



| | |
|-------------------|-----------------|
| 1. DATE OF REPORT | OFFICE USE ONLY |
| 2/22/2023 | |

| |
|---------------------------|
| 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 |
| CITY / STATE / ZIP St. Charles MO 63302 | WORK: |

| | |
|----------------------------|---|
| 8. DEPUTY TREASURER'S NAME | <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER |
| Dave McFarland | |

| | |
|---|---|
| 9. DEPUTY TREASURER'S MAILING ADDRESS PO Box 1672 St. Charles MO 63302 | 10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (636) 328-5573 |
| CITY / STATE / ZIP | WORK: |

| | |
|----------------------------------|--|
| 11. DATE OF ELECTION 4/4/2023 | 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 1/1/2023 | THROUGH 2/18/2023 |

| | |
|---|---|
| <p>14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY</p> <p><input type="checkbox"/> CHECK IF INCUMBENT</p> <p><input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> _____</p> | <p>15. TYPE OF REPORT</p> <p><input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION</p> <p><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</p> <p><input type="checkbox"/> 8 DAYS BEFORE</p> <p><input type="checkbox"/> 30 DAYS AFTER ELECTION</p> <p><input type="checkbox"/> TERMINATION (ATTACH FORM CO-3)</p> <p><input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15</p> <p><input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15</p> <p><input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE</p> <p><input checked="" type="checkbox"/> OTHER 40 Day Before General Municipal Election-4/</p> <p><input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ , 20 ____</p> |
|---|---|

| | |
|--|--|
| <p>16. COMMITTEE TREASURER'S SIGNATURE</p> <p>I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.</p> <p>ELECTRONICALLY FILED Feb 22 2023 3:46PM</p> <p>TREASURER'S SIGNATURE</p> | <p>17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)</p> <p>I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.</p> <p>ELECTRONICALLY FILED Feb 22 2023 3:46PM</p> <p>CANDIDATE'S SIGNATURE</p> |
|--|--|



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

| | | |
|-------------------------|----------------|-----------------|
| Name of Committee | Date of Report | Office Use Only |
| Francis Howell Families | 2/22/2023 | |

| 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 | | \$ 0.00 | | |
| 2. All Monetary Contributions Received This Period | \$ 19,355.00 | | | |
| 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) | \$ 19,355.00 | | | |
| 6. In-kind Contributions Received This Period | + 30.00 | | | |
| 7. Total All Receipts This Period (Sum 5A + 6A) | \$ 19,385.00 | | | |
| 8. Total All Receipts This Election (Sum 1B + 7A) | | \$ 19,385.00 | | |
| Expenditures | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 9. Total Expenditures for this election previously reported | | \$ 0.00 | | |
| 10. Expenditures made by cash or check this period | \$ 10,450.11 | | | |
| 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) | \$ 10,450.11 | | | |
| 14. Total Expenditures This Election (Sum 9B + 13A) | | \$ 10,450.11 | | |
| Contributions Made | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 15. Total Contributions Made For This Election Previously Reported | | \$ 0.00 | | |
| 16. All Contributions Made This Period (25A or 25B of CD3) | A 0.00 | ← Cash/Check | | |
| | B 0.00 | ← Credit Card | | |
| 17. All In-Kind Contributions Made This Period | + 9,182.73 | | | |
| 18. Total Contributions Made This Period (Sum 16A + 17A) | \$ 9,182.73 | | | |
| 19. Total All Contributions Made This Election (Sum 15B + 18A) | | \$ 9,182.73 | | |
| 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 | | | |
| | | | Money On Hand | |
| | | | 24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments) | \$ 3,697.83 |
| | | | 25. Monetary Receipts this Period (From Item 5 - this page) | + 19,355.00 |
| | | | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 10,450.11 b) Disbursements By Cash \$ 0.00 | - 10,450.11 |
| | | | 27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26) | \$ 12,602.72 |
| | | | Indebtedness | |
| | | | 28. Outstanding Indebtedness at the beginning of this period | \$ 0.00 |
| | | | 29. Loans Received This Period | + 0.00 |
| | | | 30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3) | + 0.00 |
| | | | B. New Contributions Made by Credit Card (Line 25B CD3) | + 0.00 |
| | | | 31. Payments Made on Loans This Period | - 0.00 |
| | | | 32. Debt Forgiven on Loans This Period | - 0.00 |
| | | | 33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page) | - 0.00 |
| | | | 34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33) | \$ 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 2/22/2023 | |
| 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 |
| 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 | | + \$ 17,300.00 | |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ 17,300.00 | |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ 17,300.00 | |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS | | \$ 0.00 | |
| 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 | | \$ 2,055.00 | |
| 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS | | \$ 30.00 | |
| 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) | | \$ 30.00 | |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | \$ 19,355.00 | |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) | | \$ 19,355.00 | |



