



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C211676

1. DATE OF REPORT 2/27/2025	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 4/8/2025	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/1/2025 THROUGH 2/22/2025	
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"/> _____	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input 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 checked="" type="checkbox"/> OTHER AMENDED 40 Day Before General Municipal Ele <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED February _____, 24, 20 25
	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 Feb 27 2025 5:46PM _____ 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		2/27/2025
3. Type and Date of Previously Filed Report		
02/27/2025 AMENDED 40 Day Before General Municipal Election-4/8/2025		
4. Reason for Amendment		
Forgot to do the "Expenditures to Support/Oppose Candidate/Ballot Measure" supplemental form. Also, forgot to include in-kind donations to candidates for FHSB election.		
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

Monetary Contributions Made
Added-Randy Cook

Monetary Contributions Made
Added-Ashley Sturm

Monetary Contributions Made
Added-Randy Cook

Monetary Contributions Made
Added-Ashley Sturm

Monetary Contributions Made
Added-Randy Cook



MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT

OFFICE USE ONLY

MEC ID #: C211676

5. Amendment Detail - Continued

Monetary Contributions Made
Added-Ashley Sturm

Monetary Contributions Made
Added-Randy Cook

Monetary Contributions Made
Added-Ashley Sturm

Direct Expenditure for a Candidate
Added-Randy Cook

Direct Expenditure for a Candidate
Added-Ashley Sturm



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: C211676

5. Amendment Detail - Continued

Direct Expenditure for a Candidate
Added-Randy Cook

Direct Expenditure for a Candidate
Added-Ashley Sturm

Direct Expenditure for a Candidate
Added-Randy Cook

Direct Expenditure for a Candidate
Added-Ashley Sturm

Direct Expenditure for a Candidate
Added-Randy Cook



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: C211676

5. Amendment Detail - Continued

Direct Expenditure for a Candidate
Added-Ashley Sturm

Direct Expenditure for a Candidate
Added-Randy Cook

Direct Expenditure for a Candidate
Added-Ashley Sturm

Direct Expenditure for a Candidate
Added-Randy Cook

Direct Expenditure for a Candidate
Added-Ashley Sturm



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: C211676

5. Amendment Detail - Continued

Direct Expenditure for a Candidate
Added-Randy Cook

Direct Expenditure for a Candidate
Added-Ashley Sturm

Direct Expenditure for a Candidate
Added-Amy Gryder

Direct Expenditure for a Candidate
Added-Sarah Oelke



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Francis Howell Families	2/27/2025	

