



Missouri Ethics Commission  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

M.E.C. ID NO. C221818

1. DATE OF REPORT 8/29/2022	OFFICE USE ONLY
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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 Puszkar Ron	
6. TREASURER'S MAILING ADDRESS 16 Spring Mill Woods Court	7. TREASURER'S TELEPHONE NUMBER HOME: (636) 487-2107  WORK:
CITY / STATE / ZIP Saint Charles MO 63303	
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	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 8/2/2022 THROUGH 8/29/2022	
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  County Council  St. Charles County  <input type="checkbox"/> CHECK IF INCUMBENT  <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input 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 checked="" 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 type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20__
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Aug 29 2022 1:38PM _____ 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 Aug 29 2022 1:38PM _____ 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	8/29/2022	

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		\$ 750.00	<b>Money On Hand</b>			
2. All Monetary Contributions Received This Period	\$ 0.00					
3. All Loans Received This Period	+ 1,045.07					
4. Miscellaneous Receipts This Period	+ 0.00					
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 1,045.07				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 3,707.23
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 1,045.07		
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 1,045.07		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 4,752.30		
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 1,795.07	a) Disbursements By Check \$ 4,752.30 b) Disbursements By Cash \$ 0.00			
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	<b>Indebtedness</b>			
9. Total Expenditures for this election previously reported		\$ 12,187.91			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 0.00
10. Expenditures made by cash or check this period	\$ 0.00				28. Outstanding Indebtedness at the beginning of this period	\$ 15,765.79
11. In-Kind Expenditures made this period	+ 0.00				29. Loans Received This Period	+ 1,045.07
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00				30. A. New Expenditures Incurred This Period (include payments 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)	\$ 0.00		B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00		
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 12,187.91	31. Payments Made on Loans This Period	- 4,752.30		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	<b>Other Disbursements</b>			
15. Total Contributions Made For This Election Previously Reported		\$ 0.00			32. Debt Forgiven on Loans This Period	- 12,058.56
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	← Cash/Check			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
	B 0.00	← Credit Card			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00					
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00					
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00				
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 4,752.30					
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)	\$ 4,752.30					



**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 8/29/2022	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> 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 <b>MONETARY</b> CONTRIBUTIONS		\$	0.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$	0.00
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (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
<b>C. LOANS RECEIVED</b>			
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		\$	1,045.07
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	1,045.07
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)		\$	1,045.07



**MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM	OFFICE USE ONLY
<input type="checkbox"/> LOAN RECEIVED	
<input checked="" type="checkbox"/> LOAN REPAYMENT	

NAME OF COMMITTEE Friends of Jane Puszkar	REPORT DATE 8/29/2022
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**I. LOAN RECEIVED (LOAN OF MORE THAN \$100)**

1. NAME AND ADDRESS OF LENDER		
2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN		
3. LOAN I.D. NUMBER (IF ANY)	4. DATE OF LOAN	5. AMOUNT OF LOAN \$
6. ANNUAL RATE OF INTEREST %	7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)	
8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)		

**II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)**

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT
8/29/2022	Commerce Bank - VISA Commerce Bank - VISA PO Box414084	4,752.30
8/29/2022	Mary Jane Puszkar 16 Spring Mill Woods Court Saint Charles, MO 63303	12,058.56
4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)		\$ 16,810.86
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE		\$ 4,752.30
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED		\$ 12,058.56



**MISSOURI ETHICS COMMISSION  
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM	OFFICE USE ONLY
<input checked="" type="checkbox"/> LOAN RECEIVED	
<input type="checkbox"/> LOAN REPAYMENT	

NAME OF COMMITTEE Friends of Jane Puszkar	REPORT DATE 8/29/2022
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**I. LOAN RECEIVED (LOAN OF MORE THAN \$100)**

1. NAME AND ADDRESS OF LENDER  
 Ronald Puszkar  
 16 Spring Mill Woods Court  
 St Charles MO USA MO 63303

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN  
 Ronald Puszkar  
 16 Spring Mill Woods Court  
 St Charles MO USA MO 63303

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN  
8/29/2022

5. AMOUNT OF LOAN  
\$ 1,045.07

6. ANNUAL RATE OF INTEREST  
0 %

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)  
none

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)  
N/A

**II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)**

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3) \$

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE \$

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED \$



**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 8/29/2022	
<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			
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> 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: 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)			\$ 4,752.30
<b>C. Contributions Made (Regardless of Amount)</b>		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  
**COMMITTEE TERMINATION STATEMENT**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C221818

1. FULL NAME OF COMMITTEE Friends of Jane Puszkar		2. DATE OF REPORT 8/29/2022	3. DATE OF DISSOLUTION 8/29/2022
4. TREASURER'S NAME AND ADDRESS NAME: Ronald Puszkar Ron ADDRESS: 16 Spring Mill Woods Court CITY/STATE/ZIP: Saint Charles MO 63303		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Ronald Puszkar ADDRESS: 16 Spring Mill Woods Court CITY/STATE/ZIP: Saint Charles MO 63303 TELEPHONE NO: 6364872107	
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	