



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. A171132

1. DATE OF REPORT 2/6/2017	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Citizens for Louise R. Charboneau	
3. COMMITTEE MAILING ADDRESS 8930 Harrison	4. COMMITTEE TELEPHONE NUMBER (314) 488-8098
CITY / STATE / ZIP Brentwood MO 63144	
5. TREASURER'S NAME Karen Smith	
6. TREASURER'S MAILING ADDRESS 8930 Harrison	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 963-9651 WORK: (314) 747-3162
CITY / STATE / ZIP Brentwood MO 63144	
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 4/4/2017	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 1/21/2017 THROUGH 2/6/2017	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Louise R Charboneau 8933 Madge Ave Brentwood MO 63144 (314) 484-8971 Mayor City of Brentwood <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> Non-Partisan	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 Feb 6 2017 11:02AM _____ 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 Feb 6 2017 11:02AM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Citizens for Louise R. Charboneau	2/6/2017	

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		\$ 0.00		
2. All Monetary Contributions Received This Period	\$ 335.00		Money On Hand	
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)	\$ 335.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 0.00
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 335.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 335.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 335.00
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 335.00	a) Disbursements By Check \$ 335.00 b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 0.00	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		Indebtedness	
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. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 0.00		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 0.00	29. Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	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. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
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)	- 0.00
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)	\$ 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	+ 335.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 335.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Citizens for Louise R. Charboneau		2. REPORT DATE 2/6/2017	
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: Louise R Charboneau CITY / STATE: 8833 Madge Ave EMPLOYER: Brentwood MO 63144 <input type="checkbox"/> COMMITTEE: self -- retired		1/21/2017 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karen Smith CITY / STATE: 8930 Harrison EMPLOYER: Brentwood MO 63144 <input type="checkbox"/> COMMITTEE: Washington Univ. School of Medicine -- Strategic Planner		1/21/2017 ----- \$ 110.00	\$ 110.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Katherine Zahniel CITY / STATE: 8836 Madge Ave EMPLOYER: Brentwood MO 63144 <input type="checkbox"/> COMMITTEE: Dept of Revenue -- HR		1/21/2017 ----- \$ 75.00	\$ 75.00 <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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 335.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 335.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 335.00	
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			
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)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 335.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 335.00	



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Citizens for Louise R. Charboneau		2. Report Date 2/6/2017	
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		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:			<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			+ 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:			<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



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. A171132

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:

Returning Contribution of \$150.00 to the estate of Louis R. Charboneau

Amount: 150.00

Miscellaneous Disbursement:

Returning contribution of \$110 to Karen Smith

Amount: 110.00

Miscellaneous Disbursement:

Returning contribution of \$75 to Katherine Zahniel

Amount: 75.00



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. A171132

1. FULL NAME OF COMMITTEE Citizens for Louise R. Charboneau		2. DATE OF REPORT 2/6/2017	3. DATE OF DISSOLUTION 2/6/2017
4. TREASURER'S NAME AND ADDRESS NAME: Karen Smith ADDRESS: 8930 Harrison CITY / STATE / ZIP: Brentwood MO 63144		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Karen Smith ADDRESS: 8930 Harrison CITY / STATE / ZIP: Brentwood MO 63144 TELEPHONE NO: 314-963-9651	
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	