



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C161375

1. DATE OF REPORT 11/12/2018	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 Apt C

4. COMMITTEE TELEPHONE NUMBER
 (314) 409-5730

CITY / STATE / ZIP
 St Louis MO 63108

5. TREASURER'S NAME
 Sadie Williams

6. TREASURER'S MAILING ADDRESS
 3426 Minnesota

7. TREASURER'S TELEPHONE NUMBER
 HOME: (314) 607-6583

CITY / STATE / ZIP
 St Louis MO 63118

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 7/1/2018 THROUGH 9/30/2018

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
 October 15, 2018

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 Nov 12 2018 1:12PM

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 Nov 12 2018 1:12PM

CANDIDATE'S SIGNATURE



**MISSOURI ETHICS COMMISSION
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #: C161375

This form is to be used when amending a previously filed Campaign Finance Disclosure Report.

1. Name of Committee | **2. Date of Report**

Friends Of Jamilah Nasheed

11/12/2018

3. Type and Date of Previously Filed Report

11/12/2018 AMENDED October Quarterly Report

4. Reason for Amendment

Correcting listed date received on single contribution (September 17, 2018 be, not September 7, 2018).

5. Amendment Detail

Itemized Contributions Received
Modified-CHIPP Political Account



Missouri Ethics Commission
REPORT SUMMARY
 Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends Of Jamilah Nasheed	11/12/2018	

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		\$ 367,791.65	Money On Hand	
2. All Monetary Contributions Received This Period	\$ 65,442.00			
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)	\$ 65,442.00			
6. In-kind Contributions Received 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)	\$ 310,936.94
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 65,442.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 65,442.00
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 433,233.65	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23)	- 1,209.43
			a) Disbursements By Check \$ 1,209.43	
			b) Disbursements By Cash \$ 0.00	
Expenditures			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 375,169.51
9. Total Expenditures for this election previously reported		\$ 57,104.71	Indebtedness	
10. Expenditures made by cash or check this period	\$ 1,209.43			
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)	\$ 1,209.43		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 58,314.14	29. Loans Received This Period	+ 0.00
Contributions Made			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	← Cash/Check		
	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			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	32. Debt Forgiven on Loans This Period	- 0.00
Other Disbursements			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 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		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 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 11/12/2018	
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		+	\$ 65,442.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	65,442.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$	65,442.00
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		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$	0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	65,442.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	65,442.00



**MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Jamilah Nasheed	DATE 11/12/2018
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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: Susan McCollum CITY/STATE: 48 Westmoreland Place EMPLOYER: Saint Louis MO 63108 Major Brands -- CEO <input type="checkbox"/> COMMITTEE:	7/11/2018 ----- \$ 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:	7/12/2018 ----- \$ 3,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Reed Hastings CITY/STATE: 849 Almar Ave EMPLOYER: Santa Cruz CA 95060 NETFLIX -- CEO <input type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 2,600.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gregory Wendt CITY/STATE: 1 Market Street EMPLOYER: San Francisco CA 94105 Capital Group -- CEO <input type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Candice Lozano CITY/STATE: 5 N530 Chambellan Lane EMPLOYER: Wayne IL 60184 Fun 2 Cash -- President <input type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 2,600.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Southern Glazers Missouri PAC CITY/STATE: 101 E High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Physician Led Anesthesia Care PAC CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Living Well PAC CITY/STATE: 205 E Capitol Ave EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 750.00	\$ 750.00 <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 11/12/2018
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INSTRUCTIONS

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NAME: ADDRESS: MEDNAX INC CITY/STATE: 1301 Concord Terrace EMPLOYER: Sunrise FL 33323 <input checked="" type="checkbox"/> COMMITTEE:	8/4/2018 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MO CABLE PAC CITY/STATE: PO Box 1895 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: HEALTHPAC CITY/STATE: PO Box 60 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 2,600.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: EXPRESS SCRIPTS PAC CITY/STATE: 13900 Riverport Drive EMPLOYER: Maryland Heights MO 63043 <input checked="" type="checkbox"/> COMMITTEE:	7/29/2018 ----- \$ 1,100.00	\$ 1,100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: BUILD STL PAC CITY/STATE: 10104 Old Olive Road EMPLOYER: Saint Louis MO 63141 <input checked="" type="checkbox"/> COMMITTEE:	8/4/2018 ----- \$ 750.00	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Marrs CITY/STATE: 213 E Capitol Jefferson City MO 65101 EMPLOYER: Marrs Consulting -- President <input type="checkbox"/> COMMITTEE:	8/4/2018 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MISSOURI INDEPENDENT BANKERS Assoc PAC CITY/STATE: PO Box 1765 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	8/23/2018 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tiffany Hackney CITY/STATE: 4551 Arlington Saint Louis MO 63120 EMPLOYER: Perfect Brows -- Esthetician <input type="checkbox"/> COMMITTEE:	8/23/2018 ----- \$ 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 11/12/2018
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INSTRUCTIONS

