





# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Francis Howell Families	3/26/2023	

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		\$ 19,385.00		
2. All Monetary Contributions Received This Period	\$ 6,130.00		<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)	\$ 6,130.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 12,602.72
6. In-kind Contributions Received This Period	+ 30.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 6,130.00
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 6,160.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 12,695.96
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 25,545.00	a) Disbursements By Check \$ 12,695.96 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		\$ 10,450.11	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 6,036.76
10. Expenditures made by cash or check this period	\$ 9,695.96		<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)	\$ 9,695.96		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 20,146.07	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		\$ 9,182.73	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 3,000.00 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	+ 9,554.82		31. Payments Made on Loans This Period	- 0.00
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 12,554.82		32. Debt Forgiven on Loans This Period	- 0.00
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 21,737.55	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Francis Howell Families		2. REPORT DATE 3/26/2023	
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: Kirk Wolf CITY/STATE: 305 Willowpointe Drive EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE: software		2/21/2023 ----- \$ 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: St Charles MO 63304 <input type="checkbox"/> COMMITTEE: retired -- retired		2/21/2023 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Maren Hintze CITY/STATE: 4177 Millers Ridge EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE: homemaker -- homemaker		2/21/2023 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Pinkham CITY/STATE: 4236 Chisholm Trail Drive EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE: retired -- retired		3/9/2023 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kirk Wolf Associates CITY/STATE: 305 Willowpointe Drive EMPLOYER: St Charles MO 63304 <input type="checkbox"/> COMMITTEE:		2/28/2023 ----- \$ 60.00	\$ 30.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 5,380.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 5,380.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 5,350.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 30.00	
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		\$ 780.00	
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)		\$ 30.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 6,130.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 6,130.00	



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Francis Howell Families		2. Report Date 3/26/2023	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 0.00
<b>B. Itemized Expenditures All Over \$100</b> <b>And All Payments To Campaign Workers</b>		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			+ 9,695.96
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 9,695.96
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 9,695.96
16. Amount of Line 15 Above which was Paid Out This Period			\$ 9,695.96
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: 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			\$ 12,554.82
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 3,000.00
		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)			\$ 3,000.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 9,554.82



MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families		REPORT DATE 3/26/2023	
<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	3/1/2023	printing \$	\$ <input checked="" type="checkbox"/> PAID 5,269.18 <input type="checkbox"/> INCURRED
NAME: Thomson Printing ADDRESS: 601 N Kingshighway CITY/STATE: St Charles MO 63301	3/6/2023	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	3/6/2023	printing \$	\$ <input checked="" type="checkbox"/> PAID 3,691.95 <input type="checkbox"/> INCURRED
NAME: Thomson Printing ADDRESS: 601 N Kingshighway CITY/STATE: St Charles MO 63301	3/15/2023	printing \$	\$ <input checked="" type="checkbox"/> PAID 296.86 <input type="checkbox"/> INCURRED
NAME: Office Depot ADDRESS: 1349 Hwy K CITY/STATE: OFallon MO 63366	3/4/2023	stapler \$	\$ <input checked="" type="checkbox"/> PAID 53.96 <input type="checkbox"/> INCURRED
NAME: Harbor Freight ADDRESS: 3803 Mexico Rd CITY/STATE: St Charles MO 63303	2/28/2023	plastic ties \$	\$ <input checked="" type="checkbox"/> PAID 27.95 <input type="checkbox"/> INCURRED
NAME: Harbor Freight ADDRESS: 3803 Mexico Rd CITY/STATE: St Charles MO 63303	3/7/2023	plastic ties \$	\$ <input checked="" type="checkbox"/> PAID 9.95 <input type="checkbox"/> INCURRED
NAME: Harbor Freight ADDRESS: 3803 Mexico Rd CITY/STATE: St Charles MO 63303	3/19/2023	plastic ties \$	\$ <input checked="" type="checkbox"/> PAID 10.75 <input type="checkbox"/> INCURRED
NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112	2/26/2023	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	2/27/2023	service fee \$	\$ <input checked="" type="checkbox"/> PAID 2.80 <input type="checkbox"/> INCURRED
NAME: Walmart ADDRESS: 1661 Jungermann Rd CITY/STATE: St Charles MO 63304	3/2/2023	candy for St Pat Parade \$	\$ <input checked="" type="checkbox"/> PAID 17.80 <input type="checkbox"/> INCURRED
NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112	3/6/2023	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	3/7/2023	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	3/8/2023	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	3/12/2023	service fee \$	\$ <input checked="" type="checkbox"/> PAID 0.90 <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)</b>			\$ --



MISSOURI ETHICS COMMISSION  
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families		REPORT DATE 3/26/2023	
<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: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112	3/14/2023	service fee \$	\$ 1.10 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112	3/19/2023	service fee \$	\$ 2.30 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112	3/21/2023	service fee \$	\$ 2.10 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Anedot ADDRESS: 1340 Poydras Street CITY/STATE: New Orleans LA 70112	3/23/2023	service fee \$	\$ 2.30 <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
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**  
**CONTRIBUTIONS MADE - SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families		DATE 3/26/2023
<b>CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		
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	2/19/2023	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Friends of Mark Ponder ADDRESS: PO Box 532 CITY/STATE: St Charles MO 63379	2/19/2023	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Ron Harmon for FHSB ADDRESS: 986 Reddington Oaks Ct CITY/STATE: St Charles MO 63304	2/19/2023	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Friends of Jane Puszkas ADDRESS: 16 Spring Mill Woods Ct CITY/STATE: St Charles MO 63303	3/1/2023	\$ 1,756.39 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Friends of Mark Ponder ADDRESS: PO Box 532 CITY/STATE: St Charles MO 63379	3/1/2023	\$ 1,756.39 <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	3/1/2023	\$ 1,756.39 <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	3/6/2023	\$ 98.95 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Friends of Mark Ponder ADDRESS: PO Box 532 CITY/STATE: St Charles MO 63379	3/6/2023	\$ 98.95 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Ron Harmon for FHSB ADDRESS: 986 Reddington Oaks CITY/STATE: St Charles MO 63304	3/6/2023	\$ 98.95 <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	3/6/2023	\$ 1,230.65 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
<b>TOTAL: ITEMIZED CONTRIBUTIONS MADE THIS PAGE</b> <b>(CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)</b>		\$ --





**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS MADE - SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE Francis Howell Families		DATE 3/26/2023
<b>CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME: Friends of Mark Ponder ADDRESS: PO Box 532 CITY / STATE: St Charles MO 63379	3/6/2023	\$ 1,230.65 <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	3/6/2023	\$ 1,230.65 <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	3/15/2023	\$ 98.95 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: Friends of Mark Ponder ADDRESS: PO Box 532 CITY / STATE: St Charles MO 63379	3/15/2023	\$ 98.95 <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	3/15/2023	\$ 98.95 <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
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
<b>TOTAL: ITEMIZED CONTRIBUTIONS MADE THIS PAGE</b> (CARRY TO ITEM 25. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --