



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C263905

1. DATE OF REPORT	OFFICE USE ONLY
3/30/2026	

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
 SARA DILLARD FOR FHSD BOE

3. COMMITTEE MAILING ADDRESS
 414 Wyatt Drive

4. COMMITTEE TELEPHONE NUMBER
 (314) 607-1215

CITY / STATE / ZIP
 Saint Peters MO 63376

5. TREASURER'S NAME
 Erica Garzia

6. TREASURER'S MAILING ADDRESS
 24 Spring Time Ct

7. TREASURER'S TELEPHONE NUMBER
 HOME: (516) 449-3098

CITY / STATE / ZIP
 Saint Charles 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
 4/7/2026

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM 2/25/2026 THROUGH 3/26/2026

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

Sara D Dillard
 414 Wyatt Dr St. Peters, MO 63376
 Saint Peters MO 63376
 (314) 607-1215
 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 Mar 30 2026 9:10PM

 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 Mar 30 2026 9:10PM

 CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
SARA DILLARD FOR FHSD BOE	3/30/2026	

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		\$ 1,094.94	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			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 0.00			
6. In-kind Contributions Received This Period	+ 1,437.97		25. Monetary Receipts this Period (From Item 5 - this page)	+ 0.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 1,437.97		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 0.00
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 2,532.91	a) Disbursements By Check \$ 0.00 b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 550.00
9. Total Expenditures for this election previously reported		\$ 0.00	Indebtedness	
10. Expenditures made by cash or check this period	\$ 0.00			
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)	+ 157.78			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 157.78		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 157.78	29. Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 157.78
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card	31. Payments Made on Loans This Period	- 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 157.78
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			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE SARA DILLARD FOR FHSD BOE		2. REPORT DATE 3/30/2026	
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: Saint Charles County Families for Public CITY / STATE: Schools EMPLOYER: PO Box 1446 Saint Charles MO 63302 <input type="checkbox"/> COMMITTEE:		3/10/2026 ----- \$ 36.67	\$ 36.67 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Francis Howell Forward CITY / STATE: PO Box 1525 EMPLOYER: Saint Charles MO 63302 <input type="checkbox"/> COMMITTEE:		3/10/2026 ----- \$ 1,946.24	\$ 1,401.30 <input type="checkbox"/> MONETARY <input checked="" 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)			\$ 1,437.97
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$ 0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 1,437.97
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			\$ 1,437.97
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)			\$ 1,437.97
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 SARA DILLARD FOR FHSD BOE		2. Report Date 3/30/2026	
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: Sara Dillard Address: 414 Wyatt Dr. City / State: Saint Peters MO 63376	3/7/2026	Promotion	\$ <input type="checkbox"/> Paid 37.60 <input checked="" type="checkbox"/> Incurred
Name: Sara Dillard Address: 414 Wyatt Dr. City / State: Saint Peters MO 63376	3/10/2026	Promotion	\$ <input type="checkbox"/> Paid 69.92 <input checked="" type="checkbox"/> Incurred
Name: Sara Dillard Address: 414 Wyatt Dr. City / State: Saint Peters MO 63376	3/20/2026	Promotion	\$ <input type="checkbox"/> Paid 50.26 <input checked="" type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 157.78
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 157.78
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 157.78
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			\$ 157.78
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			\$ <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
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