



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

M.E.C. ID NO. C161375

1. DATE OF REPORT 10/18/2017	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  
 3/2/2021

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

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM 7/1/2017 THROUGH 9/30/2017

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 Oct 18 2017 1:10PM

\_\_\_\_\_  
 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 Oct 18 2017 1:10PM

\_\_\_\_\_  
 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	10/18/2017	

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		\$ 302,500.00	<b>Money On Hand</b>			
2. All Monetary Contributions Received This Period	\$ 11,600.00					
3. All Loans Received This Period	+ 0.00					
4. Miscellaneous Receipts This Period	+ 0.00					
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 11,600.00				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 274,129.50
6. In-kind Contributions Received This Period	+ 0.00				25. Monetary Receipts this Period (From Item 5 - this page)	+ 11,600.00
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 11,600.00				26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 18,847.00
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 314,100.00			a) Disbursements By Check \$ 18,847.00 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		\$ 28,620.50			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 266,882.50
10. Expenditures made by cash or check this period	\$ 18,847.00				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. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 18,847.00				B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 47,467.50			31. Payments Made on Loans This Period	- 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00			32. Debt Forgiven on Loans This Period	- 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00		
17. All In-Kind Contributions Made This Period	+ 0.00		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 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				
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. <b>Total Other Disbursements This Period</b> (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 10/18/2017	
<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: 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		+	\$ 11,600.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	11,600.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	11,600.00
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		\$	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)		\$	11,600.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	11,600.00



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 10/18/2017
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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: LIUNA Local 110 PAC FUND CITY/STATE: 4532 S. Lindbergh Blvd EMPLOYER: Sunset Hills MO 63127 <input checked="" type="checkbox"/> COMMITTEE:	7/13/2017 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: St. Louis Building & Construction Trades Council CITY/STATE: 2300 Hampton Ave EMPLOYER: Saint Louis MO 63138 <input checked="" type="checkbox"/> COMMITTEE:	9/25/2017 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerome Schlichter CITY/STATE: 32 Portland Place Saint Louis MO 63108 EMPLOYER: Schlichter Bogard & Denton LLP -- Attorney <input type="checkbox"/> COMMITTEE:	9/25/2017 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Siete LLC CITY/STATE: 5553 Maple Ave EMPLOYER: Saint Louis MO 63112 <input type="checkbox"/> COMMITTEE:	7/4/2017 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leroy Grant CITY/STATE: 4261 McPherson Ave Saint Louis MO 63108 EMPLOYER: Grant Communications LLC -- President <input type="checkbox"/> COMMITTEE:	9/21/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri State Council of Machinist PAC CITY/STATE: 12365 St Charles Rock Road EMPLOYER: Bridgeton MO 63044 <input checked="" type="checkbox"/> COMMITTEE:	9/6/2017 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Supporters of Health Research & Treatments CITY/STATE: PO Box 11591 EMPLOYER: Saint Louis MO 63105 <input checked="" type="checkbox"/> COMMITTEE:	7/2/2017 ----- \$ 1,000.00	\$ 1,000.00 <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:	7/3/2017 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

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



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 10/18/2017
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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)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: AT&T Missouri Employee PAC CITY/STATE: ONE at&t Center EMPLOYER: Saint Louis MO 63101 <input checked="" type="checkbox"/> COMMITTEE:	7/25/2017 ----- \$ 650.00	\$ 650.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Advocacy for Special Needs CITY/STATE: 101 East High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	8/17/2017 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Coalition for Disability Rights CITY/STATE: 101 East High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	8/17/2017 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Sneider CITY/STATE: 8251 Parkside Drive EMPLOYER: Saint Louis MO 63105 The Firefly Group -- Partner <input type="checkbox"/> COMMITTEE:	7/11/2017 ----- \$ 100.00	\$ 100.00 <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

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		\$ -----
<b>(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)</b>		



**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 10/18/2017	
<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			
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: Local Politechs Strategies Address: 1200 18th Street NW City / State: Washington DC 20036	7/11/2017	Campaign Management 15,947.00	\$ <input checked="" type="checkbox"/> Paid 15,947.00 <input type="checkbox"/> Incurred
Name: Ketcher Law Firm Address: PO Box 190201 City / State: Saint Louis MO 63119	8/13/2017	Campaign Research 900.00	\$ <input checked="" type="checkbox"/> Paid 900.00 <input type="checkbox"/> Incurred
Name: Whitfield Montgomery Address: 1000 Washington City / State: Saint Louis MO 63101	8/14/2017	Campaign Worker 2,000.00	\$ <input checked="" type="checkbox"/> Paid 2,000.00 <input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 18,847.00
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 18,847.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 18,847.00
16. Amount of Line 15 Above which was Paid Out This Period			\$ 18,847.00
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
<b>C. Contributions Made (Regardless of Amount)</b>		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