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		\$ 0.00		
2. All Monetary Contributions Received This Period	\$ 23,721.00		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)	\$ 23,721.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 4,745.17
6. In-kind Contributions Received This Period	+ 1,628.25		25. Monetary Receipts this Period (From Item 5 - this page)	+ 23,721.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 25,349.25		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 17,369.07
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 25,349.25	a) Disbursements By Check \$ 17,369.07 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		\$ 0.00	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 11,097.10
10. Expenditures made by cash or check this period	\$ 17,369.07		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)	\$ 17,369.07		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 17,369.07	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		\$ 0.00	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	+ 13,346.64		31. Payments Made on Loans This Period	- 0.00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 13,346.64		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 13,346.64	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 2/27/2025	
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		+ \$ 18,978.25	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 18,978.25	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 17,350.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 1,628.25	
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		\$ 6,371.00	
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)		\$ 1,628.25	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 23,721.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 23,721.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families	DATE 2/27/2025
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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. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Vivian Gontarz CITY/STATE: 525 Lexington Landing Drive EMPLOYER: Saint Charles MO 63303 retired -- retired <input type="checkbox"/> COMMITTEE:	1/13/2025 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Martin Bennet CITY/STATE: 12174 Bent Brook Road EMPLOYER: St Louis MO 63122 Regional Director -- Common Goal Systems Inc <input type="checkbox"/> COMMITTEE:	1/15/2025 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kirk Wolf CITY/STATE: 305 Willowpointe Drive EMPLOYER: Saint Charles MO 63304 Wolf & Associates -- software <input type="checkbox"/> COMMITTEE:	1/17/2025 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanine Wolf CITY/STATE: 305 Willowpointe Drive EMPLOYER: Saint Charles MO 63304 retired -- retired <input type="checkbox"/> COMMITTEE:	1/17/2025 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brian Vogel CITY/STATE: 414 Thomas Avenue EMPLOYER: Saint Charles MO 63301 retired -- retired <input type="checkbox"/> COMMITTEE:	1/19/2025 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Cook CITY/STATE: 240 Montecito Terrace EMPLOYER: St Peters MO 63304 WSP -- engineer <input type="checkbox"/> COMMITTEE:	1/25/2025 ----- \$ 164.90	\$ 164.90 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Caryn Hoenig CITY/STATE: 122 Wimbledon Court EMPLOYER: OFallon MO 63368 none -- homemaker <input type="checkbox"/> COMMITTEE:	1/26/2025 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wanda Wiegert CITY/STATE: 7291 Picasso Drive EMPLOYER: OFallon MO 63368 retired -- retired <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 300.00	\$ 300.00 <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 2/27/2025
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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. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: William Macy CITY / STATE: 322 Woodmere Drive Saint Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	1/13/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Macy CITY / STATE: 322 Woodmere Drive Saint Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 400.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tara Young CITY / STATE: 10 Briar Patch Drive Defiance MO 63341 EMPLOYER: none -- homemaker <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Reich CITY / STATE: 614 Glenberry Place Cottleville MO 63304 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Maren Hintze CITY / STATE: 4177 Millers Ridge Saint Charles MO 63304 EMPLOYER: none -- homemaker <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dan Morrison CITY / STATE: 1156 Clydesdale Drive Saint Charles MO 63304 EMPLOYER: self -- self <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 250.00	\$ 250.00 <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:	1/30/2025 ----- \$ 600.00	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Penny Henke CITY / STATE: 770 Meadow Cliff Drive Saint Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 500.00	\$ 500.00 <input checked="" 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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families	DATE 2/27/2025
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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. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Mary Lou Rogers CITY/STATE: 193 Timber Pines Drive EMPLOYER: Defiance MO 63341 American Solutions for Business -- sales <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Adriana Kuhn CITY/STATE: 212 Timber Pines Drive EMPLOYER: Defiance MO 63341 self -- marketing consultant <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karen McKean CITY/STATE: 4129 Stafford Woods Court EMPLOYER: Saint Charles MO 63304 retired -- retired <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Kern CITY/STATE: 13 Pinehurst Court EMPLOYER: St Peters MO 63376 ITS for Christ -- IT Researcher <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kyle Shell CITY/STATE: 5155 New Melle Oaks Lane EMPLOYER: Wentzville MO 63385 IPMG -- account executive <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Simon CITY/STATE: 9 Greenview Drive EMPLOYER: Defiance MO 63341 Sibmi -- psychiatrist <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Abbigail Stahlschmidt CITY/STATE: PO Box 1672 EMPLOYER: Saint Charles MO 63302 self -- musician <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 900.00	\$ 900.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Andy Sutton CITY/STATE: 886 Westerfield Drive South EMPLOYER: Weldon Spring MO 63304 self -- musician <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 350.00	\$ 350.00 <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 2/27/2025
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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: Ken Gontarz CITY/STATE: 525 Lexington Landing Drive Saint Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	2/2/2025 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Burris CITY/STATE: 2715 Elm Ridge Road Saint Charles MO 63348 EMPLOYER: Bunge -- engineer <input type="checkbox"/> COMMITTEE:	1/22/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Burris CITY/STATE: 2715 Elm Ridge Road Saint Charles MO 63348 EMPLOYER: Bunge -- engineer <input type="checkbox"/> COMMITTEE:	2/6/2025 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Cook CITY/STATE: 240 Montecito Terrace St Peters MO 63304 EMPLOYER: WSP -- engineer <input type="checkbox"/> COMMITTEE:	2/13/2025 ----- \$ 202.67	\$ 37.77 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Dave Westbrook CITY/STATE: 512 Woodmere Crossing Saint Charles MO 63303 EMPLOYER: Blackmore and Glunt -- sales engineer <input type="checkbox"/> COMMITTEE:	2/17/2025 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sherry McNail CITY/STATE: 3120 Windswept Drive Saint Charles MO 63303 EMPLOYER: The Dental Anesthesia Center -- anesthesia assistant <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sherry McNail CITY/STATE: 3120 Windswept Drive Saint Charles MO 63303 EMPLOYER: The Dental Anesthesia Center -- anesthesia assistant <input type="checkbox"/> COMMITTEE:	2/17/2025 ----- \$ 176.58	\$ 76.58 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Associates CITY/STATE: 305 Willowpointe Drive Saint Charles MO 63304 EMPLOYER: <input type="checkbox"/> COMMITTEE:	1/8/2025 ----- \$ 26.50	\$ 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 2/27/2025
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INSTRUCTIONS

