



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C051222

1. DATE OF REPORT <u>7/10/06</u>	OFFICE USE ONLY <i>[Handwritten initials]</i>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>Citizens To Elect Jamilah Nasheed</u>	
3. COMMITTEE MAILING ADDRESS <u>4710 Lee Apt</u>	4. COMMITTEE TELEPHONE NUMBER <u>(314) 385-6293</u>
CITY / STATE / ZIP <u>ST LOUIS MO. 63115</u>	
5. TREASURER'S NAME <u>Filicia Brooks</u>	
6. TREASURER'S MAILING ADDRESS <u>4710 Lee Apt 2</u>	7. TREASURER'S TELEPHONE NUMBER HOME: <u>(314) 601-3816</u> WORK:
CITY / STATE / ZIP <u>ST LOUIS MO, 63115</u>	
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS <u>N/A</u>	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: <u>N/A</u> WORK:
CITY / STATE / ZIP <u>N/A</u>	
11. DATE OF ELECTION <u>8/8/06</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>April 1</u> THROUGH <u>June 30 - 2006</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>Citizens To Elect Jamilah Nasheed</u> <u>314-385-6293</u> <u>State Representative</u> <u>District 60</u> <u>Democrat</u>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
<input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____	
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Filicia Brooks</u> 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. <u>Jamilah Nasheed</u> CANDIDATE'S SIGNATURE

MISSOURI ETHICS COMMISSION
JUL 14 2006



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Citizens to Elect Samilah Nasheed</i>	DATE OF REPORT <i>7/10/06</i>	OFFICE USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 21885	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 3255			
3. ALL LOANS RECEIVED THIS PERIOD	+\$			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+\$			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 3255		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 16208
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 3255
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 3255		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$		a) Disbursements By Check \$ 11,419.70	\$ 11,419.70
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 25140	b) Disbursements By Cash \$	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 8043.30
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 5077	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 11,419.70			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+\$			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 11,419.70		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$	30. LOANS RECEIVED THIS PERIOD	+\$
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+\$
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 600	32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 600		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Citizens to Elect Samitah Nasheed</i>		2. REPORT DATE <i>7/10/96</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: <i>Racie Triplett</i>		<i>4/24/06</i>	\$ <i>50</i>
ADDRESS: <i>2621 Louisiana Ave</i>			<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>St. Louis Mo. 63118</i>		\$ <i>50</i>	<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME: <i>Shelia Hudson</i>		<i>4/7</i>	\$ <i>25</i>
ADDRESS: <i>2228 Hickory St</i>			<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>St. Louis Mo. 63104</i>		\$ <i>25</i>	<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME: <i>MKMB Corp</i>		<i>4/19</i>	\$ <i>325</i>
ADDRESS: <i>17 N Loomis</i>			<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>Chicago IL 60607</i>		\$ <i>325</i>	<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME: <i>Ray Moasen</i>		<i>4/23</i>	\$ <i>300</i>
ADDRESS: <i>5102 Ashland</i>			<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>ST LOUIS MO, 6315</i>		\$ <i>300</i>	<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME: <i>abNa Engineering Inc</i>		<i>4/26</i>	\$ <i>150</i>
ADDRESS: <i>625 N Euclid</i>			<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>St. Louis Mo 63108</i>		\$ <i>150</i>	<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>850</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$ <i>2405</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>3255</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
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			\$
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$
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)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: *Citizens To Elect Jamilah Nasheed* DATE: *7/10/06*

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: <i>The Champagne Law Firm</i> ADDRESS: <i>906 Olive</i> CITY / STATE: <i>St. Louis Mo. 63101</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5/10</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Malik Ahmed</i> ADDRESS: <i>5519 Bortner</i> CITY / STATE: <i>St. Louis Mo. 63112</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5/3</i> \$ <i>100</i>	\$ <i>100</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>MASON Landscaping</i> ADDRESS: <i>1716 Tudor</i> CITY / STATE: <i>East St. Louis Mo 62207</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>4/28</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Irene Smith</i> ADDRESS: <i>5425 Arlington</i> CITY / STATE: <i>St. Louis Mo 63120</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5/20</i> \$ <i>275</i>	\$ <i>275</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>BECO</i> ADDRESS: <i>4306 Melba</i> CITY / STATE: <i>St. Louis Mo 63121</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>5/26</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Friends to Elect Ted Hoskins</i> ADDRESS: <i>8424 January Ave</i> CITY / STATE: <i>St. Louis Mo 63134</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>5/26</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>80th Legislative Democratic Comm</i> ADDRESS: <i>3435 St. Catherine</i> CITY / STATE: <i>Florissant Mo</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<i>5/26</i> \$ <i>325</i>	\$ <i>325</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>502 Slamah</i> ADDRESS: <i>3905 Shaw</i> CITY / STATE: <i>ST LOUIS MO, 63110</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5/19</i> \$ <i>200</i>	\$ <i>200</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS \$ *2075*

