



1. DATE OF REPORT	OFFICE USE ONLY
3/9/2022	

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 checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
9. DEPUTY TREASURER'S MAILING ADDRESS			10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME:  WORK:		
CITY / STATE / ZIP					
11. DATE OF ELECTION 4/5/2022		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 1/1/2022 THROUGH 2/19/2022					
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 22		
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.   <div>ELECTRONICALLY FILED Mar 9 2022 1:31PM</div> TREASURER'S SIGNATURE			17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.   <div>ELECTRONICALLY FILED Mar 9 2022 1:31PM</div> 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	3/9/2022
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**3. Type and Date of Previously Filed Report**

03/09/2022 AMENDED 40 Day Before General Municipal Election-4/5/2022

**4. Reason for Amendment**

Corrected \$30 In-kind donation from Kirk Wolf to Kirk Wolf Associates. Hence, also corrected the aggregated amounts for each separate donor.

**5. Amendment Detail**

View Supplemental Form(s)



**MISSOURI ETHICS COMMISSION  
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY
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MEC ID #: C211676

**5. Amendment Detail - Continued**

Itemized Contributions Received  
Deleted-Kirk Wolf

Itemized Contributions Received  
Added-Kirk Wolf Associates

Itemized Contributions Received  
Modified-Kirk Wolf



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Francis Howell Families	3/9/2022	

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		\$ 8,189.87		
2. All Monetary Contributions Received This Period	\$ 12,840.00		<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)	\$ 12,840.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 1,851.10
6. In-kind Contributions Received This Period	+ 413.31		25. Monetary Receipts this Period (From Item 5 - this page)	+ 12,840.00
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 13,253.31		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 2,414.51
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 21,443.18	a) Disbursements By Check \$ 2,414.51 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		\$ 1,892.90	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 12,276.59
10. Expenditures made by cash or check this period	\$ 2,414.51		<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)	\$ 2,414.51		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 4,307.41	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		\$ 3,000.00	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	+ 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)		\$ 3,000.00	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 3/9/2022	
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		+ \$ 12,413.31	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 12,413.31	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 12,000.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 413.31	
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		\$ 840.00	
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)		\$ 413.31	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 12,840.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 12,840.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families	DATE 3/9/2022
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Maria Winstead CITY/STATE: PO Box 725 Chesterfield MO 63006 EMPLOYER: Bankers Life and Casualty -- insurance agent <input type="checkbox"/> COMMITTEE:	1/19/2022 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Knauper CITY/STATE: 5852 Hidden Creek Drive St Charles MO 63304 EMPLOYER: Midibeacon -- Engineer <input type="checkbox"/> COMMITTEE:	1/21/2022 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Katie Rash CITY/STATE: 419 Park Charles Blvd S St Peters MO 63376 EMPLOYER: none -- homemaker <input type="checkbox"/> COMMITTEE:	1/21/2022 ----- \$ 194.57	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kelly Brazil CITY/STATE: 601 Stone Ridge Lane Augusta MO 63332 EMPLOYER: self -- life and career coach <input type="checkbox"/> COMMITTEE:	1/21/2022 ----- \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vivian Gontarz CITY/STATE: 525 Lexington Landing Dr St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	1/21/2022 ----- \$ 4,231.00	\$ 4,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Adam Wolf CITY/STATE: 363 Carriage Trail Court OFallon MO 63368 EMPLOYER: Automation and Control Concepts -- Engineer <input type="checkbox"/> COMMITTEE:	1/21/2022 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanine Wolf CITY/STATE: 305 Willowpointe Drive St Charles MO 63304 EMPLOYER: retired -- retired secretary <input type="checkbox"/> COMMITTEE:	1/21/2022 ----- \$ 383.31	\$ 383.31 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Goetze CITY/STATE: 191 Rock Harbor Road Orleans MA 02653 EMPLOYER: self -- software developer <input type="checkbox"/> COMMITTEE:	2/4/2022 ----- \$ 1,000.00	\$ 1,000.00 <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 3/9/2022
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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 Drive St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	2/15/2022 ----- \$ 1,100.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Becky Main CITY/STATE: 5 Birch Tree Lane St Charles MO 63365 EMPLOYER: self -- interior design <input type="checkbox"/> COMMITTEE:	1/21/2022 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanette Wipfler CITY/STATE: 417 Candlewick Court St Peters MO 63376 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	1/8/2022 ----- \$ 120.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: M Jane Puszkar CITY/STATE: 16 Spring Mill Woods Ct St Charles MO 63303 EMPLOYER: retired -- retired <input type="checkbox"/> COMMITTEE:	1/4/2022 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kirk Wolf Associates CITY/STATE: 305 Willowpointe Drive St Charles MO 63304 EMPLOYER: <input type="checkbox"/> COMMITTEE:	1/31/2022 ----- \$ 1,401.39	\$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kirk Wolf CITY/STATE: 305 Willowpointe Drive St Charles MO 63304 EMPLOYER: self -- software developer <input type="checkbox"/> COMMITTEE:	1/10/2022 ----- \$ 4,416.00	\$ 4,000.00 <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

