



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C161375

1. DATE OF REPORT 1/16/2018	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) 409-5730

CITY / STATE / ZIP
 ST LOUIS MO 63108

WORK: (573) 751-4415

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: (573) 751-4415

11. DATE OF ELECTION

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM 9/1/2017 THROUGH 12/31/2017

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) 728-9924
 Mayor
 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 Jan 16 2018 4:53PM

 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 Jan 16 2018 4:53PM

 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	1/16/2018	

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		\$ 314,100.00	Money On Hand			
2. All Monetary Contributions Received This Period	\$ 24,140.00					
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)	\$ 24,140.00				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 266,882.50
6. In-kind Contributions Received This Period	+ 0.00				25. Monetary Receipts this Period (From Item 5 - this page)	+ 24,140.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 24,140.00				26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 2,488.12
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 338,240.00			a) Disbursements By Check \$ 2,488.12 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		\$ 47,467.50	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 288,534.38		
10. Expenditures made by cash or check this period	\$ 2,488.12		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)	\$ 2,488.12				28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 49,955.62	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 ← Cash/Check	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00		
	B	0.00 ← Credit Card				
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				
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 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 1/16/2018	
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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+	\$ 24,140.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	24,140.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	24,140.00
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)		\$	24,140.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	24,140.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 1/16/2018
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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: Sarah Faughn CITY/STATE: 129 East High Street Jefferson City MO 65101 EMPLOYER: None -- Homemaker <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 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:	10/16/2017 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Hunkins CITY/STATE: 967 Sanders Drive Saint Louis MO 63126 EMPLOYER: Zeis Group Inc. -- Director of Marketing <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Farrell CITY/STATE: 577 Eagles Nest Ct Wildwood MO 63011 EMPLOYER: Policy Solutions LLC -- President <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael O'Brien CITY/STATE: 3084 Woodbridge Creek Dr Saint Louis MO 63129 EMPLOYER: Saint Louis Community Credit Union -- Advocacy Officer <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Al Johnson CITY/STATE: 112 S Hanley Road Saint Louis MO 63105 EMPLOYER: Law Office of Al Johnson -- Attorney <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas Nellums CITY/STATE: 4058 Fireside Drive Florissant MO 63033 EMPLOYER: Tee E Trucking INC -- Owner <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jase Carter CITY/STATE: 4351 Shaw Saint Louis MO 63110 EMPLOYER: Carter Law -- Attorney <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 50.00	\$ 50.00 <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 1/16/2018
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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: Kathleen Sorokin CITY / STATE: 8333 Gannon Saint Louis MO 63132 EMPLOYER: Rosemann and Associates -- VP-Business Development <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Pick Rallo CITY / STATE: 450 Conway Village Driv Saint Louis MO 63141 EMPLOYER: Pick Strategies -- Consultant <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Newton McCoy CITY / STATE: 900 Buena Vista Saint Louis MO 63105 EMPLOYER: City of Saint Louis -- Attorney <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Usman Qayyum CITY / STATE: 1 Bellerosa Court Saint Louis MO 63122 EMPLOYER: STL Heart & Vascular Cardiology -- Physician <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Henry Thompson CITY / STATE: 1827B LaSalle Street Saint Louis MO 63104 EMPLOYER: None -- None <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tim Person CITY / STATE: 6125 S Grand Blvd Saint Louis MO 63111 EMPLOYER: Person & Associates -- President <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Junaid Syed CITY / STATE: 11 Summerhill Lane Saint Louis MO 63017 EMPLOYER: SSM Healthcare -- Physician <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shariq Mansuri CITY / STATE: 12356 Conway Road Saint Louis MO 63141 EMPLOYER: Merrill Lynch -- Financial Advisor <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 200.00	\$ 200.00 <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 1/16/2018
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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.