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NAME: ADDRESS: Nicole Coleman CITY/STATE: 5362 Delmar Blvd Saint Louis MO 63112 EMPLOYER: Kenni Kouture -- Owner <input type="checkbox"/> COMMITTEE:	8/23/2018 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frontenac Cleaners Lafayette Square CITY/STATE: 1937 Park Ave EMPLOYER: Saint Louis MO 63104 <input type="checkbox"/> COMMITTEE:	8/23/2018 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sherenta Walters CITY/STATE: 5622 Lucas and Hunt Saint Louis MO 63136 EMPLOYER: Realty & Beyond -- Realtor <input type="checkbox"/> COMMITTEE:	8/23/2018 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Trone CITY/STATE: 11417 Skipwirth Lane Potomac MD 20854 EMPLOYER: Total Wines -- CEO <input type="checkbox"/> COMMITTEE:	9/7/2018 ----- \$ 3,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AMEC PAC CITY/STATE: PO BOX 1645 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	9/13/2018 ----- \$ 2,600.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Citizens for New Health Care Concepts CITY/STATE: 101 E High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	9/4/2018 ----- \$ 2,200.00	\$ 2,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Coalition for Advanced Learning CITY/STATE: 101 E High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	9/4/2018 ----- \$ 2,600.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Responsible Building PAC CITY/STATE: 101 E High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	9/4/2018 ----- \$ 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 11/12/2018
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NAME: ADDRESS: Coalition for Disability Rights CITY/STATE: 101 E High Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	9/4/2018 ----- \$ 5,100.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Maurice Graham CITY/STATE: 150 Carondelet Plz EMPLOYER: Saint Louis MO 63105 Gray Ritter & Graham -- Attorney <input type="checkbox"/> COMMITTEE:	9/4/2018 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Saprina Washington CITY/STATE: 4222 Folsom Ave EMPLOYER: Saint Louis MO 63110 N'STLyle -- Beautician <input type="checkbox"/> COMMITTEE:	9/4/2018 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alliance for Progress PAC CITY/STATE: 230 W McCarty Street EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	9/4/2018 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Commerce BancShares Inc. PAC CITY/STATE: PO Box 419248 EMPLOYER: Kansas City MO 64141 <input checked="" type="checkbox"/> COMMITTEE:	9/4/2018 ----- \$ 250.00	\$ 250.00 <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:	9/4/2018 ----- \$ 5,200.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MISSOURI SENIOR PAC CITY/STATE: 429 N Main Street EMPLOYER: O'Fallon MO 63366 <input checked="" type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 3,500.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri AG PAC CITY/STATE: PO Box 555 EMPLOYER: Perryville MO 63775 <input checked="" type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 3,500.00	\$ 1,000.00 <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 11/12/2018
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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.	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: MISSOURI C PAC CITY/STATE: 145 Boonville Road EMPLOYER: Jefferson City MO 65109 <input checked="" type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 3,500.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Everett Tilley CITY/STATE: 507 Steven Street Perryville MO 63775 EMPLOYER: Tilley Eye Care -- Optometrist <input type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: HOME PAC CITY/STATE: PO Box 1865 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Growth PAC CITY/STATE: PO Box 555 EMPLOYER: Perryville MO 63775 <input checked="" type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: MISSOURI ALLIANCE FOR ANIMAL LEGISLATION CITY/STATE: PO BOX 300036 EMPLOYER: Saint Louis MO 63130 <input checked="" type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: TILLEY LAW FIRM LLC CITY/STATE: 1418 West St. Joseph EMPLOYER: Perryville MO 63775 <input type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AMEREN MISSOURI PAC CITY/STATE: PO BOX 780 EMPLOYER: Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE:	9/27/2018 ----- \$ 1,300.00	\$ 1,300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ali Chaudry CITY/STATE: 13210 Clayton Road Saint Louis MO 63131 EMPLOYER: Self-Employed -- Consultant <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 2,000.00	\$ 2,000.00 <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 11/12/2018
---	--------------------