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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 Drive EMPLOYER: Saint Charles MO 63304 <input type="checkbox"/> COMMITTEE:	1/30/2025 ----- \$ 56.50	\$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Gontarz CITY/STATE: 525 Lexington Landing Drive EMPLOYER: Saint Charles MO 63303 retired -- retired <input type="checkbox"/> COMMITTEE:	2/17/2025 ----- \$ 2,516.00	\$ 16.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf and Assoc CITY/STATE: 305 Willowpointe Drive EMPLOYER: Saint Charles MO 63304 <input type="checkbox"/> COMMITTEE:	2/8/2025 ----- \$ 83.00	\$ 26.50 <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

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 2/27/2025	
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			+ 374.76
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 374.76
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: View Supplemental Form(s)			<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			+ 16,994.31
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 16,994.31
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 17,369.07
16. Amount of Line 15 Above which was Paid Out This Period			\$ 17,369.07
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: View Supplemental Form(s)			<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			\$ 13,346.64
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			\$ 13,346.64



5

NAME OF COMMITTEE Francis Howell Families		DATE 2/27/2025
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		
Anedot service fee on credit card donations	\$	212.98
Office Depot supplies	\$	36.78
Advertising	\$	25.00
advertising	\$	100.00
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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 2/27/2025	
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: USPS ADDRESS: 1890 First Capitol Drive CITY/STATE: Saint Charles MO 63302	1/7/2025	PO Box rental \$	\$ 200.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Outfront Media ADDRESS: 4015 Papin Street CITY/STATE: St Louis MO 63110	1/14/2025	advertising \$	\$ 5,025.77 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 1890 First Capitol Drive CITY/STATE: Saint Charles MO 63302	1/15/2025	postage \$	\$ 146.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Direct Ads ADDRESS: 1122 S Point Prairie Road CITY/STATE: Wentzville MO 63385	1/17/2025	advertising \$	\$ 160.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Survey St Louis ADDRESS: 126 N Main Street CITY/STATE: Saint Charles MO 63301	1/22/2025	advertising \$	\$ 135.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Thomson Printing ADDRESS: 601 N Kingshighway CITY/STATE: Saint Charles MO 63301	1/22/2025	printing \$	\$ 67.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Thomson Printing ADDRESS: 601 N Kingshighway CITY/STATE: Saint Charles MO 63301	1/22/2025	printing \$	\$ 812.79 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Defiance Ridge Winery ADDRESS: 2711 South Hwy 94 CITY/STATE: Defiance MO 63341	1/30/2025	food, beverages, private party \$	\$ 2,821.43 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: NewsMagazine Network ADDRESS: 754 Spirit 40 Park Drive CITY/STATE: Chesterfield MO 63005	2/14/2025	advertising \$	\$ 738.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Survey St Louis ADDRESS: 126 N Main Street CITY/STATE: Saint Charles MO 63301	2/19/2025	advertising \$	\$ 6,770.05 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Harbor Freight ADDRESS: 3803 Mexico Road CITY/STATE: Saint Charles MO 63303	2/20/2025	supplies \$	\$ 118.27 <input checked="" 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 2/27/2025
CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: Randy Cook ADDRESS: 240 Montecito Terrace CITY / STATE: St Peters MO 63304	1/14/2025	\$ 2,512.89 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Ashley Sturm ADDRESS: 220 Markham Court CITY / STATE: Defiance MO 63341	1/14/2025	\$ 2,512.89 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Randy Cook ADDRESS: 240 Montecito Terrace CITY / STATE: St Peters MO 63304	1/22/2025	\$ 406.40 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Ashley Sturm ADDRESS: 220 Markham Court CITY / STATE: Defiance MO 63341	1/22/2025	\$ 406.40 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Randy Cook ADDRESS: 240 Montecito Terrace CITY / STATE: St Peters MO 63304	2/14/2025	\$ 369.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Ashley Sturm ADDRESS: 220 Markham Court CITY / STATE: Defiance MO 63341	2/14/2025	\$ 369.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Randy Cook ADDRESS: 240 Montecito Terrace CITY / STATE: St Peters MO 63304	2/19/2025	\$ 3,385.03 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Ashley Sturm ADDRESS: 220 Markham Court CITY / STATE: Defiance MO 63341	2/19/2025	\$ 3,385.03 <input type="checkbox"/> MONETARY <input checked="" 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
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 2/27/2025
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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

