESS:	Kenneth Dunn 2646 Horseshoe Ridge	3/8/2025	\$ 50.00	
CITY / STATE:	St Charles MO 63303		MONETARY	
EMPLOYER:	CACI Inc IT	\$ 150.00	1 =	
COMMITTEE: NAME:			IN-KIND	
ADDRESS:	Brian Vogel		\$ 50.00	
CITY / STATE:	414 Thomas Avenue	3/8/2025	Ψ 50.00	
EMPLOYER:	St Charles MO 63301 retired retired	Φ	✓ MONETARY	
COMMITTEE:		\$ 550.00	IN-KIND	
	ED CONTRIBUTIONS	:	· _	
(CARRY	TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTA	ACHED PAGES" ON FORM C)-1)	



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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.

	4. DATE RECEIVED	5. AMOUNT RECEIVED
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
IAME:		
ADDRESS: Wolf and Associates CHTY/STATE: 301 Willowpointe Drive	3/8/2025	\$ 26.50
MPLOYER: St Charles MO 63303 COMMITTEE:	\$ 139.50	MONETARY IN-KIND
IAME:		
ADDRESS: August Bunten DITY/STATE: 18 Alpine Ridge Court	3/10/2025	\$ 100.00
MPLOYER: St Peters MO 63376 retired retired COMMITTEE:	\$ 200.00	MONETARY IN-KIND
IAME:		
ADDRESS: Kevin Rhoades CITY/STATE: 23 Richmond Court St Charles MO 63303	3/11/2025	\$ 50.00
MPLOYER: retired retired COMMITTEE:	\$ 150.00	MONETARY IN-KIND
IAME:		_
DDRESS: Paul Hon	3/12/2025	\$ 75.00
CITY/STATE: 16 Airline Drive St Charles MO 63304		
MPLOYER: Perfection Hytest warehouse	\$ 125.00	MONETARY
COMMITTEE:	Ť	L IN-KIND
IAME:		Φ.
ADDRESS: Lisa Borchers 324 Clarkson Park	3/18/2025	\$ 50.00
St Charles MO 63303		LAZ MONETARY
MPLOYER: retired retired	\$ 150.00	MONETARY
COMMITTEE: IAME:		IN-KIND
2222		\$ 200.00
DDRESS: Bev Ehlen DTY/STATE: 601 Meadowview Court	3/25/2025	\$ 200.00
Warrenton MO 63383 MPLOYER: retired retired		✓ MONETARY
COMMITTEE:	\$ 200.00	IN-KIND
IAME:		114-1/1140
NDRESS: Vivian Gontarz		\$ 20.00
S25 Lexington Landing Drive	3/6/2025	Δ0.00
St Charles MO 63303 MPLOYER: retired retired		✓ MONETARY
COMMITTEE:	\$ 2,620.00	IN-KIND
IAME:		
DDRESS: Vivian Gontarz	2/6/2225	\$ 2.00
STATE: 525 Lexington Landing Drive	3/6/2025	
St Charles MO 63303 MPLOYER: retired retired	c 2 c22 00	✓ MONETARY
COMMITTEE:	\$ 2,622.00	IN-KIND

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

DFFI	CE	USE	ONL	_Y

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	4. DATE RECEIVED	5. AMOUNT RECEIVED		
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	400DE04TE TO	(CHECK IF MONETARY		
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO DATE	OR IN-KIND)		
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME:	DATE			
ADDDESS		\$ 38.73		
ADDRESS: Randy Cook CITY/STATE: 240 Montecito Terrace	3/25/2025	φ 30.73		
St Peters MO 63304		MONETARY		
EMPLOYER: WSP engineer COMMITTEE:	\$ 241.00	IN-KIND		
NAME:				
ADDRESS:		\$		
CITY / STATE:				
EMPLOYER:	Φ.	MONETARY		
COMMITTEE:	\$	IN-KIND		
NAME:				
ADDRESS:		\$		
CITY / STATE:				
EMPLOYER:	Φ	MONETARY		
COMMITTEE:	\$	IN-KIND		
NAME:				
ADDRESS:		\$		
CITY / STATE:				
EMPLOYER:	Ф	MONETARY		
COMMITTEE:	\$	IN-KIND		
NAME:				
ADDRESS:		\$		
CITY / STATE:				
EMPLOYER:	Φ	MONETARY		
COMMITTEE:	\$	IN-KIND		
NAME:				
ADDRESS:		\$		
CITY / STATE:				
EMPLOYER:	¢.	MONETARY		
COMMITTEE:	\$	☐ IN-KIND		
NAME:				
ADDRESS:		\$		
CITY / STATE:				
EMPLOYER:	¢.	MONETARY		
COMMITTEE:	\$	☐ IN-KIND		
NAME:				
ADDRESS:		\$		
CITY / STATE:				
EMPLOYER:		MONETARY		
COMMITTEE:	\$	IN-KIND		
TOTAL: ITEMIZED CONTRIBUTIONS				
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACH	HED PAGES" ON FORM CD	-1)		

