



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

M.E.C. ID NO. C071317

1. DATE OF REPORT 4/17/2008	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
 COLEMAN FOR REPRESENTATIVE

3. COMMITTEE MAILING ADDRESS  
 607 N GRAND AVE SUITE 1405

4. COMMITTEE TELEPHONE NUMBER  
 (314) 534-3799

CITY / STATE / ZIP  
 ST LOUIS MO 63103

5. TREASURER'S NAME  
 LENORA UNDERWOOD

6. TREASURER'S MAILING ADDRESS  
 3114 FRANKLIN ST APT 623

7. TREASURER'S TELEPHONE NUMBER  
 HOME: (314) 535-0806

CITY / STATE / ZIP  
 ST LOUIS MO 63106

WORK:

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

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME:

CITY / STATE / ZIP

WORK:

11. DATE OF ELECTION  
 8/5/2008

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

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM 1/1/2008 THROUGH 3/31/2008

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

SAMUEL COLEMAN  
 607 N GRAND AVE STE 1405 ST LOUIS MO 63103  
 (314) 392-7881  
 STATE REPRESENTATIVE DISTRICT 58

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  
 April 08, \_\_\_\_\_, 20<sup>08</sup>

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

ELECTRONICALLY FILED Apr 17 2008 2:46PM

\_\_\_\_\_  
 TREASURER'S SIGNATURE

17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

ELECTRONICALLY FILED Apr 17 2008 2:46PM

\_\_\_\_\_  
 CANDIDATE'S SIGNATURE



**MISSOURI ETHICS COMMISSION  
EXPLANATION FOR AMENDED REPORT**

OFFICE USE ONLY

MEC ID #:                     C071317                    

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

<b>1. NAME OF COMMITTEE</b>	<b>2. DATE OF REPORT</b>
COLEMAN FOR REPRESENTATIVE	4/17/2008

**3. REASON FOR AMENDMENT**

Beginning balance was incorrect.

<b>4. TYPE AND DATE OF PREVIOUSLY FILED REPORT</b>	<b>5. MARK WHICH FORMS ARE BEING AMENDED</b>
--	--

- 15 DAYS AFTER CAUCUS NOMINATION
- COMMITTEE QUARTERLY REPORT
  - Jan 15     Apr 15     Jul 15     Oct 15
- 8 DAYS BEFORE ELECTION
- 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

- COMMITTEE DISCLOSURE REPORT COVER PAGE (CD COVER)
- REPORT SUMMARY (CD SUMMARY)
- CONTRIBUTIONS AND LOANS RECEIVED (CD1)
- CONTRIBUTIONS RECEIVED-SUPPLEMENTAL (CD1 SUP)
- FUND RAISING STATEMENT (CD1A)
- SUPPLEMENTAL LOAN INFORMATION (CD1B)
- EXPENDITURES AND CONTRIBUTIONS MADE (CD3)
- EXPENDITURE MADE-SUPPLEMENTAL (CD3 SUP)
- CONTRACTUAL RELATIONSHIP REPORT (CD7)
- INDEPENDENT CONTRACTOR EXPENDITURE (CD8)
- DIRECT EXPENDITURE REPORT (POCD4)
- STATEMENT OF INVESTMENTS  
OTHER THAN SAVINGS ACCOUNTS (CD2)
- COMMITTEE TERMINATION STATEMENT (CO3)

**AMENDING PREVIOUS REPORT DATED**  
                    4/8/2010                                         20                                         08



**Missouri Ethics Commission**  
**REPORT SUMMARY**  
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
COLEMAN FOR REPRESENTATIVE	4/17/2008	

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 16,915.00		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 3,520.00		<b>MONEY ON HAND</b>	
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 0.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 7,856.62
5. <b>SUBTOTAL</b> MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 3,520.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 3,520.00
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	-\$ 1,857.13
7. <b>TOTAL</b> ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 3,520.00		a) Disbursements By Check \$ 1,857.13 b) Disbursements By Cash \$ 0.00	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0.00		28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 9,519.49
9. <b>TOTAL ALL RECEIPTS THIS ELECTION</b> (SUM 1B + 7A - 8A)		\$ 20,435.00	<b>INDEBTEDNESS</b>	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 8,508.38		
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 1,857.13		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.00
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0.00		30. LOANS RECEIVED THIS PERIOD	+\$ 0.00
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0.00		31. NEW DEBTS INCURRED THIS PERIOD	+\$ 0.00
14. <b>TOTAL</b> ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 1,857.13		32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$ 0.00
15. <b>TOTAL EXPENDITURES THIS ELECTION</b> (SUM 10B + 14A)		\$ 10,365.51	33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$ 0.00
<b>CONTRIBUTIONS MADE</b>				
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$ 0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00		35. <b>TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD</b> (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0.00			
19. <b>TOTAL</b> ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0.00			
20. <b>TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION</b> (SUM 16B + 19A)		\$ 0.00		
<b>OTHER DISBURSEMENTS</b>				
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0.00			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0.00			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0.00			
24. <b>TOTAL</b> OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0.00			



