



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

<b>2. FULL NAME OF COMMITTEE</b> Francis Howell Families	
<b>3. COMMITTEE MAILING ADDRESS</b> PO Box 1672	<b>4. COMMITTEE TELEPHONE NUMBER</b>  (636) 578-7947
<b>CITY / STATE / ZIP</b> St. Charles MO 63302	
<b>5. TREASURER'S NAME</b> Vivian Gontarz	
<b>6. TREASURER'S MAILING ADDRESS</b> PO Box 1672	<b>7. TREASURER'S TELEPHONE NUMBER</b> HOME: (636) 578-7947  WORK:
<b>CITY / STATE / ZIP</b> St. Charles MO 63302	
<b>8. DEPUTY TREASURER'S NAME</b> <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Dave McFarland	
<b>9. DEPUTY TREASURER'S MAILING ADDRESS</b> PO Box 1672 St. Charles MO 63302	<b>10. DEPUTY TREASURER'S TELEPHONE NUMBER</b> HOME: (636) 328-5573  WORK:
<b>CITY / STATE / ZIP</b>	
<b>11. DATE OF ELECTION</b>	<b>12. TYPE OF ELECTION ( CHECK ONE )</b> <div style="display: flex; justify-content: space-around;"> <span><input type="radio"/> PRIMARY</span> <span><input type="radio"/> GENERAL</span> <span><input type="radio"/> SPECIAL</span> </div>
<b>13. TIME PERIOD COVERED BY THIS STATEMENT</b> <div style="display: flex; justify-content: space-between;"> <span>FROM 7/1/2023</span> <span>THROUGH 9/30/2023</span> </div>	
<b>14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY</b>          <div style="margin-top: 20px;"> <input type="checkbox"/> CHECK IF INCUMBENT   <input type="checkbox"/> REPUBLICAN    <input type="checkbox"/> DEMOCRAT    <input checked="" type="checkbox"/> _____       </div>	<b>15. TYPE OF REPORT</b> <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;"> <span><input type="checkbox"/> Jan 15</span> <span><input type="checkbox"/> Apr 15</span> <span><input type="checkbox"/> Jul 15</span> <span><input checked="" type="checkbox"/> Oct 15</span> </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;"> <span><input type="checkbox"/> Jan 15</span> <span><input type="checkbox"/> Jul 15</span> </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; font-size: small;">       _____ October _____, 11 _____, 20 23     </div>
<b>16. COMMITTEE TREASURER'S SIGNATURE</b>  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: x-small;">       ELECTRONICALLY FILED Oct 20 2023 1:43PM     </div> <hr/> TREASURER'S SIGNATURE	<b>17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )</b>  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: x-small;">       ELECTRONICALLY FILED Oct 20 2023 1:43PM     </div> <hr/> CANDIDATE'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
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Francis Howell Families	10/20/2023
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**3. Type and Date of Previously Filed Report**

10/20/2023 AMENDED October Quarterly Report

**4. Reason for Amendment**

Since I corrected the ending "Money on Hand" on the July Quarter 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	Date of Report	Office Use Only
Francis Howell Families	10/20/2023	

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		\$ 26,300.22		
2. All Monetary Contributions Received This Period	\$ 1,400.00		<b>Money On Hand</b>	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 1,400.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 4,592.83
6. In-kind Contributions Received This Period	+ 125.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 1,400.00
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 1,525.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23 )	- 50.49
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 27,825.22	a) Disbursements By Check \$ 50.49 b) Disbursements By Cash \$ 0.00	
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 21,994.30	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 5,942.34
10. Expenditures made by cash or check this period	\$ 50.49		<b>Indebtedness</b>	
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. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 50.49		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 22,044.79	29. Loans Received This Period	+ 0.00
<b>Contributions Made</b>	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. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. <b>Total All Contributions Made This Election</b> (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
<b>Other Disbursements</b>	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. <b>Total Other Disbursements This Period</b> (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		+ \$ 1,125.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 1,125.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 1,000.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 125.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 400.00	
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)		\$ 125.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 1,400.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 1,400.00	



# 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: Penny Henke CITY/STATE: 770 Meadow Cliff Dr St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	9/12/2023 ----- \$ 1,000.00	\$ 500.00 <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:	9/26/2023 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr St Charles MO 63304 EMPLOYER: <input type="checkbox"/> COMMITTEE:	7/8/2023 ----- \$ 357.42	\$ 26.50 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr St Charles MO 63304 EMPLOYER: <input type="checkbox"/> COMMITTEE:	7/31/2023 ----- \$ 387.42	\$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr St Charles MO 63304 EMPLOYER: <input type="checkbox"/> COMMITTEE:	8/7/2023 ----- \$ 399.42	\$ 12.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr St Charles MO 63304 EMPLOYER: <input type="checkbox"/> COMMITTEE:	8/9/2023 ----- \$ 425.92	\$ 26.50 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Wolf & Assoc CITY/STATE: 305 Willowpointe Dr St Charles MO 63304 EMPLOYER: <input type="checkbox"/> COMMITTEE:	8/30/2023 ----- \$ 455.92	\$ 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

**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	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
service fee			17.50
cookies for meeting			32.99
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 50.49
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 50.49
<b>B. Itemized Expenditures All Over \$100</b> 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)			\$ 50.49
16. Amount of Line 15 Above which was Paid Out This Period			\$ 50.49
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
<b>C. Contributions Made (Regardless of Amount)</b>		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