



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C161375

1. DATE OF REPORT 4/16/2018	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
 Friends Of Jamilah Nasheed

3. COMMITTEE MAILING ADDRESS
 4032 Olive

4. COMMITTEE TELEPHONE NUMBER
 (314) 409-5730

CITY / STATE / ZIP
 St Louis MO 63108

5. TREASURER'S NAME
 Rita Williams

6. TREASURER'S MAILING ADDRESS
 4032 Olive

7. TREASURER'S TELEPHONE NUMBER
 HOME: (314) 728-9924

CITY / STATE / ZIP
 St Louis MO 63108

WORK:

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

9. DEPUTY TREASURER'S MAILING ADDRESS
 4032 Olive St Louis MO 63108

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 HOME: (314) 409-5730

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 1/1/2018 THROUGH 3/31/2018

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

Jamilah Nasheed
 4032 Olive
 St Louis MO 63108
 (314) 409-5730
 Alderperson
 City of St. Louis

CHECK IF INCUMBENT

REPUBLICAN DEMOCRAT

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 16 2018 4:41PM

 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 16 2018 4:41PM

 CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends Of Jamilah Nasheed	4/16/2018	

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		\$ 338,240.00	Money On Hand			
2. All Monetary Contributions Received This Period	\$ 4,259.00					
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)	\$ 288,534.38
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 4,259.00				25. Monetary Receipts this Period (From Item 5 - this page)	+ 4,259.00
6. In-kind Contributions Received This Period	+ 0.00				26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 7,132.93
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 4,259.00				a) Disbursements By Check \$ 7,132.93	
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 342,499.00			b) Disbursements By Cash \$ 0.00	
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	Indebtedness			
9. Total Expenditures for this election previously reported		\$ 49,955.62	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 285,660.45		
10. Expenditures made by cash or check this period	\$ 7,132.93		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00		
11. In-Kind Expenditures made this period	+ 0.00		29. Loans Received This Period	+ 0.00		
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. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 7,132.93		B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00		
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 57,088.55	31. Payments Made on Loans This Period	- 0.00		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	32. Debt Forgiven on Loans This Period	- 0.00		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	← Cash/Check	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00		
	B 0.00	← Credit Card				
17. All In-Kind Contributions Made This Period	+ 0.00					
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00					
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00				
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 Friends Of Jamilah Nasheed		2. REPORT DATE 4/16/2018	
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: View Supplemental Form(s) 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
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		+ \$	4,259.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	4,259.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	4,259.00
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)		\$	4,259.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	4,259.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 4/16/2018
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: CIGNA PAC CITY/STATE: 1601 Chestnut Street EMPLOYER: Philadelphia PA 19192 <input checked="" type="checkbox"/> COMMITTEE:	3/10/2018 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Architect'sPAC CITY/STATE: PO Box 105938 EMPLOYER: Jefferson City MO 65110 <input checked="" type="checkbox"/> COMMITTEE:	1/22/2018 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thompson Home Health LLC CITY/STATE: 9 S Newstead Ave EMPLOYER: Saint Louis MO 63108 <input type="checkbox"/> COMMITTEE:	2/19/2018 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: LeRoy Grant CITY/STATE: 4261 McPherson Ave EMPLOYER: Saint Louis MO 63108 Retired -- Retired <input type="checkbox"/> COMMITTEE:	1/9/2018 ----- \$ 350.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Imani Robinson CITY/STATE: 4046 Humphrey Street EMPLOYER: Saint Louis MO 63116 Community Advocates -- Youth Director <input type="checkbox"/> COMMITTEE:	2/12/2018 ----- \$ 30.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Monique Maxley CITY/STATE: 8814 Jordan Street EMPLOYER: Saint Louis MO 63147 Behavioral Health Response Inc -- Crisis Intervention Specialist <input type="checkbox"/> COMMITTEE:	2/12/2018 ----- \$ 10.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerrilynn Ebberhart CITY/STATE: 4389 Varano Drive EMPLOYER: Florissant MO 63033 Retired -- Retired <input type="checkbox"/> COMMITTEE:	3/1/2018 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Imani Robinson CITY/STATE: 4046 Humphrey Street EMPLOYER: Saint Louis MO 63116 Community Advocates -- Youth Director <input type="checkbox"/> COMMITTEE:	3/12/2018 ----- \$ 30.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS	-----	--