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE COLEMAN FOR REPRESENTATIVE		2. REPORT DATE 4/17/2008	
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		+	\$ 3,255.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	3,255.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	3,255.00
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		\$	20.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	245.00
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)		\$	3,520.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	3,500.00



**MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL**

OFFICE USE ONLY

NAME OF COMMITTEE COLEMAN FOR REPRESENTATIVE	DATE 4/17/2008
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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: Aubrey Brown - PRIMARY CITY/STATE: 4515 Maryland Avenue Ste. 1W EMPLOYER: St. Louis MO 63108 <input type="checkbox"/> COMMITTEE:	1/30/2008 \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vivian Perry - PRIMARY CITY/STATE: 4256 Maryland EMPLOYER: St. Louis MO 63108 <input type="checkbox"/> COMMITTEE:	1/30/2008 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: One West Realty - PRIMARY CITY/STATE: 4515 Maryland Ste. 1-W EMPLOYER: St. Louis MO 63108 <input type="checkbox"/> COMMITTEE:	1/30/2008 \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Hunter Esq. - PRIMARY CITY/STATE: 211 North Broadway Ste 3600 St. Louis MO 63102 EMPLOYER: Bryan Cave LLP <input type="checkbox"/> COMMITTEE:	1/31/2008 \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Buford - PRIMARY CITY/STATE: 1 Kingsbury Place St. Louis MO 63112 EMPLOYER: Urban League of Metropolitan <input type="checkbox"/> COMMITTEE:	2/7/2008 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Northend Motors CITY/STATE: 8213 State Street East St. Louis IL 62203 <input type="checkbox"/> COMMITTEE:	2/7/2008 \$ 175.00	\$ 175.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Fluhr & Moore LLC - PRIMARY CITY/STATE: 225 S. Meramec Ste 532T EMPLOYER: St. Louis MO 63105 <input type="checkbox"/> COMMITTEE:	2/25/2008 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Boyd - PRIMARY CITY/STATE: 4253 Juniata St. Louis MO 63116 EMPLOYER: Missouri Alliance <input type="checkbox"/> COMMITTEE:	2/28/2008 \$ 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 COLEMAN FOR REPRESENTATIVE	DATE 4/17/2008
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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: Sandra Sutherland - PRIMARY CITY/STATE: 8517 Richard EMPLOYER: St. Louis MO 63132 <input type="checkbox"/> COMMITTEE:	2/28/2008 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Husch & Eppenberger - PRIMARY CITY/STATE: 190 Carondelet Plaza EMPLOYER: St. Louis MO 63105 <input type="checkbox"/> COMMITTEE:	2/28/2008 ----- \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Johnny Glenn - PRIMARY CITY/STATE: 224 Kings Mill Ct. EMPLOYER: O?Fallon MO 63368 <input type="checkbox"/> COMMITTEE:	2/29/2008 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Leatha Brown - PRIMARY CITY/STATE: 2800 Olive Apt. 14N EMPLOYER: St. Louis MO 63103 <input type="checkbox"/> COMMITTEE:	3/11/2008 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jolease Marshall - PRIMARY CITY/STATE: 906 Olive Ste. 1250 St. Louis MO 63101 EMPLOYER: Marshall Partnership <input type="checkbox"/> COMMITTEE:	3/11/2008 ----- \$ 300.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kim Banks - PRIMARY CITY/STATE: 1118 Carr Apt. B EMPLOYER: St. Louis MO 63106 <input type="checkbox"/> COMMITTEE:	3/11/2008 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lesa Henderson - PRIMARY CITY/STATE: PO Box 50087 EMPLOYER: St. Louis MO 63105 <input type="checkbox"/> COMMITTEE:	3/11/2008 ----- \$ 5.00	\$ 5.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Human Management Services - PRIMARY CITY/STATE: PO Box 63321 EMPLOYER: St. Louis MO 63163 <input type="checkbox"/> COMMITTEE:	3/12/2008 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

