



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 40 Day Before General Municipal Election-4/ <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
	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 5:11AM _____ TREASURER'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

Francis Howell
Families

Date of Report

2/27/2025

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		\$ 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) a) Disbursements By Check \$ 17,369.07 b) Disbursements By Cash \$ 0.00	- 17,369.07
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 25,349.25	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 11,097.10
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	Indebtedness	
9. Total Expenditures for this election previously reported		\$ 0.00	28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
10. Expenditures made by cash or check this period	\$ 17,369.07		29. Loans Received This Period	+ 0.00
11. In-Kind Expenditures made this period	+ 0.00		30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00		B. New Contributions Made by Credit Card (Line 25B 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		31. Payments Made on Loans This Period	- 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 17,369.07	32. Debt Forgiven on Loans This Period	- 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 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			
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 NAME: ADDRESS: CITY / STATE:		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.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: 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.	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: Mary Lou Rogers CITY/STATE: 193 Timber Pines Drive Defiance MO 63341 EMPLOYER: 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 Defiance MO 63341 EMPLOYER: 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 Saint Charles 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: Michael Kern CITY/STATE: 13 Pinehurst Court St Peters MO 63376 EMPLOYER: 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 Wentzville MO 63385 EMPLOYER: 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 Defiance MO 63341 EMPLOYER: 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 Saint Charles MO 63302 EMPLOYER: 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 Weldon Spring MO 63304 EMPLOYER: 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

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: 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

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 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			
8. Name and Address of Recipient	9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amount This Period
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
Name: Address: View Supplemental Form(s) City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)		\$ 0.00	
13. Subtotal: Any Attached Pages		+ 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)			
20. Name and Address of Candidate or Committee	21. Date	22. Amount	
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	
Name: Address: City / State:		\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind	
23. Subtotal: This Page (Sum Column 22)		\$ 0.00	
24. Subtotal: Any Attached Pages		\$ 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	



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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
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.