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 4/16/2018
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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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: Monique Maxley CITY / STATE: 8814 Jordan Street Saint Louis MO 63147 EMPLOYER: Community Advocates -- Crisis Intervention Specialist <input type="checkbox"/> COMMITTEE:	3/12/2018 ----- \$ 15.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Constance Owen CITY / STATE: 3926 Hartford Street Saint Louis MO 63116 EMPLOYER: SSM Health -- RN <input type="checkbox"/> COMMITTEE:	1/25/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Katie Berry CITY / STATE: 2920 Indiana Ave Saint Louis MO 63118 EMPLOYER: REMAX Results Realty -- Realtor <input type="checkbox"/> COMMITTEE:	1/25/2018 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lora Jacobson CITY / STATE: 458 College Street Kahoka MO 63445 EMPLOYER: Student -- Student <input type="checkbox"/> COMMITTEE:	1/31/2018 ----- \$ 30.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Deborah Mason CITY / STATE: PO Box 78414 Saint Louis MO 63178 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	1/30/2018 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Imani Robinson CITY / STATE: 4046 Humphrey Street Saint Louis MO 63116 EMPLOYER: Community Advocates -- Youth Director <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 20.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Monique Maxley CITY / STATE: 8814 Jordan Street Saint Louis MO 63147 EMPLOYER: Behavioral Health Response Inc -- Crisis Intervention Specialist <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Amirah Mujaahid CITY / STATE: 111 White Pine Ave O'Fallon IL 62269 EMPLOYER: Self-Employed -- Development Manager <input type="checkbox"/> COMMITTEE:	1/13/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;">--</div>
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 4/16/2018
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Lora Jacobson CITY/STATE: 458 College Street EMPLOYER: Kahoka MO 63445 Student -- Student <input type="checkbox"/> COMMITTEE:	3/31/2018 ----- \$ 40.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Garland Riggs CITY/STATE: 8603 Nightingale Drive EMPLOYER: Lanham MD 20706 Retired -- Retired <input type="checkbox"/> COMMITTEE:	3/31/2018 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alona Sistrunk CITY/STATE: 7547 Delmar Blvd EMPLOYER: Saint Louis MO 63130 MacArthur Justice -- Litigation Specialist <input type="checkbox"/> COMMITTEE:	3/31/2018 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shawntelle Fisher CITY/STATE: 9021 Torchlight Lane EMPLOYER: Saint Louis MO 63121 SoulFisher Ministries -- Executive Director <input type="checkbox"/> COMMITTEE:	3/31/2018 ----- \$ 309.00	\$ 3.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bryan Like CITY/STATE: 1969 Uceyle Ave EMPLOYER: Saint Louis MO 63114 State of Missouri -- Social Worker <input type="checkbox"/> COMMITTEE:	3/30/2018 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sharron Pitts CITY/STATE: 5966 Horton Place EMPLOYER: Saint Louis MO 63112 Retired -- Retired <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rhonda Webb CITY/STATE: 1224 Bryant Street EMPLOYER: Saint Louis MO 63106 Home Health -- Nurse <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrea Hampton CITY/STATE: 8644 Kathlyn Drive EMPLOYER: Saint Louis MO 63134 None -- None <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS --

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 4/16/2018
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

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: Monique Hampton CITY / STATE: 326 S 21st Street SAINT LOUIS MO 63103 EMPLOYER: BJC -- Nurse <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathy Parker CITY / STATE: 3922 Utah Street SAINT LOUIS MO 63116 EMPLOYER: Self-Employed -- Paralegal <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sabrina Vickers CITY / STATE: 2827 Clark Ave SAINT LOUIS MO 63103 EMPLOYER: Vickers & Associates -- Administrative Assistant <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lisa Ashby CITY / STATE: 11211 Olive Blvd SAINT LOUIS MO 63141 EMPLOYER: Self-Employed -- Dental Assistant <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robyn Robinson CITY / STATE: 71 Greendale Drive SAINT LOUIS MO 63121 EMPLOYER: Dance for a Cause -- Executive Director <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Garrett Webb CITY / STATE: 710A Soulard Street SAINT LOUIS MO 63104 EMPLOYER: Self-Employed -- Consultant <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eric Vickers CITY / STATE: 3803 Castleman SAINT LOUIS MO 63110 EMPLOYER: Vickers & Associates -- Attorney <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sajid Zafar CITY / STATE: 12950 Woodlark Lane SAINT LOUIS MO 63131 EMPLOYER: St. Lukes -- Gastroenterologist <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS --

