



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. A232727

1. DATE OF REPORT	OFFICE USE ONLY
4/21/2023	

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
 Friends of Jane Puszkar

3. COMMITTEE MAILING ADDRESS
 16 Spring Mill Woods Court

4. COMMITTEE TELEPHONE NUMBER
 (636) 866-1510

CITY / STATE / ZIP
 Saint Charles MO 63303

5. TREASURER'S NAME
 Ronald S Puszkar Ron

6. TREASURER'S MAILING ADDRESS
 16 Spring Mill Woods Court

7. TREASURER'S TELEPHONE NUMBER
 HOME: (163) 648-7210

CITY / STATE / ZIP
 St Charles MO USA MO 63303

WORK:

8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 HOME:

CITY / STATE / ZIP

WORK:

11. DATE OF ELECTION

12. TYPE OF ELECTION (CHECK ONE)
 PRIMARY GENERAL SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM 4/15/2023 THROUGH 4/21/2023

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

Mary J Puszkar
 16 Spring Mill Woods Court
 Saint Charles MO 63303
 (636) 866-1510
 Boardmember
 Francis Howell School District

CHECK IF INCUMBENT

REPUBLICAN DEMOCRAT Non-Partisan

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT
 Jan 15 Apr 15 Jul 15 Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

SEMIANNUAL DEBT REPORT
 Jan 15 Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

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 Apr 21 2023 10:29AM

 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.

ELECTRONICALLY FILED Apr 21 2023 10:29AM

 CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends of Jane Puszkar	4/21/2023	

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			\$ 8,477.90	Money On Hand			
2. All Monetary Contributions Received This Period		\$ 0.00					
3. All Loans Received This Period		+ 0.00					
4. Miscellaneous Receipts This Period		+ 0.00				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 47.56
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)		\$ 0.00				25. Monetary Receipts this Period (From Item 5 - this page)	+ 0.00
6. In-kind Contributions Received This Period		+ 0.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 47.56 b) Disbursements By Cash \$ 0.00			
7. Total All Receipts This Period (Sum 5A + 6A)		\$ 0.00				27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	
8. Total All Receipts This Election (Sum 1B + 7A)			\$ 8,477.90	Indebtedness			
Expenditures		A. This Period	B. This Calendar Yr or Election Cycle			28. Outstanding Indebtedness at the beginning of this period	
9. Total Expenditures for this election previously reported			\$ 5,369.43	29. Loans Received This Period			
10. Expenditures made by cash or check this period		\$ 0.00		30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)			
11. In-Kind Expenditures made this period		+ 0.00		B. New Contributions Made by Credit Card (Line 25B CD3)			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)		+ 0.00		31. Payments Made on Loans This Period			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)		\$ 0.00		32. Debt Forgiven on Loans This Period			
14. Total Expenditures This Election (Sum 9B + 13A)			\$ 5,369.43	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)			
Contributions Made		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)			
15. Total Contributions Made For This Election Previously Reported			\$ 0.00	\$ 0.00			
16. All Contributions Made This Period (25A or 25B of CD3)	A	0.00	← Cash/Check	30. B. New Contributions Made by Credit Card (Line 25B CD3)			
	B	0.00	← Credit Card				
17. All In-Kind Contributions Made This Period		+ 0.00		31. Payments Made on Loans This Period			
18. Total Contributions Made This Period (Sum 16A + 17A)		\$ 0.00		32. Debt Forgiven on Loans This Period			
19. Total All Contributions Made This Election (Sum 15B + 18A)			\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)			
Other Disbursements		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)			
20. Funds Used For Paying Loans This Period Including Credit Card Payments		+ 0.00		\$ 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		+ 47.56					
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)		\$ 47.56					



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends of Jane Puszkar		2. REPORT DATE 4/21/2023	
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: 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		+ \$	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	0.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	0.00
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		\$	0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	0.00
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
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)		\$	0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	0.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	0.00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Friends of Jane Puzskar		2. Report Date 4/21/2023	
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			
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. 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: 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			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 0.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 0.00
16. Amount of Line 15 Above which was Paid Out This Period			\$ 0.00
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: 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



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. A232727

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.

Miscellaneous Disbursement:

Donation made to Francis Howell School District Lunch Program.
The donation amount disburses remaining Campaign funds from
Friends of Jane Puszkar Campaign fund.

Amount: 47.56



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. A232727

1. FULL NAME OF COMMITTEE Friends of Jane Puszkar		2. DATE OF REPORT 4/21/2023	3. DATE OF DISSOLUTION 4/21/2023
4. TREASURER'S NAME AND ADDRESS NAME: Ronald S Puszkar Ron ADDRESS: 16 Spring Mill Woods Court CITY/STATE/ZIP: St Charles MO USA MO 63303		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Ronald Puszkar ADDRESS: 636 CITY/STATE/ZIP: Saint Charles MO 63303 TELEPHONE NO: 636.4872107	
6. DISTRIBUTION OF SURPLUS FUNDS <input checked="" type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION			
A. NAME AND ADDRESS OF RECIPIENT		B. DATE OF TRANSFER	C. AMOUNT
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:			\$
7. DISPOSAL OF OUTSTANDING DEBTS <input checked="" type="checkbox"/> CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION			
A. NAME OF CREDITOR		B. DESCRIBE DISPOSAL OF DEBT	C. AMOUNT
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:			\$
8. TREASURER VERIFICATION OF DISSOLUTION: I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET. ELECTRONICALLY SIGNED _____ TREASURER'S SIGNATURE		9. CANDIDATE VERIFICATION OF DISSOLUTION: (CANDIDATE COMMITTEE ONLY) I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET. ELECTRONICALLY SIGNED _____ CANDIDATE'S SIGNATURE	