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: Abdul Syed CITY / STATE: 1157 Pinrun Drive Saint Louis MO 63011 EMPLOYER: SSM -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 750.00	\$ 750.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sadaf Chaudry CITY / STATE: 2013 Maryland Oaks Circle Saint Louis MO 63146 EMPLOYER: Midwest Radiological Assoc -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: ADIL IMDAD CITY / STATE: 18 Lockhaven Lane Saint Louis MO 63021 EMPLOYER: Azif Engineering -- Engineer <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Naila Tahir CITY / STATE: 2400 Oak Springs Lane Saint Louis MO 63131 EMPLOYER: SSM -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 1,500.00	\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ghulam Malik CITY / STATE: 110 Bellerosa Drive Saint Louis MO 63122 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Syed Alam CITY / STATE: 806 Henry Manor Court Saint Louis MO 63011 EMPLOYER: Monsanto -- Researcher <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Syed Abdulaziz CITY / STATE: 1819 Manor Hill Road Saint Louis MO 63131 EMPLOYER: Self-Employed -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Humayun Quadir CITY / STATE: 12833 Dubon Lane Saint Louis MO 63131 EMPLOYER: St. Louis Nephrology Assoc -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 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 11/12/2018
---	--------------------

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. 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: Asma Raza CITY / STATE: 247 Penwood Court Chesterfield MO 63017 EMPLOYER: BJC -- Pharmacist <input type="checkbox"/> COMMITTEE:	9/28/2018 \$ 200.00	\$ 200.00 <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:	7/1/2018 \$ 1,850.00	\$ 500.00 <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:	8/1/2018 \$ 2,350.00	\$ 500.00 <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:	9/1/2018 \$ 2,850.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathryn Williams CITY / STATE: 8637 Trafford Lane Saint Louis MO 63147 EMPLOYER: Williams Home Construction -- CFO <input type="checkbox"/> COMMITTEE:	8/23/2018 \$ 700.00	\$ 700.00 <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:	7/12/2018 \$ 35.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Imani JRobinson CITY / STATE: 4046 Humphrey Street St. Louis MO 63116 EMPLOYER: Self -- Youth/Community advocate <input type="checkbox"/> COMMITTEE:	7/12/2018 \$ 70.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shawntelle Fisher CITY / STATE: 9021 Torchlight Lane Apt H St. Louis MO 63121 EMPLOYER: The SoulFisher Ministries -- Founder/CEO <input type="checkbox"/> COMMITTEE:	7/31/2018 \$ 418.00	\$ 3.00 <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 11/12/2018
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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: Garland RIGGS CITY / STATE: 8603 Nightingale Dr. EMPLOYER: Lanham MD 20706 <input type="checkbox"/> COMMITTEE: none -- none	7/31/2018 ----- \$ 17.00	\$ 3.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Katie Berry CITY / STATE: 2920 Indiana Avenue EMPLOYER: St. Louis MO 63118 <input type="checkbox"/> COMMITTEE: Re/Max Results -- REALTOR	8/9/2018 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Monique Maxey CITY / STATE: 8814 Jordan Street EMPLOYER: St. Louis MO 63147 <input type="checkbox"/> COMMITTEE: Behavioral Health Response -- Crisis Intervention Clinician	8/12/2018 ----- \$ 40.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Asia Bateman CITY / STATE: 208 n 9th Street EMPLOYER: St. Louis MO 63101 <input type="checkbox"/> COMMITTEE: Shoe Fetish -- Owner	8/23/2018 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrea Johnson CITY / STATE: 5914 Mimika Avenue EMPLOYER: St. Louis MO 63147 <input type="checkbox"/> COMMITTEE: Level 10 Hair Salon -- Salon Owner	8/23/2018 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dallas Holland CITY / STATE: 5225 Delmar Boulevard EMPLOYER: St. Louis MO 63108 <input type="checkbox"/> COMMITTEE: Beyond Sweet -- Owner	8/24/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Caran Hanks CITY / STATE: 9772 Colony Drive EMPLOYER: St. Louis MO 63137 <input type="checkbox"/> COMMITTEE: Family Workforce Centers of America -- Youth Program Compliance Manager	8/29/2018 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shawntelle Fisher CITY / STATE: 9021 Torchlight Lane Apt H EMPLOYER: St. Louis MO 63121 <input type="checkbox"/> COMMITTEE: The SoulFisher Ministries -- Founder/CEO	8/31/2018 ----- \$ 421.00	\$ 3.00 <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 11/12/2018
---	--------------------

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.