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 4/16/2018
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

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: Forenza Burrell CITY / STATE: 1128 Ursula Ave Saint Louis MO 63130 EMPLOYER: Self-Employed -- Medical Assistant <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 105.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Junai Syed CITY / STATE: 11 Summerhill Lane Saint Louis MO 63017 EMPLOYER: SSM Health -- Physician <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 350.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Usman Oquayyum CITY / STATE: 1 Bellerosa Ct Saint Louis MO 63122 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carol Moreland CITY / STATE: 104 Lindbergh Place Way Saint Louis MO 63146 EMPLOYER: Interactive Inc. -- Business Consultant <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 150.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shawntelle Fisher CITY / STATE: 9021 Torchlight Lane Saint Louis MO 63121 EMPLOYER: SoulFisher Ministries -- Executive Director <input type="checkbox"/> COMMITTEE:	1/12/2018 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shawntelle Fisher CITY / STATE: 9021 Torchlight Lane Saint Louis MO 63121 EMPLOYER: SoulFisher Ministries -- Executive Director <input type="checkbox"/> COMMITTEE:	2/3/2018 ----- \$ 306.00	\$ 6.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Garrett Webb CITY / STATE: 710A Soulard Street Saint Louis MO 63104 EMPLOYER: Self-Employed -- Consultant <input type="checkbox"/> COMMITTEE:	2/13/2018 ----- \$ 850.00	\$ 500.00 <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

TOTAL: ITEMIZED CONTRIBUTIONS --

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Friends Of Jamilah Nasheed		2. Report Date 4/16/2018	
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: 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			+ 7,132.93
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 7,132.93
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 7,132.93
16. Amount of Line 15 Above which was Paid Out This Period			\$ 7,132.93
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:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			\$
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
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed		REPORT DATE 4/16/2018	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)
NAME AND ADDRESS OF RECIPIENT			AMOUNT THIS PERIOD
NAME: COE Strategies LLC ADDRESS: 710A Soulard Street CITY/STATE: Saint Louis MO 63104		1/30/2018	Supplies \$ 7,100.00 <input checked="" type="checkbox"/> PAID 800.00 <input type="checkbox"/> INCURRED
NAME: SWAY ADDRESS: 4350 East West Hwy Ste 350 CITY/STATE: Bethesda MD 20814		1/31/2018	Video Production \$ 6,317.23 <input checked="" type="checkbox"/> PAID 6,317.23 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		3/31/2018	Credit Card Processing \$ 34.29 <input checked="" type="checkbox"/> PAID 0.40 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		3/31/2018	Credit Card Processing \$ 33.89 <input checked="" type="checkbox"/> PAID 2.82 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		1/28/2018	Credit Card Processing \$ 28.08 <input checked="" type="checkbox"/> PAID 4.94 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		1/31/2018	Credit Card Processing \$ 28.68 <input checked="" type="checkbox"/> PAID 0.60 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		1/31/2018	Credit Card Processing \$ 28.88 <input checked="" type="checkbox"/> PAID 0.20 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		1/14/2018	Credit Card Processing \$ 18.99 <input checked="" type="checkbox"/> PAID 0.40 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		1/14/2018	Credit Card Processing \$ 23.14 <input checked="" type="checkbox"/> PAID 4.15 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		2/14/2018	Credit Card Processing \$ 29.48 <input checked="" type="checkbox"/> PAID 0.60 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		3/4/2018	Credit Card Processing \$ 30.47 <input checked="" type="checkbox"/> PAID 0.99 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 2144		3/14/2018	Credit Card Processing \$ 31.07 <input checked="" type="checkbox"/> PAID 0.60 <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)			\$ --