(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: *Citizens TO Elect Samilah Nasheed* DATE: *7/10/06*

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	5. AMOUNT RECEIVED
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)
NAME: <i>J. Boyd</i> ADDRESS: <i>1438 Rowan</i> CITY / STATE: <i>St. Louis Mo. 63112</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>5/19</i> <hr/> <i>\$ 5</i>	<i>\$ 5</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Khadiyah Mahdi</i> ADDRESS: <i>5575 Palm</i> CITY / STATE: <i>St. Louis Mo. 63120</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/20</i> <hr/> <i>\$ 50</i>	<i>\$ 50</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>The Cahill Partnership</i> ADDRESS: <i>721 Olive</i> CITY / STATE: <i>St. Louis Mo. 63120</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/20</i> <hr/> <i>\$ 100</i>	<i>\$ 100</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Gloria McConnell</i> ADDRESS: <i>628 Budge Run Drive</i> CITY / STATE: <i>Flors</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/10</i> <hr/> <i>\$ 200</i>	<i>\$ 200</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Mattie Moore</i> ADDRESS: <i>8656 Partridge</i> CITY / STATE: <i>St. Louis Mo 63147</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/4</i> <hr/> <i>\$ 50</i>	<i>\$ 50</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Dorothy Coleman</i> ADDRESS: <i>4119 W Pine</i> CITY / STATE: <i>St. Louis Mo 63108</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/7</i> <hr/> <i>\$ 100</i>	<i>\$ 100</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Jones Morazity</i> ADDRESS: <i>3619 White Bark Court</i> CITY / STATE: <i>St. Louis Mo 63129</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/12</i> <hr/> <i>\$ 50</i>	<i>\$ 50</i> <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Laura Moore</i> ADDRESS: <i>6125 Michigan</i> CITY / STATE: <i>St. Louis Mo. 63111</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<i>6/25</i> <hr/> <i>\$ 50</i>	<i>\$ 50</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS \$ *605*

(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: Citizens To Elect Jamilah Washaed DATE: 7/10/06

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: <u>Missouri State Council Pae</u> CITY / STATE: <u>5585 Pershing</u> EMPLOYER: <input type="checkbox"/> COMMITTEE: <u>St. Louis Mo 63139</u>	<u>6/12</u> \$ <u>325</u>	\$ <u>325</u> <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
TOTAL: ITEMIZED CONTRIBUTIONS (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)	\$	\$ <u>325</u>



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Committee to Elect Jamelah Nashed</i>		2. REPORT DATE <i>7/10/06</i>	
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 <i>Data alarm \$100 Food \$100</i>			\$ <i>289</i>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ <i>289</i>
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: <i>Zachery Kemp</i> ADDRESS: <i>8953 Boston St. Louis Mo 63121</i> CITY / STATE:		<i>4/7/06</i>	<i>Camp work</i> \$ <i>100.00</i> <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <i>Pub Def LLC</i> ADDRESS: <i>4524 Delmore St. Louis Mo. 63115</i> CITY / STATE:		<i>4/12/06</i>	\$ <i>adv</i> <input checked="" type="checkbox"/> PAID <i>500</i> <input type="checkbox"/> INCURRED
NAME: <i>Kevin Bryant</i> ADDRESS: <i>5261 Delmar St. Louis Mo 63108</i> CITY / STATE:		<i>4/18/06</i>	\$ <i>Printing</i> <input checked="" type="checkbox"/> PAID <i>1700</i> <input type="checkbox"/> INCURRED
NAME: <i>Dona Christian</i> ADDRESS: <i>14977 Mardel Unit A St. Louis Mo 63109</i> CITY / STATE:		<i>4/21</i>	\$ <i>Video editing</i> <input checked="" type="checkbox"/> PAID <i>100</i> <input type="checkbox"/> INCURRED
NAME: <i>Economical Mailer</i> ADDRESS: <i>10426 Lockland St. Louis Mo 63114</i> CITY / STATE:		<i>5/4</i>	\$ <i>Mailer</i> <input checked="" type="checkbox"/> PAID <i>1671.20</i> <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ <i>4071.20</i>
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <i>7059.50</i>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <i>11130.70</i>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <i>11419.70</i>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME:			\$
ADDRESS:			\$
CITY / STATE:			\$
NAME:			\$
ADDRESS:			\$
CITY / STATE:			\$
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$
24. SUBTOTAL: ANY ATTACHED PAGES			+
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)			\$
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT			\$