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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: Monique Maxey CITY / STATE: 8814 Jordan Street St. Louis MO 63147 EMPLOYER: Behavioral Health Response -- Crisis Intervention Clinician <input type="checkbox"/> COMMITTEE:	9/12/2018 ----- \$ 45.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Shawntelle Fisher CITY / STATE: 5907 Millcreek Drive Hazelwood MO 63042 EMPLOYER: The SoulFisher Ministries -- Founder/CEO <input type="checkbox"/> COMMITTEE:	9/22/2018 ----- \$ 521.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale Sweet CITY / STATE: 3503 Louisiana Ave St. Louis MO 63118 EMPLOYER: self -- attorney <input type="checkbox"/> COMMITTEE:	9/24/2018 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tarraze Merriweather CITY / STATE: 3802 Oakridge Boulevard St. Louis MO 63121 EMPLOYER: Not Employed -- Not Employed <input type="checkbox"/> COMMITTEE:	9/25/2018 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Helal Ekramuddin CITY / STATE: 13242 Autumn Trails Saint Louis MO 63141 EMPLOYER: Self -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Faizan Syed CITY / STATE: 13408 Clayton Road SAINT LOUIS MO 63131 EMPLOYER: Self -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nadira Adil CITY / STATE: 1017 Devonworth Manor Way Chesterfield MO 63017 EMPLOYER: SSM Health -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Helal Ekramuddin CITY / STATE: 13242 Autumn Trails Ct St louis MO 63141 EMPLOYER: Self -- Physician <input type="checkbox"/> COMMITTEE:	9/28/2018 ----- \$ 250.00	\$ 150.00 <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 11/12/2018
---	--------------------

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. 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: Shawntelle Fisher CITY / STATE: 9021 Torchlight Lane Apt H St. Louis MO 63121 EMPLOYER: The SoulFisher Ministries -- Founder/CEO <input type="checkbox"/> COMMITTEE:	9/30/2018 ----- \$ 523.00	\$ 3.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CHIPP Political Account CITY / STATE: 1401 Hampton Ave EMPLOYER: Saint Louis MO 63139 <input checked="" type="checkbox"/> COMMITTEE:	9/17/2018 ----- \$ 10,000.00	\$ 10,000.00 <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

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 11/12/2018	
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			
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: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
Name: Address: View Supplemental Form(s) City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 1,209.43
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 1,209.43
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 1,209.43
16. Amount of Line 15 Above which was Paid Out This Period			\$ 1,209.43
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: 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



**MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE		REPORT DATE	
Friends Of Jamilah Nasheed		11/12/2018	
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: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		9/30/2018	Credit Card Processing \$ 97.33 <input checked="" type="checkbox"/> PAID 15.93 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		9/26/2018	Credit Card Processing \$ 81.40 <input checked="" type="checkbox"/> PAID 9.88 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		9/23/2018	Credit Card Processing \$ 71.52 <input checked="" type="checkbox"/> PAID 3.95 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		9/12/2018	Credit Card Processing \$ 67.57 <input checked="" type="checkbox"/> PAID 0.20 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		9/2/2018	Credit Card Processing \$ 67.37 <input checked="" type="checkbox"/> PAID 0.12 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		8/29/2018	Credit Card Processing \$ 67.25 <input checked="" type="checkbox"/> PAID 0.20 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		8/26/2018	Credit Card Processing \$ 67.05 <input checked="" type="checkbox"/> PAID 16.80 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		8/12/2018	Credit Card Processing \$ 50.25 <input checked="" type="checkbox"/> PAID 2.18 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		8/1/2018	Credit Card Processing \$ 48.07 <input checked="" type="checkbox"/> PAID 0.24 <input type="checkbox"/> INCURRED
NAME: ACTBLUE ADDRESS: PO Box 441146 CITY/STATE: Somerville MA 02144		7/15/2018	Credit Card Processing \$ 47.83 <input checked="" type="checkbox"/> PAID 0.60 <input type="checkbox"/> INCURRED
NAME: Whitfield Montgomery ADDRESS: 1000 Washington Ave CITY/STATE: Saint Louis MO 63101		7/11/2018	Event Security \$ 2,000.00 <input checked="" type="checkbox"/> PAID 1,000.00 <input type="checkbox"/> INCURRED
NAME: Sam's Club ADDRESS: 7100 Maplewood Commons Drive CITY/STATE: Saint Louis MO 63143		7/19/2018	Event Supplies \$ 328.86 <input checked="" type="checkbox"/> PAID 159.33 <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)			\$ --