



MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT
 7-15-10 *JD*
 OFFICE USE ONLY

M.E.C. ID NO. *C000190*

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT

3. COMMITTEE MAILING ADDRESS
1607 WOODLAND AVENUE

4. COMMITTEE TELEPHONE NUMBER
(816) 472-1059

CITY/STATE/ZIP
KANSAS CITY, MISSOURI 64108

5. TREASURER'S NAME
SHARON SANDERS BROOKS

6. TREASURER'S MAILING ADDRESS
SAME AS ABOVE

7. TREASURER'S TELEPHONE NUMBER
 HOME: *(816) 472-1059* WORK: *(816) 513-1608*

CITY/STATE/ZIP

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

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 HOME: WORK:

CITY/STATE/ZIP

11. DATE OF ELECTION
3-1-2011

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

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM *OCTOBER 1, 2009* THROUGH *DECEMBER 31, 2009*

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY
*SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT
 1607 WOODLAND AVENUE
 KANSAS CITY, MO. 64108
 (816) 472-1059
 KC CITY COUNCIL-3RD DISTRICT (IN-DISTRICT)*

CHECK IF INCUMBENT
 REPUBLICAN DEMOCRAT *NON-PARTISAN*

15. TYPE OF REPORT:
 15 DAY AFTER CAUCUS NOMINATION
 COMMITTEE QUARTERLY REPORT
 JAN 15 APRIL 15 JULY 15 OCT 15
 8 DAYS BEFORE ELECTION
 30 DAYS AFTER ELECTION
 TERMINATION (ATTACH FORM CO-3)
 SEMIANNUAL DEBT REPORT
 JAN 15 JULY 15
 ANNUAL SUPPLEMENTAL, JAN 15
 15 DAYS AFTER PETITION DEADLINE
 OTHER _____
 AMENDING PREVIOUS REPORT DATED _____

Missouri Ethics Commission
APR 20 2010

- 20 -

16. COMMITTEE TREASURER'S SIGNATURE
 I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

TREASURER'S SIGNATURE
Sharon Sanders Brooks

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.

CANDIDATE'S SIGNATURE
Sharon Sanders Brooks



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT		2. REPORT DATE 1-15-10	
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: MR. VICTOR EDWARDS ADDRESS: 20514 W. 89TH STREET CITY / STATE: WENEVA, KANSAS 66220-3353 EMPLOYER: JOHNSON CONTROLS <input type="checkbox"/> COMMITTEE:			\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MRS. JANICE S. ELLIS ADDRESS: 4950 CENTRAL STREET #308 CITY / STATE: KCMO 64112 EMPLOYER: SELF-EMPLOYED <input type="checkbox"/> COMMITTEE:			\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MR. RICCARDO LUCAS ADDRESS: 1821 EAST 69TH CITY / STATE: KCMO 64132 EMPLOYER: SWOPE COMMUNITY BUILDERS <input type="checkbox"/> COMMITTEE:			\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MRS. FANNIE WOODS ADDRESS: 5233 NW BLUFF DRIVE CITY / STATE: PARKVILLE, MISSOURI 64152 EMPLOYER: HUD <input type="checkbox"/> COMMITTEE:			\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MR. RONALD E. FINLEY ADDRESS: P.O. BOX 15175 CITY / STATE: KANSAS CITY, MO. 64106 EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
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			\$ 340.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE:		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
N/A			\$
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 AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT		2. REPORT DATE 1-15-10
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
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: MR. JAMES TINDALL ADDRESS: 1904 MERSINGTON COURT CITY / STATE: KANSAS CITY, MO. 64127 EMPLOYER: MINISTER <input type="checkbox"/> COMMITTEE:		\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MR. AJUMU WEBSTER ADDRESS: 6630 AGNES CITY / STATE: KANSAS CITY, MO. 64132 EMPLOYER: DUBOIS CONSULTANTS <input type="checkbox"/> COMMITTEE:		\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MRS. ROSA JAMES ADDRESS: 4207 BENTON BOULEVARD CITY / STATE: KCMO 64130 EMPLOYER: RETIRED <input type="checkbox"/> COMMITTEE:		\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: MICHAEL DUFFY ADDRESS: 4202 ROANOKE ROAD CITY / STATE: KCMO 64111 EMPLOYER: LEGAL AID OF WESTERN MISSOURI <input type="checkbox"/> COMMITTEE:		\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: AISHA JONES ADDRESS: 8517 SLEEPHOLLOW ROAD CITY / STATE: KCMO 64114 EMPLOYER: SELF-EMPLOYED <input type="checkbox"/> COMMITTEE:		\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$
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		
15. NAME AND ADDRESS OF LENDER NAME: ADDRESS: CITY / STATE:	N/A	16. DATE RECEIVED
17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)		\$
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 AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT	2. REPORT DATE 1-15-10
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A. ITEMIZED CONTRIBUTIONS RECEIVED