5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	MISSOURI ETHICS COMMISSION
	EXPENDITURES AND CONTRIBUTIONS MADE
	Instructions on Reverse Side

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ı				
ı				

A Name of the Control		2. Report Date	
1. Name of Committee			
Francis Howell Families		3/31/2025	_
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below) 3. Category of Expenditure			Amount Paid or Incurred This Period
View Supplemental Form(s)			
v.on cappionicitai i cim(o)			
Subtotal: Non-Itemized Expenditures This Page (Sum Column	4)		\$ 0.00
Subtotal: Non-Itemized Expenditures This Page (Sum Column) Subtotal: Non-Itemized Expenditures Any Attached Pages		\$ 0.00 + 657.08	
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)		\$ 657.08	
B. Itemized Expenditures All Over \$100		10. Purpose - (If	Ψ 037.00
And All Payments To Campaign Workers	9. Date	Payment was to a	11. Amount This Period
Name and Address of Recipient		Campaign Worker, Show Aggregate Paid)	
Name:		33 - 3	\$
Address:			Paid
City / State:			Incurred
Name:			\$
Address: View Supplemental Form(s)			Paid
City / State:			Incurred
Name:			\$
Address:			Paid
City / State:			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 Pe	eriod Including Payments	Made by Credit Cards	\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List	t Amount		\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attac	ch Form CD1B - amount go	es to Line 5 / Part II)	\$ 0.00
C. Contributions Made (Regardless of Amount)		<u>, </u>	22. Amount
20. Name and Address of Candidate or Committee		21. Date	
Name:			\$
Address: View Supplemental Form(s)			Monetary
City / State:			In-Kind
Name:			\$
Address:			Monetary
City / State: Name:			In-Kind
Address:			Ψ Monoton
City / State:			Monetary In-Kind
23. Subtotal: This Page (Sum Column 22)			<u></u>
* * * * * * * * * * * * * * * * * * * *		•	
24. Subtotal: Any Attached Pages		A. By Cash / Check	\$ 8,313.48
25. Total: Monetary Contributions Made This Period	\$ 0.00		
	9 0.00		
26. If Committee Made Any Loans This Period, List Amount		\$	
27. Total: All Monetary Contributions and Loans Made This Perio		\$ 0.00	
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 8,313.48
MO 300-1315 (1-10)		Form CD3	

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v	П	ш	C	ᇀ	u	OE		J	N	_	ı

NAME OF COMMITTEE DATE Francis Howell Families 3/31/2025 **EXPENDITURES OF \$100 OR LESS BY CATEGORY** AMOUNT PAID OR (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) 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 \$ \$ \$ \$ \$ 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

O	F	FI	C	US	Ε(OI	N	LY	

NAME OF COM	MITTEE		REPORT DATE	
Francis Ho	owell Families		3/31/2025	
AND ALL	ED EXPENDITURES ALL OVER \$100 PAYMENTS TO CAMPAIGN WORKERS DRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: ADDRESS: CITY / STATE:	Walmart 2897 Veterans Memorial Pkwy St Charles MO 63303	3/6/2025	candy for St Pat's parade	\$ 131.39 PAID INCURRED
NAME: ADDRESS: CITY / STATE:	Harbor Freight 3803 Mexico Road St Charles MO 63303	3/10/2025	supplies	\$ 10.75 PAID INCURRED
NAME: ADDRESS: CITY / STATE:	Thomson Printing Inc 601 N Kingshighway St Charles MO 63301	3/11/2025	printing \$	\$ 360.55 PAID 360.55 INCURRED
NAME: ADDRESS: CITY / STATE:	Direct Ads 1122 S Point Prairie Road Wentzville MO 63385	3/14/2025	flyers	\$ 250.00 PAID INCURRED
NAME: ADDRESS: CITY / STATE:	Harbor Freight 3803 Mexico Road St Charles MO 63303	3/18/2025	supplies	PAID 16.13 INCURRED
NAME: ADDRESS: CITY / STATE:	Thomson Printing Inc 601 N Kingshighway St Charles MO 63301	3/19/2025	printing \$	\$ PAID 7,016.28 INCURRED
NAME: ADDRESS: CITY / STATE:			\$	PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
NAME: ADDRESS: CITY / STATE:			\$	\$ PAID INCURRED
TOTAL: ITE (CA	\$			