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: *Citizens to Elect Jamelah Naseed* DATE: *7/10/06*

INSTRUCTIONS
PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.
 Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.
 If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
NAME AND ADDRESS OF RECIPIENT			
<i>Zachery Reynolds 8853 Boston St. Louis Mo 63121</i>	<i>5/7/06</i>	<i>camp worker</i>	<i>\$ 525</i>
<i>Douglas Carr 10426 Lockland St. Louis Mo 63114</i>	<i>5/8</i>	<i>Printing</i>	<i>\$ 1695</i>
<i>Norbert Cody 5023 Kings Highway St. Louis Mo 63115</i>	<i>5/10</i>	<i>camp worker</i>	<i>\$ 100</i>
<i>Jameli Naseed 5941 Park Lane St. Louis Mo. 63147</i>	<i>5/12</i>	<i>camp worker</i>	<i>\$ 100</i>
<i>Pub Def LLC 4524 Athlone St. Louis Mo 63115</i>	<i>5/16</i>	<i>adv</i>	<i>\$ 100</i>
<i>Herman Jones 1211 Danvers St. Louis Mo. 63113</i>	<i>5/17</i>	<i>Vehicle repair</i>	<i>\$ 300</i>
<i>Breginal Graffiti 30 Wild Deer Ln. St. Peters Mo. 63376</i>	<i>5/18</i>	<i>Replais Panelson repair</i>	<i>\$ 480</i>
<i>"Norbert Cody 5023 Kings Highway St. Louis Mo 63115</i>	<i>5/18</i>	<i>camp worker</i>	<i>\$ 50</i>
<i>Douglas Carr 10426 Lockland St. Louis Mo 63114</i>	<i>5/25</i>	<i>camp worker</i>	<i>\$ 200</i>
<i>Jerome Washington 5868 Page St. Louis Mo 63115</i>	<i>5/30</i>	<i>camp worker</i>	<i>\$ 200</i>
TOTAL: ITEMIZED EXPENDITURES			\$ 3850
(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: *Citizen to Elect Jamelah Rasheed* DATE: *7/10/06*

INSTRUCTIONS
 PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.
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ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
NAME AND ADDRESS OF RECIPIENT			
<i>Norbert Coody 5023 Kingshighway St. Louis Mo 63115</i>	<i>6/19</i>	<i>Camp worker</i>	<i>\$ 50</i>
<i>Norbert Coody 5023 Kingshighway St. Louis Mo 63115</i>	<i>6/20</i>	<i>Camp worker</i>	<i>\$ 110</i>
<i>Tiffany Haywood 5100 Ashland ST LOUIS MO, 63115</i>	<i>6/21</i>	<i>Camp worker</i>	<i>\$ 100</i>
<i>Inkosi Design Studio 5261 Delmar St. Louis Mo. 63108</i>	<i>6/26</i>	<i>Graphic Printing</i>	<i>\$ 2,335</i>
<i>Bryon Nel 4736 POPE ST. LOUIS MO, 63115</i>	<i>6/27</i>	<i>Camp worker</i>	<i>\$ 100</i>
<i>Gene 5585 Pershing St. Louis Mo 63112</i>	<i>6/30</i>	<i>Phone Bank</i>	<i>\$ 214.50</i>
<i>Larry Baslain 1152 99th ST St. Louis Mo. 63147</i>	<i>7/1</i>	<i>Entertainment</i>	<i>\$ 300</i>
			<i>\$</i>
TOTAL: ITEMIZED EXPENDITURES			<i>\$ 3209.50</i>
(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			<i>\$ 3209.50</i>