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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: Gregory Daly CITY/STATE: 4127 Upton Court Saint Louis MO 63116 EMPLOYER: City of Saint Louis -- Collector of Revenue <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Claiborne CITY/STATE: 665 S Skinker Saint Louis MO 63105 EMPLOYER: KMOX -- Broadcaster <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eric Banks CITY/STATE: 308 N 21st Street Saint Louis MO 63103 EMPLOYER: Banks Law -- Attorney <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Woods CITY/STATE: 2454 Berwyn Drive Saint Louis MO 63136 EMPLOYER: BJC Healthcare -- Physician <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Hilgemann CITY/STATE: 4131 Blaine Ave Saint Louis MO 63110 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jesse Swanagan CITY/STATE: 2616 Allen Saint Louis MO 63104 EMPLOYER: Wood Brothers Realty -- Agent <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eugene Wallace CITY/STATE: PO Box 4633 Saint Louis MO 63108 EMPLOYER: 3M -- Consultant <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Hope Whitehead CITY/STATE: 9666 Olive Blvd Saint Louis MO 63132 EMPLOYER: Whitehead & Associates -- Attorney <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 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 1/16/2018
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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: Ken Nuernberger CITY/STATE: 1425 S 18th Street Saint Louis MO 63104 EMPLOYER: ND Consulting Group LLC -- Partner <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathleen Ratcliffe CITY/STATE: 4909 Laclede Ave Saint Louis MO 63108 EMPLOYER: Explore STL -- Director <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kawanda Reid Pod CITY/STATE: 1175 Chambers Road Saint Louis MO 63137 EMPLOYER: Perpetual Home Support Services -- CFO <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Erica Smith CITY/STATE: 2130 McKelvey Hill Drive Maryland Heights MO 63043 EMPLOYER: Self-Employed -- Digital Media Strategist <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Edward Hellm CITY/STATE: 1006 Pearview Drive Saint Peters MO 63376 EMPLOYER: Self-Employed -- Investor <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin Buchek CITY/STATE: 7717 Natural Bridge Saint Louis MO 63121 EMPLOYER: Roanoke Construction -- President <input type="checkbox"/> COMMITTEE:	10/2/2017 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shawntelle Fisher CITY/STATE: 23 North Oaks Plaza Suite 250 St. Louis MO 63121 EMPLOYER: The SoulFisher Ministries -- Founder/CEO <input type="checkbox"/> COMMITTEE:	10/8/2017 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Monique Maxey CITY/STATE: 8814 Jordan Street St. Louis MO 63147 EMPLOYER: Behavioral Health Response -- Crisis Intervention Clinician <input type="checkbox"/> COMMITTEE:	10/12/2017 ----- \$ 5.00	\$ 5.00 <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 1/16/2018
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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: Imani JRobinson CITY/STATE: 4046 Humphrey Street St. Louis MO 63116 EMPLOYER: Self -- Youth/Community advocate <input type="checkbox"/> COMMITTEE:	10/12/2017 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jacob Olson CITY/STATE: 3523 Wyoming St St Louis MO 63118 EMPLOYER: SEIU MO/KS State Council -- Executive Director <input type="checkbox"/> COMMITTEE:	10/13/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Forenza Burrell CITY/STATE: 1128 Ursula Avenue University City MO 63130 EMPLOYER: Self-Employed -- Medical Assistant <input type="checkbox"/> COMMITTEE:	10/15/2017 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gurpreet Padda CITY/STATE: 5203 Chippewa Saint Louis MO 63109 EMPLOYER: Padda Institute for Pain Management -- Physician <input type="checkbox"/> COMMITTEE:	10/18/2017 ----- \$ 5,000.00	\$ 5,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Lauber CITY/STATE: 3128 Hawthorne Blvd Saint Louis MO 63104 EMPLOYER: J.Hilburn -- Consultant <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Garrett Webb CITY/STATE: 710A Soulard Saint Louis MO 63104 EMPLOYER: Self-Employed -- Consultant <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Laura Swinford CITY/STATE: 1426 Selma Ave Saint Louis MO 63119 EMPLOYER: Self-Employed -- Consultant <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri American Water Employees PAC CITY/STATE: 727 Craig Road Saint Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 500.00	\$ 500.00 <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 1/16/2018
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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: Electrical Workers Voluntary Fund CITY/STATE: 5850 Elizabeth Ave EMPLOYER: Saint Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE:	10/16/2017 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Major Brands Inc PAC CITY/STATE: 6701 Southwest Ave EMPLOYER: Saint Louis MO 63143 <input checked="" type="checkbox"/> COMMITTEE:	10/16/2017 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cheyenne International LLC CITY/STATE: 701 South Battleground Ave EMPLOYER: Grover NC 28073 <input type="checkbox"/> COMMITTEE:	10/16/2017 \$ 1,600.00	\$ 1,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Timothy Drury CITY/STATE: 15 Squires Lane Huntleigh MO 63131 EMPLOYER: Drury Development -- President <input type="checkbox"/> COMMITTEE:	10/24/2017 \$ 2,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Health Care Leadership Committee CITY/STATE: 221 E Capitol Ave EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	10/23/2017 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: UAW Region 5 Midwest States MO-PAC CITY/STATE: 721 Dunn Road EMPLOYER: Hazelwood MO 63042 <input checked="" type="checkbox"/> COMMITTEE:	11/6/2017 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MISSOURI FIRST CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/8/2017 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: A BETTER MISSOURI PAC CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	11/8/2017 \$ 2,600.00	\$ 2,600.00 <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 1/16/2018
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INSTRUCTIONS

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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: International Union of Elevator Constructors Local No. 3 CITY/STATE: PAC EMPLOYER: 5916 Wilson Ave Saint Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE:	10/31/2017 ----- \$ 500.00	\$ 500.00 <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. Luke's -- Gastroenterologist <input type="checkbox"/> COMMITTEE:	10/23/2017 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MISSOURI REALTORS PAC CITY/STATE: PO Box 30635 EMPLOYER: Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE:	10/13/2017 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Atif Shafgat CITY/STATE: 14313 Manderleigh Woods Drive Saint Louis MO 63017 EMPLOYER: Self -- Hematologist <input type="checkbox"/> COMMITTEE:	10/23/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Trone CITY/STATE: 11417 Skipwith Lane Potomac MD 20854 EMPLOYER: Total Wines & More -- Founder/CEO <input type="checkbox"/> COMMITTEE:	10/18/2017 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CENTENE PAC CITY/STATE: 7700 Forsyth Blvd. EMPLOYER: Saint Louis MO 63105 <input checked="" type="checkbox"/> COMMITTEE:	10/4/2017 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Cross CITY/STATE: 4945 Buckingham Court 2E Saint Louis MO 63115 EMPLOYER: SEIU Local 1 -- Executive Vice President <input type="checkbox"/> COMMITTEE:	10/16/2017 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeff Aboussie CITY/STATE: 18502 Red Tail Lane Wildwood MO 63069 EMPLOYER: Regional Strategies -- Consultant <input type="checkbox"/> COMMITTEE:	12/1/2017 ----- \$ 500.00	\$ 500.00 <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 1/16/2018
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INSTRUCTIONS

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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: Sal Martinez CITY / STATE: PO Box 21413 EMPLOYER: Saint Louis MO 63115 North Newstead Association -- Executive Director <input type="checkbox"/> COMMITTEE:	10/22/2017 ----- \$ 50.00	\$ 50.00 <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
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
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 1/16/2018	
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			+ 2,488.12
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,488.12
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,488.12
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,488.12
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