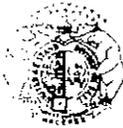
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	
NAME: PHILLIP SCAGLIA ADDRESS: 2903 SW 13TH TERRACE CITY/STATE: LEE'S SUMMIT, MISSOURI 64081 EMPLOYER: LEE'S SUMMIT, MISSOURI 64081 <input type="checkbox"/> COMMITTEE: SELF-EMPLOYED		\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: JEROME D. RIFFEL ADDRESS: 3701 VALENTINE ROAD CITY/STATE: KANSAS CITY, MO. 64111 EMPLOYER: KANSAS CITY, MO. 64111 <input type="checkbox"/> COMMITTEE:		\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: WILLIAM H. JONES ADDRESS: P.O. BOX 300114 CITY/STATE: KANSAS CITY, MO. 64130 EMPLOYER: KANSAS CITY, MO. 64130 <input type="checkbox"/> COMMITTEE: SLOPE COMMUNITY BUILDERS		\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ROBERT A. PATRICK ADDRESS: 6934 N. ROBINHOOD LANE CITY/STATE: KANSAS CITY, MO. 64151 EMPLOYER: KANSAS CITY, MO. 64151 <input type="checkbox"/> COMMITTEE: CITY OF KCMO		\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$
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)

(LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)	AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 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

15. NAME AND ADDRESS OF LENDER	16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
N/A		\$
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 REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$

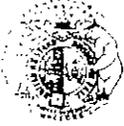


MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

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INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT		2. REPORT DATE 1-15-10	
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: GAYLE HOLLIDAY ADDRESS: 14405 EAST 96TH STREET CITY/STATE: KANSAS CITY, MISSOURI 64139 EMPLOYER: GBH CONSULTANTS <input type="checkbox"/> COMMITTEE:			\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: GERARD J. GRIMALDI ADDRESS: 12206 WASHINGTON COURT CITY/STATE: KANSAS CITY, MISSOURI 64145 EMPLOYER: TRUMAN MEDICAL CENTER <input type="checkbox"/> COMMITTEE:			\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: BENNIE L. LEWIS ADDRESS: P.O. BOX 300993 CITY/STATE: KANSAS CITY, MISSOURI EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 325.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: KOPPEL POWER PAC - MISSOURI ADDRESS: P.O. BOX 418679 CITY/STATE: KANSAS CITY, MISSOURI 64141 EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
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)			
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 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			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY/STATE:		N/A	\$
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 REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT		2. REPORT DATE 1-15-10	
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: LITWOOD F. TAUHEED ADDRESS: 1706 E. 18TH STREET, APT. 221 CITY/STATE: KANSAS CITY, MISSOURI 64108 EMPLOYER: UNIVERSITY OF MISSOURI <input type="checkbox"/> COMMITTEE:			\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: GILBERT R. DEAN ADDRESS: 1337 HARRISON STREET CITY/STATE: KANSAS CITY, MISSOURI 64131 EMPLOYER: CITY OF KANSAS CITY, MISSOURI <input type="checkbox"/> COMMITTEE:			\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: BARRETT HATCHES ADDRESS: 10023 N. REVERE COURT CITY/STATE: KANSAS CITY, MISSOURI 64154 EMPLOYER: SLOPE COMMUNITY ENTERPRISES <input type="checkbox"/> COMMITTEE:			\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: HELEN T. BEY ADDRESS: 16915 MORRISH AVENUE CITY/STATE: BONNER SPRINGS, KANSAS 66012 EMPLOYER: RETIRED <input type="checkbox"/> COMMITTEE:			\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
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 IN LINE 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			
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)			\$
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 REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT		2. REPORT DATE 1-15-10	
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: William M. GEORGE ADDRESS: 11129 BROOKWOOD CITY/STATE: LEAWOOD, KANSAS 66211 EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: TAXPAYERS UNLIMITED, INC. ADDRESS: 6320 MANCHESTER AVENUE, SUITE 42 B CITY/STATE: KANSAS CITY, MISSOURI 64133 EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 1,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: JOPPATOWNE LIMITED PARTNERSHIP ADDRESS: 601 E. PRATT STREET, SUITE 600 CITY/STATE: BALTIMORE, MARYLAND 21202 EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 2,500.00 <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
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
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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 IN LINE 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			
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)			\$
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 REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$

N/A



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE SHARON SANDERS BROOKS FOR A NEW THIRD DISTRICT	2. REPORT DATE 1-15-10
---	----------------------------------

A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)	
3. CATEGORY OF EXPENDITURE	4. AMOUNT PAID OR INCURRED THIS PERIOD
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)	\$

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: THE PEACH TREE RESTAURANT ADDRESS: 31 EAST 14TH STREET CITY/STATE: KANSAS CITY, MISSOURI 64106	12-3-09	CATERING FOR FUNDRAISER	\$ 372.83 <input checked="" 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
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$
13. SUBTOTAL: ANY ATTACHED PAGES			+
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$
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)			\$

CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
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)		\$
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. TOTAL: IN-KIND CONTRIBUTIONS		\$



MISSOURI ETHICS COMMISSION
REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

SHARON SANDERS BROOKS
FOR A NEW THIRD DISTRICT

DATE OF REPORT

1-15-10

OFFICE USE ONLY

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$8,465.00		MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+ 0			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ 0			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 0		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	\$8,465.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0		a) Disbursements By Check \$	372.83
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	\$		b) Disbursements By Cash \$	0
			28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$9,187.04
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	INDEBTEDNESS	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$372.83		30. LOANS RECEIVED THIS PERIOD	+ 0
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 0		31. NEW DEBTS INCURRED THIS PERIOD	+ 0
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ 0		32. PAYMENTS MADE ON LOANS THIS PERIOD	- 0
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$372.83		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- 0
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0			
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ 0			
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$			
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$			
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 0			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ 0			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0			