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|--|-------------------|
| NAME OF COMMITTEE Francis Howell Families | DATE 2/22/2023 |
|--|-------------------|

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: Robert Onder CITY / STATE: 2090 Key Harbour Dr Lake St Louis MO 63367 EMPLOYER: self -- physician <input type="checkbox"/> COMMITTEE: | 1/12/2023 ----- \$ 1,000.00 | \$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Vivian Gontarz CITY / STATE: 525 Lexington Landing Drive St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 1/13/2023 ----- \$ 2,500.00 | \$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Ken Gontarz CITY / STATE: 525 Lexington Landing Dr St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 1/13/2023 ----- \$ 2,500.00 | \$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Ed Stiften CITY / STATE: 2223 Oberhelman Rd Foristell MO 63348 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 1/14/2023 ----- \$ 6,000.00 | \$ 6,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Carol Derwin-Sanders CITY / STATE: 38 Tuscany Trace Drive St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 1/14/2023 ----- \$ 750.00 | \$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Brian Vogel CITY / STATE: 414 Thomas Ave St Charles MO 63301 EMPLOYER: self -- printer <input type="checkbox"/> COMMITTEE: | 1/15/2023 ----- \$ 300.00 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jay Griffin CITY / STATE: 2566 Trenton Station St Charles MO 63303 EMPLOYER: DIRECTV -- Accounting Director <input type="checkbox"/> COMMITTEE: | 1/16/2023 ----- \$ 150.00 | \$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jim Burris CITY / STATE: 2715 Elm Ridge Road Foristell MO 63348 EMPLOYER: Bunge -- Engineer <input type="checkbox"/> COMMITTEE: | 1/17/2023 ----- \$ 500.00 | \$ 500.00 <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 2/22/2023 |
|--|-------------------|

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: William Macy CITY/STATE: 322 Woodmere Drive St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 1/14/2023 ----- \$ 200.00 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Joe Brazil CITY/STATE: 20 Walnut Springs Defiance MO 63341 EMPLOYER: self -- construction <input type="checkbox"/> COMMITTEE: | 2/3/2023 ----- \$ 500.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Penny Henke CITY/STATE: 770 Meadow Cliff Drive St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 2/3/2023 ----- \$ 500.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: William Macy CITY/STATE: 322 Woodmere Drive St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 2/3/2023 ----- \$ 400.00 | \$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Randy Cook CITY/STATE: 240 Montecito Terrace St Charles MO 63304 EMPLOYER: WSP -- Engineer <input type="checkbox"/> COMMITTEE: | 2/3/2023 ----- \$ 500.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Dave Westbrook CITY/STATE: 512 Woodmere Crossing Dr St Charles MO 63303 EMPLOYER: Blackmore and Glunt -- Sales engineer <input type="checkbox"/> COMMITTEE: | 2/3/2023 ----- \$ 300.00 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: 1776 PAC CITY/STATE: PO Box 1386 EMPLOYER: OFallon MO 63366 <input checked="" type="checkbox"/> COMMITTEE: | 2/13/2023 ----- \$ 500.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Robert Reich CITY/STATE: 614 Glenberry Pl Cottleville MO 63304 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE: | 2/13/2023 ----- \$ 200.00 | \$ 200.00 <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

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|--|-------------------|
| NAME OF COMMITTEE Francis Howell Families | DATE 2/22/2023 |
|--|-------------------|

