



MISSOURI ETHICS COMMISSION  
**COMMITTEE STATEMENT OF LIMITED ACTIVITY**

1. DATE OF REPORT: 4-15-10  
 OFFICE USE ONLY: *[Signature]*

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C000190

4-15-10

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

3. COMMITTEE MAILING ADDRESS: 1607 WOODLAND AVENUE

4. COMMITTEE TELEPHONE NUMBER: HOME: (816) 472-1059 WORK: (816) 513-1608

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: " " WORK: " "

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 1-1-2010 THROUGH 3-31-2010

14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, POLITICAL SUBDIVISION:  
 SHARON SANDERS BROOKS  
 1607 WOODLAND AVENUE  
 KANSAS CITY, MISSOURI 64108  
 KANSAS CITY CITY COUNCIL THIRD DISTRICT (IN-DISTRICT)

Missouri Ethics Commission  
 APR 20 2010

REPUBLICAN  DEMOCRAT  NON-PARTISAN

15. TYPE OF REPORT:  
 OTHER  
 8 DAYS BEFORE ELECTION  COMMITTEE QUARTERLY REPORT  
 30 DAYS AFTER ELECTION  JAN 15  APRIL 15  JULY 15  OCT 15

~~15-DAY-AFTER-CAUCUS-NOMINATION~~  ~~15-DAYS-AFTER-PETITION-DEADLINE~~

16. TREASURER'S STATEMENT:  
 I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS.

TREASURER'S SIGNATURE: Sharon Sanders Brooks

17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEES ONLY):  
 I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS.

CANDIDATE'S SIGNATURE: Sharon Sanders Brooks



MISSOURI ETHICS COMMISSION  
EXPENDITURES AND CONTRIBUTIONS MADE

OFFICE USE ONLY

DISTRICT

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <b>SHARON SANDERS BROOKS FOR A NEW THIRD</b>	2. REPORT DATE <b>3-15-10</b>
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<b>A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)</b>	
3. CATEGORY OF EXPENDITURE <b>REV PUREFOY PHOTOGRAPHER - PHOTOS</b>	4. AMOUNT PAID OR INCURRED THIS PERIOD <b>\$30.00</b>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	\$ <b>30.00</b>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	+ <b>0</b>
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	\$ <b>30.00</b>

<b>B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
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: <b>FREEDOM INC.</b> ADDRESS: <b>1303 BROOKLYN AVENUE</b> CITY/STATE: <b>KANSAS CITY, MISSOURI 64127</b>	<b>3-12-10</b>	<b>DUES</b>	\$ <b>200.00</b> <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
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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)			\$ <b>200.00</b>
13. SUBTOTAL: ANY ATTACHED PAGES			+ <b>0</b>
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ <b>200.00</b>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ <b>230.00</b>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ <b>230.00</b>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ <b>0</b>
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT	<b>POSTAGE STAMPS</b>		\$ <b>18.10</b>
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ <b>0</b>

<b>CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>		
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
NAME: <b>TINDALL FOR COUNTY LEGISLATOR</b> ADDRESS: <b>1904 MERSINGTON COURT</b> CITY/STATE: <b>KANSAS CITY, MISSOURI 64127</b>	<b>3-26-10</b>	\$ <b>100.00</b> <input checked="" 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)		\$ <b>100.00</b>
24. SUBTOTAL: ANY ATTACHED PAGES		\$ <b>0</b>
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ <b>100.00</b>
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ <b>0</b>
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ <b>100.00</b>
28. TOTAL: IN-KIND CONTRIBUTIONS		\$ <b>0</b>