**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 3/9/2022	
<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 View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 169.99
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 169.99
<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: 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)			\$ 2,244.52
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,244.52
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,414.51
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,414.51
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





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NAME OF COMMITTEE Francis Howell Families		DATE 3/9/2022
<b>EXPENDITURES OF \$100 OR LESS BY CATEGORY</b> <b>(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)</b>		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Credit Card Service charge	\$	98.40
printing	\$	21.59
banner fee	\$	50.00
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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 3/9/2022	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Thomson Printing ADDRESS: 601 N Kingshighway CITY/STATE: St Charles MO 63301	1/4/2022	printing \$	\$ <input checked="" type="checkbox"/> PAID 183.52 <input type="checkbox"/> INCURRED
NAME: US Postal Service ADDRESS: 1890 First Capitol Drive CITY/STATE: St Charles MO 63301	1/4/2022	PO Box Lease \$	\$ <input checked="" type="checkbox"/> PAID 146.00 <input type="checkbox"/> INCURRED
NAME: Magazine Network ADDRESS: 754 Spirit 40 Park Drive CITY/STATE: Chesterfield MO 63005	2/10/2022	ad in magazine \$	\$ <input checked="" type="checkbox"/> PAID 995.00 <input type="checkbox"/> INCURRED
NAME: Survey St Louis ADDRESS: 320 Monroe Street CITY/STATE: St Charles MO 63301	2/14/2022	printing \$	\$ <input checked="" type="checkbox"/> PAID 920.00 <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
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
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  
DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE  
Francis Howell Families

2. REPORT DATE  
3/9/2022

**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 3/9/2022
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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: PO Box 141 Cottleville MO 63338 CITY STATE ZIP:	school board	✓	1/21/2022	\$ 191.66
NAME: Adam Bertrand ADDRESS: 5591 Hennsley Circle St Charles MO 63304 CITY STATE ZIP:	school board	✓	1/21/2022	\$ 191.65
NAME: Randy Cook ADDRESS: PO Box 141 Cottleville MO 63338 CITY STATE ZIP:	school board	✓	1/4/2022	\$ 91.76
NAME: Adam Bertrand ADDRESS: 5591 Hennsley Circle St Charles MO 63304 CITY STATE ZIP:	school board	✓	1/4/2022	\$ 91.76
NAME: Randy Cook ADDRESS: PO Box 141 Cottleville MO 63338 CITY STATE ZIP:	school board	✓	2/10/2022	\$ 497.50
NAME: Adam Bertrand ADDRESS: 5591 Hennsley Circle St Charles MO 63304 CITY STATE ZIP:	school board	✓	2/10/2022	\$ 497.50
NAME: Randy Cook ADDRESS: PO Box 141 Cottleville MO 63338 CITY STATE ZIP:	school board	✓	2/14/2022	\$ 460.00
NAME: Adam Bertrand ADDRESS: 5591 Hennsley Circle St Charles MO 63304 CITY STATE ZIP:	school board	✓	2/14/2022	\$ 460.00