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: Stephen Goetze CITY / STATE: 191 Rock Harbor Road Orleans MA 02653 EMPLOYER: Dovetailed Software Inc -- Programmer <input type="checkbox"/> COMMITTEE: | 2/14/2023 ----- \$ 500.00 | \$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Steven Miller CITY / STATE: 802 Star Ridge Court Defiance MO 63341 EMPLOYER: FEG -- Engineer <input type="checkbox"/> COMMITTEE: | 2/16/2023 ----- \$ 200.00 | \$ 200.00 <input checked="" 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 |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

| |
|----|
| -- |
|----|

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



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

| | | | |
|---|--|-----------------------------|--|
| 1. Name of Committee Francis Howell Families | | 2. Report Date 2/22/2023 | |
| A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below) | | | 4. Amount Paid or Incurred This Period |
| 3. Category of Expenditure View Supplemental Form(s) | | | |
| 5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4) | | | \$ 0.00 |
| 6. Subtotal: Non-Itemized Expenditures Any Attached Pages | | | + 289.67 |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) | | | \$ 289.67 |
| 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 | | | + 10,160.44 |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13) | | | \$ 10,160.44 |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14) | | | \$ 10,450.11 |
| 16. Amount of Line 15 Above which was Paid Out This Period | | | \$ 10,450.11 |
| 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 | | | \$ 9,182.73 |
| 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 | | | \$ 9,182.73 |



3

| NAME OF COMMITTEE Francis Howell Families | | DATE 2/22/2023 |
|---|----|-------------------------------------|
| 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 | | |
| plastic ties | \$ | 69.70 |
| ink cartridge | \$ | 55.04 |
| business cards | \$ | 66.86 |
| graphic art | \$ | 35.00 |
| parade fee | \$ | 30.00 |
| hooks | \$ | 10.77 |
| water bottles | \$ | 8.37 |
| FedEx | \$ | 13.93 |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
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| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| 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 2/22/2023 | |
| 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: US Postal Service ADDRESS: 1600 Woodstone Dr CITY/STATE: St Charles MO 63303 | 1/4/2023 | stamps \$ | \$ <input checked="" type="checkbox"/> PAID 30.00 <input type="checkbox"/> INCURRED |
| NAME: US Postal Service ADDRESS: 1890 First Capitol Dr CITY/STATE: St Charles MO 63301 | 1/6/2023 | PO Box \$ | \$ <input checked="" type="checkbox"/> PAID 182.00 <input type="checkbox"/> INCURRED |
| NAME: i-360 ADDRESS: 2300 Clarendon Blvd Suite 800 CITY/STATE: Arlington VA 22201 | 1/14/2023 | software \$ | \$ <input checked="" type="checkbox"/> PAID 600.00 <input type="checkbox"/> INCURRED |
| NAME: Survey St Louis ADDRESS: 320 Monroe Street CITY/STATE: St Charles MO 63301 | 1/30/2023 | printing \$ | \$ <input checked="" type="checkbox"/> PAID 120.00 <input type="checkbox"/> INCURRED |
| NAME: Thomson Printing ADDRESS: 601 N Kingshighway CITY/STATE: St Charles MO 63301 | 2/3/2023 | printing \$ | \$ <input checked="" type="checkbox"/> PAID 296.86 <input type="checkbox"/> INCURRED |
| NAME: Thomson Printing ADDRESS: 601 N Kingshighway CITY/STATE: St Charles MO 63301 | 1/23/2023 | printing \$ | \$ <input checked="" type="checkbox"/> PAID 83.12 <input type="checkbox"/> INCURRED |
| NAME: Survey St Louis ADDRESS: 320 Monroe Street CITY/STATE: St Charles MO 63301 | 2/6/2023 | printing \$ | \$ <input checked="" type="checkbox"/> PAID 7,040.00 <input type="checkbox"/> INCURRED |
| NAME: NewsMagazine Network ADDRESS: 754 Spirit 40 Park Dr CITY/STATE: Chesterfield MO 63301 | 2/13/2023 | Advertisement \$ | \$ <input checked="" type="checkbox"/> PAID 1,194.00 <input type="checkbox"/> INCURRED |
| NAME: St Charles Co RCC ADDRESS: 770 Meadow Cliff Drive CITY/STATE: St Charles MO 63303 | 2/16/2023 | Advertisement \$ | \$ <input checked="" type="checkbox"/> PAID 200.00 <input type="checkbox"/> INCURRED |
| NAME: Thomson Printing ADDRESS: 601 N Kingshighway CITY/STATE: St Charles MO 63301 | 2/17/2023 | printing \$ | \$ <input checked="" type="checkbox"/> PAID 296.86 <input type="checkbox"/> INCURRED |
| NAME: US Postal Service ADDRESS: 1890 1st Capitol Drive CITY/STATE: St Charles MO 63301 | 1/11/2023 | stamps \$ | \$ <input checked="" type="checkbox"/> PAID 12.00 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 1/11/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 4.30 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 1/12/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 4.60 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras CITY/STATE: New Orleans LA 70112 | 1/12/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 1.50 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 1/13/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 3.40 <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
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