<b>TOTAL: ITEMIZED CONTRIBUTIONS</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
<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 COLEMAN FOR REPRESENTATIVE	DATE 4/17/2008
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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: LaRhonda Wilson - PRIMARY CITY/STATE: ADDRESS REQUESTED EMPLOYER: CITY REQUESTED MO 63163 <input type="checkbox"/> COMMITTEE:	3/12/2008 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carolyn Jones-Lampley - PRIMARY CITY/STATE: PO Box 23220 EMPLOYER: St. Louis MO 63156 <input type="checkbox"/> COMMITTEE:	3/12/2008 ----- \$ 15.00	\$ 15.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Angela Hayes - PRIMARY CITY/STATE: 12525 Old Jamestown Rd St. Louis MO 63033 EMPLOYER: Bank of America <input type="checkbox"/> COMMITTEE:	3/12/2008 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: ABNA Engineering Inc. - PRIMARY CITY/STATE: 625 N. Euclid Ste. 100 EMPLOYER: St. Louis MO 63108 <input type="checkbox"/> COMMITTEE:	3/14/2008 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Horton - PRIMARY CITY/STATE: 1137 Brentwood Pte. H EMPLOYER: Brentwood TN 37027 <input type="checkbox"/> COMMITTEE:	3/29/2008 ----- \$ 325.00	\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Darryl Mayhorn - PRIMARY CITY/STATE: 3350 Woodworth EMPLOYER: Thousand Oaks CA 91362 <input type="checkbox"/> COMMITTEE:	3/31/2008 ----- \$ 325.00	\$ 325.00 <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

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



**MISSOURI ETHICS COMMISSION  
FUND-RAISING STATEMENT**

INSTRUCTIONS ON REVERSE SIDE

C071317

REPORT DATE

4/17/2008

**STATEMENT OF FUND-RAISING ACTIVITY OR EVENT**

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

COLEMAN FOR REPRESENTATIVE

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

The Loft Jazz Club  
3122 Olive  
St. Louis, Missouri 63103

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

4. DATE OF ACTIVITY OR EVENT

3/31/2008

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Carlitta Vasser  
3640 Falcon  
St. Louis, Missouri 63034

5. NUMBER OF PARTICIPANTS

40

**RECEIPTS FROM ACTIVITY OR EVENT**

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 245.00

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 0.00

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 245.00

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

A raffle was held as part of the fundraising event.

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

\$

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0.00



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE COLEMAN FOR REPRESENTATIVE		2. REPORT DATE 4/17/2008	
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: 391			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
NAME:			\$
ADDRESS:			<input type="checkbox"/> PAID
CITY / STATE:			<input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 0.00
13. SUBTOTAL: ANY ATTACHED PAGES			+ 1,857.13
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)			\$ 1,857.13
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 1,857.13
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 1,857.13
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0.00
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 0.00
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 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			\$ 0.00
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0.00
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	
COLEMAN FOR REPRESENTATIVE		4/17/2008	
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: Pat Jakopchek ADDRESS: 4059 Shenandoah CITY/STATE: St. Louis MO 63110		1/23/2008	Consulting Fees \$ 1,500.00 <input checked="" type="checkbox"/> PAID 1,500.00 <input type="checkbox"/> INCURRED
NAME: Creative Litho Inc. ADDRESS: 3021 Cherokee St. CITY/STATE: Saint Louis MO 63118		1/23/2008	Remit Envelopes \$ 129.29 <input checked="" type="checkbox"/> PAID 129.29 <input type="checkbox"/> INCURRED
NAME: Central Catholic PTA ADDRESS: 1106 N. Jefferson CITY/STATE: St. Louis MO 63106		1/30/2008	Ad Souvenir Boo \$ 50.00 <input checked="" type="checkbox"/> PAID 50.00 <input type="checkbox"/> INCURRED
NAME: Inkosi Design Studio ADDRESS: 4901 Delmar CITY/STATE: Saint Louis MO 63108		2/18/2008	business cards \$ 1,925.00 <input checked="" type="checkbox"/> PAID 75.00 <input type="checkbox"/> INCURRED
NAME: East St. Louis Chapter Delta Sigma Theta ADDRESS: 733 North 40th CITY/STATE: East St Louis IL 62205		3/14/2008	Chapter Ad Book \$ 60.00 <input checked="" type="checkbox"/> PAID 60.00 <input type="checkbox"/> INCURRED
NAME: The Loft ADDRESS: 3122 Olive CITY/STATE: St. Louis MO 63103		3/20/2008	Fees for fundra \$ 30.00 <input checked="" type="checkbox"/> PAID 30.00 <input type="checkbox"/> INCURRED
NAME: Auburn Quad ADDRESS: PO Box 382110 CITY/STATE: Cambridge MA 02238=2110		3/25/2008	Fee for on-line \$ 12.84 <input checked="" type="checkbox"/> PAID 12.84 <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
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
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
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> <b>(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)</b>			\$ --