MISSOURI ETHICS COMMISSION CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families	DATE 3/31/2	025
CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)	DATE	AMOUNT
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE: Cottleville MO 63338	3/11/2025	\$ 180.28 MONETARY IN-KIND
NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE:	3/11/2025	\$ 180.28 MONETARY IN-KIND
NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE:	3/14/2025	\$ 125.00 ☐ MONETARY ✓ IN-KIND
NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE:	3/14/2025	\$ 125.00 MONETARY IN-KIND
NAME: Citizens for Randy Cook ADDRESS: PO Box 141 COttleville MO 63338 CITY/STATE:	3/19/2025	\$ 3,508.14 MONETARY IN-KIND
NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE:	3/19/2025	\$ 3,508.14 MONETARY IN-KIND
NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE: Cottleville MO 63338	3/27/2025	\$ 253.78 MONETARY IN-KIND
NAME: Sturm for FHSD ADDRESS: PO Box 11 Defiance MO 63341 CITY/STATE:	3/27/2025	\$ 253.78 MONETARY IN-KIND
NAME: Citizens for Randy Cook ADDRESS: PO Box 141 CITY/STATE:	3/15/2025	\$ 89.54 MONETARY IN-KIND
NAME: Sturm for FHSD ADDRESS: PO Box 11 CITY/STATE: Defiance MO 63341	3/15/2025	\$ 89.54 MONETARY IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM		\$



MISSOURI ETHICS COMMISSION DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

watery.	
1. NAME OF COMMITTEE	2. REPORT DATE
Francis Howell Families	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.

complete this form.					
A. CANDIDATES					
3. CANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHE SUPP.	CK ONE OPP.	6. EXPENDITURE DATE (MM/DD/YY)	
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		_			
NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9. ELECTION DATE	10. CHE	OPP.	11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
BALLOT MEASURE:					
POLITICAL SUBDIVISION:				\$	\$
BALLOT MEASURE:					
DOLUTION OURDIVIOUS					
POLITICAL SUBDIVISION:				\$	\$
BALLOT MEASURE:					
POLITICAL SUBDIVISION:				\$	\$

OFFICE USE ONLY



MISSOURI ETHICS COMMISSION DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

Francis Howell Families

2. REPORT DATE 3/31/2025

OFFICE USE ONLY

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.

complete this fo						
A. CANDIDAT	ES	1			1	
3. C	ANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHE	CK ONE OPP.	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
NAME: ADDRESS: CITY STATE ZIP:	Randy Cook PO Box 141 Cottleville MO 63338	FHSB Director	~		3/15/2025	\$ 89.54
NAME: ADDRESS: CITY STATE ZIP:	Ashley Sturm PO Box 11 Defiance MO 63341	FHSB Director	~		3/15/2025	\$ 89.54
NAME: ADDRESS: CITY STATE ZIP:	Randy Cook PO Box 141 Cottleville MO 63338	FHSB Director	~		3/11/2025	\$ 180.28
NAME: ADDRESS: CITY STATE ZIP:	Ashley Sturm PO Box 11 Defiance MO 63341	FHSB Director	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3/11/2025	\$ 180.28
NAME: ADDRESS: CITY STATE ZIP:	Randy Cook PO Box 141 Cottleville MO 63338	FHSB Director	~		3/14/2025	\$ 125.00
NAME: ADDRESS: CITY STATE ZIP:	Ashley Sturm PO Box 11 Defiance MO 63341	FHSB Director	•		3/14/2025	\$ 125.00
NAME: ADDRESS: CITY STATE ZIP:	Randy Cook PO Box 141 Cottleville MO 63338	FHSB Director	~		3/19/2025	
NAME: ADDRESS: CITY STATE ZIP:	Ashley Sturm PO Box 11 Defiance MO 63341	FHSB Director	•		3/19/2025	\$ 3,508.14



MISSOURI ETHICS COMMISSION DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE 2. REPORT DATE Francis Howell Families 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.

complete this fo							
A. CANDIDAT	ES	_	_				
3. C	ANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHE SUPP.	CK ONE OPP.	6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT	
NAME: ADDRESS: CITY STATE ZIP:	Randy Cook PO Box 141 Cottleville MO 63338	FHSB Director	•		3/27/2025	\$ 428.56	
NAME: ADDRESS: CITY STATE ZIP:	Ashley Sturm PO Box 11 Defiance MO 63341	FHSB Director	~		3/27/2025	\$ 428.56	
NAME: ADDRESS: CITY STATE ZIP:	Amy Gryder 917 Lafayette Landing Place St Charles MO 63303	FHSB Director		~	2/24/2025	\$ 39.50	
NAME: ADDRESS: CITY STATE ZIP:	Sarah Oelke 82 Jane Drive St Peters MO 63376	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:						\$	

OFFICE USE ONLY