| | | | |
|--|-----------|---|--|
| NAME OF COMMITTEE Francis Howell Families | | REPORT DATE 2/22/2023 | |
| 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: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 1/14/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 6.60 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 1/15/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 2.30 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 1/16/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 6.30 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 1/17/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 20.30 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 1/23/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 1.90 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 2/3/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 16.60 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 2/13/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 1.30 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 2/14/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 22.60 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 2/16/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 12.60 <input type="checkbox"/> INCURRED |
| NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112 | 2/18/2023 | service fee \$ | \$ <input checked="" type="checkbox"/> PAID 1.30 <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 |
| 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 2/22/2023 |
| CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) | | |
| NAME AND ADDRESS OF CANDIDATE OR COMMITTEE | DATE | AMOUNT |
| NAME: Friends of Jane Puszkas ADDRESS: 16 Spring Mill Woods Ct CITY/STATE: St Charles MO 63303 | 1/24/2023 | \$ 11.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Mark Ponder ADDRESS: PO Box 532 CITY/STATE: St Peters MO 63379 | 1/24/2023 | \$ 11.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Ron Harmon for FHSB ADDRESS: 986 Reddington Oaks Ct CITY/STATE: St Charles MO 63304 | 1/24/2023 | \$ 11.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Jane Puszkas ADDRESS: 16 Spring Mill Woods Ct CITY/STATE: St Charles MO 63303 | 1/30/2023 | \$ 40.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Mark Ponder ADDRESS: PO Box 582 CITY/STATE: St Peters MO 63379 | 1/30/2023 | \$ 40.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Ron Harmon for FHSB ADDRESS: 986 Reddington Oaks Ct CITY/STATE: St Charles MO 63304 | 1/30/2023 | \$ 40.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Jane Puszkas ADDRESS: 16 Spring Mill Woods Ct CITY/STATE: St Charles MO 63303 | 2/6/2023 | \$ 2,346.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Mark Ponder ADDRESS: PO Box 582 CITY/STATE: St Peters MO 63379 | 2/6/2023 | \$ 2,346.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Ron Harmon for FHSB ADDRESS: Reddington Oaks Ct CITY/STATE: St Charles MO 63304 | 2/6/2023 | \$ 2,346.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Jane Puszkas ADDRESS: 16 Spring Mill Woods Ct CITY/STATE: St Charles MO 63303 | 2/13/2023 | \$ 398.00 <input type="checkbox"/> MONETARY <input checked="" 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
CONTRIBUTIONS MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

| | | |
|--|-----------|---|
| NAME OF COMMITTEE Francis Howell Families | | DATE 2/22/2023 |
| CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT) | | |
| NAME AND ADDRESS OF CANDIDATE OR COMMITTEE | DATE | AMOUNT |
| NAME: Friends of Mark Ponder ADDRESS: PO Box 582 CITY/STATE: St Peters MO 63379 | 2/13/2023 | \$ 398.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Ron Harmon for FHSB ADDRESS: 986 Reddington Oaks Ct CITY/STATE: St Charles MO 63304 | 2/13/2023 | \$ 398.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Jane Puszkar ADDRESS: 16 Spring Mill Woods Ct CITY/STATE: St Charles MO 63303 | 2/16/2023 | \$ 66.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Mark Ponder ADDRESS: PO Box 582 CITY/STATE: St Peters MO 63379 | 2/16/2023 | \$ 66.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Ron Harmon for FHSB ADDRESS: 986 Reddington Oaks Ct CITY/STATE: St Charles MO 63304 | 2/16/2023 | \$ 66.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Jane Puszkar ADDRESS: 16 Spring Mill Woods Ct CITY/STATE: St Charles MO 63303 | 2/17/2023 | \$ 197.90 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Friends of Mark Ponder ADDRESS: PO Box 582 CITY/STATE: St Peters MO 63379 | 2/17/2023 | \$ 197.90 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND |
| NAME: Ron Harmon for FHSB ADDRESS: 986 Reddington Oaks Ct CITY/STATE: St Charles MO 63304 | 2/17/2023 | \$ 197.90 <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