OFFICE USE ONLY

1. NAME OF COMMITTEE Francis Howell Families	2. REPORT DATE 2/27/2025
---	-----------------------------

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: 240 Montecito Terrace St Peters MO 63304 CITY STATE ZIP:	Francis Howell School Board Director	✓	1/14/2025	\$ 2,512.89
NAME: Ashley Sturm ADDRESS: 220 Markham Court Defiance MO 63341 CITY STATE ZIP:	Francis Howell School Board Director	✓	1/14/2025	\$ 2,512.89
NAME: Randy Cook ADDRESS: 240 Montecito Terrace St Peters MO 63304 CITY STATE ZIP:	Francis Howell School Board Director	✓	1/22/2025	\$ 406.40
NAME: Ashley Sturm ADDRESS: 220 Markham Court Defiance MO 63341 CITY STATE ZIP:	Francis Howell School Board Director	✓	1/22/2025	\$ 406.40
NAME: Randy Cook ADDRESS: 240 Montecito Terrace St Peters MO 63304 CITY STATE ZIP:	Francis Howell School Board Director	✓	2/14/2025	\$ 369.00
NAME: Ashley Sturm ADDRESS: 220 Markham Court Defiance MO 63341 CITY STATE ZIP:	Francis Howell School Board Director	✓	2/14/2025	\$ 369.00
NAME: Randy Cook ADDRESS: 240 Montecito Terrace St Peters MO 63304 CITY STATE ZIP:	Francis Howell School Board Director	✓	2/19/2025	\$ 3,385.03
NAME: Ashley Sturm ADDRESS: 220 Markham Court Defiance MO 63341 CITY STATE ZIP:	Francis Howell School Board Director	✓	2/19/2025	\$ 3,385.03



MISSOURI ETHICS COMMISSION

DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Francis Howell Families	2. REPORT DATE 2/27/2025
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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: 240 Montecito Terrace St Peters MO 63304 CITY STATE ZIP:	Francis Howell School Board Director	✓	1/22/2025	\$ 67.50
NAME: Ashley Sturm ADDRESS: 220 Markham Court Defiance MO 63341 CITY STATE ZIP:	Francis Howell School Board Director	✓	1/22/2025	\$ 67.50
NAME: Randy Cook ADDRESS: 240 Montecito Terrace St Peters MO 63304 CITY STATE ZIP:	Francis Howell School Board Director	✓	1/30/2025	\$ 1,410.72
NAME: Ashley Sturm ADDRESS: 220 Markham Court Defiance MO 63341 CITY STATE ZIP:	Francis Howell School Board Director	✓	1/30/2025	\$ 1,410.72
NAME: Randy Cook ADDRESS: 240 Montecito Terrace St Peters MO 63304 CITY STATE ZIP:	Francis Howell School Board Director	✓	2/17/2025	\$ 50.00
NAME: Ashley Sturm ADDRESS: 220 Markham Court Defiance MO 63341 CITY STATE ZIP:	Francis Howell School Board Director	✓	2/17/2025	\$ 50.00
NAME: Amy Gryder ADDRESS: 917 Lafayette Landing Place Saint Charles MO 63303 CITY STATE ZIP:	Francis Howell School Board Director	✓	2/21/2025	\$ 12.50
NAME: Sarah Oelke ADDRESS: 82 Jane Drive St Peters MO 63376 CITY STATE ZIP:	Francis Howell School Board	✓	2/21/2025	\$ 12.50



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:

There were no anonymous donation. Donor information was captured whether by check, cash, or card.