2/22/2023

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 2/22/2023 |
|---|-----------------------------|

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: Jane Puszkar ADDRESS: 16 Spring Mill Woods Ct St Charles MO 63303 CITY STATE ZIP: | Francis Howell School Board | ✓ | 1/24/2023 | \$ 11.67 |
| NAME: Mark Ponder ADDRESS: PO Box 582 St Peters MO 63379 CITY STATE ZIP: | Francis Howell School Board | ✓ | 1/24/2023 | \$ 11.67 |
| NAME: Ron Harmon ADDRESS: 986 Reddington Oaks Ct St Charles MO 63304 CITY STATE ZIP: | Francis Howell School Board | ✓ | 1/24/2023 | \$ 11.67 |
| NAME: Jane Puszkar ADDRESS: 16 Spring Mill Woods Ct St Charles MO 63303 CITY STATE ZIP: | Francis Howell School Board | ✓ | 1/30/2023 | \$ 40.00 |
| NAME: Mark Ponder ADDRESS: PO Box 582 St Peters MO 63379 CITY STATE ZIP: | Francis Howell School Board | ✓ | 1/30/2023 | \$ 40.00 |
| NAME: Ron Harmon ADDRESS: 986 Reddington Oaks Ct St Charles MO 63304 CITY STATE ZIP: | Francis Howell School Board | ✓ | 1/30/2023 | \$ 40.00 |
| NAME: Jane Puszkar ADDRESS: 16 Spring Mill Woods Ct St Charles MO 63303 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/6/2023 | \$ 2,346.67 |
| NAME: Mark Ponder ADDRESS: PO Box 582 St Peters MO 63379 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/6/2023 | \$ 2,346.67 |



MISSOURI ETHICS COMMISSION

DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | |
|---|-----------------------------|
| 1. NAME OF COMMITTEE Francis Howell Families | 2. REPORT DATE 2/22/2023 |
|---|-----------------------------|

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: Ron Harmon ADDRESS: 986 Reddington Oaks Ct St Charles MO 63304 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/6/2023 | \$ 2,346.67 |
| NAME: Jane Puszkar ADDRESS: 16 Spring Mill Woods Ct St Charles MO 63303 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/13/2023 | \$ 398.00 |
| NAME: Mark Ponder ADDRESS: PO Box 582 St Peters MO 63379 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/13/2023 | \$ 398.00 |
| NAME: Ron Harmon ADDRESS: 986 Reddington Oaks Ct St Charles MO 63304 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/13/2023 | \$ 398.00 |
| NAME: Jane Ponder ADDRESS: 16 Spring Mill Woods Ct St Charles MO 63303 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/16/2023 | \$ 66.67 |
| NAME: Mark Ponder ADDRESS: PO Box 582 St Peters MO 63379 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/16/2023 | \$ 66.67 |
| NAME: Ron Harmon ADDRESS: 986 Reddington Oaks Ct St Charles MO 63304 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/16/2023 | \$ 66.67 |
| NAME: Jane Puszkar ADDRESS: 16 Spring Mill Woods Ct St Charles MO 63303 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/17/2023 | \$ 197.90 |



MISSOURI ETHICS COMMISSION
DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | |
|---|-----------------------------|
| 1. NAME OF COMMITTEE Francis Howell Families | 2. REPORT DATE 2/22/2023 |
|---|-----------------------------|

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: Mark Ponder ADDRESS: PO Box 582 St Peters MO 63379 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/17/2023 | \$ 197.90 |
| NAME: Ron Harmon ADDRESS: 986 Reddington Oaks Ct St Charles MO 63304 CITY STATE ZIP: | Francis Howell School Board | ✓ | 2/17/2023 | \$ 197.90 |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |
| NAME: ADDRESS: CITY STATE ZIP: | | | | \$ |



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:

None