CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058 TYPE OR PRINT IN BLACK INK RETAIN A COPY OF THIS REPORT FOR YOUR FILES. ALL INFORMATION ON THIS REPORT IS PUBLIC Committee or Fund) Received by Hennepin County
Taxpayer Services (Treasurer's Mailing Address for Committee Business) 4. Treasurer's Davtime Phone Number: 5. □ Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") 6. □ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) Log No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) M 6a.□ 7. □ Termination of Committee: Termination of Committee registration **TYPE OF REPORT: FILING DATE:** REPORTING PERIOD: From: 1/1/2017 2017 PRE-PRIMARY: Through: 7/25/2017 8/1/2017 **BEGINNING CASH BALANCE THIS REPORT:** (Insert Ending Cash Balance from last report) **COLUMN C** COLUMN B (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD (Total Activity Reported for This Calendar Year) 10. ADDITIONS: (Insert total of line 10, column B) (Insert amount from line 25) 7000 11. SUBTRACTIONS: (Insert amount from line 34) (Insert total of line 11, column B) = \$ 12. ENDING CASH BALANCE THIS REPORT: (line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: **COLUMN C COLUMN B ACTIVITY IN THIS REPORTING PERIOD** (Column A not applicable for this report) (Total Activity Reported for This Calendar Year) 13. In-Kind Donations Received: (Insert total from line 36) (Insert total of line 13, column B) Goods/Services Given to Others: (Insert total from line 39) (insert total of line 14, column B) DO 15. Current Balance of Outstanding Loans Receivable (loaned to others)> (Insert total Current Balance from line 45) **SUMMARY OF OUTSTANDING DEBT:** Current Balance of Outstanding Loans Payable (loaned to you).....> (Insert total Current Balance from line 42) 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit.....> (Amount from Last Report: \$ (Insert total Amount Owed from line 46) 18. CERTIFICATION: Any person who signs and certifies to be true a report or statement which the person knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor I, (Print Name) CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. I, (Print Name) SIGNATURE OF TREASURER: DATE:

FILE THIS REPORT WITH:

HENNEPIN COUNTY ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

	AME OF COMMITTEE OR FUND: boby 2		DATE: 8/1/7
	DDITIONS: (Income)	7	
19	. Total ITEMIZED Contributions:	\$ (Insert total from line 35)	
20	. Total NON-ITEMIZED Contributions:	\$ 2000	\$ 20 @ (Subtotal: lines 19 + 20)
21	. Income from bank dividends, interest, etc:	\$	
22	New Loans Payable (loaned to you):	\$ (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ (Insert total from line 44)	
24.	Other:	\$	\$ (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ ZOCS (TOTAL lines 19 through 24. 1	Fransfer this amount to Line 10, Column B.)
SU	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$	\$ (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$	\$(Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ (Insert total from line 43)	
33.	Other: misc printing other costs	\$ 70°°°	\$(Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 20°0	refer this amount to Line 11. Column D.)

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on If selected, please submit two versions of Schedule A, one with the line provided if you do not want the address of contributors to be displayed on the website. $\;\;\square_{}$ contributors' addresses and one without.

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

DATE:	You must disclose the date and amount of each monetary contribution or donation in Kind within the year that, in aggregate from any contributor, exceeds \$100 *, the name and address of the
NAME OF COMMITTEE OR FUND:	You must disclose the date and amount of each monetary contribution of individual committee or find that made the manage to another or find that made the manage to another or find that manage the manage to a find that manage the manage that mana

(**In the case of a contributor who is self-employed, that is, does not derive earned income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of

*Political Funds must itemize contributions of members that, in aggregate in the year, exceed \$50.

government, you must list that contributor's occupation.)

Year to Date COLUMN C **Fotal from** Source \$ Value of In-Kind Donation List contributions here for the **COLUMN B1** current reporting period Attach additional pages as necessary. \$ Received This Period Previous Total For This Year COLUMN A If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A. Description of In-Kind Donation Contributor's Employer** Contributor Name & Address ALPHABETICAL ORDER! Rcvd. Date

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Subtotal ITEMIZED In-Kind Donations received this period:	\$
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	8
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	69
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$

8/28/12

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND:

You must disclose the name and address of each individual, business or committee to whom expenditures/contributions have been made, in an aggregate amount in excess of \$100 within the year, and the amount, date and specific purpose of the expenditure.

DATE

If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule B.

Attach additional pages as necessary.

		,				 	 	
	COLUMN C	Total to Source	Year to Date					3.5
es here for the	COLUMN B1	Contributions	to Others					
List expenditures here for the current reporting period	COLUMN B COLUMN B1	Operating	Expenditures					
	COLUMN A		For This Year					
		:	Purpose for Expenditure					
		ALPHABETICAL ORDER!	Vendor or Recipient Committee Name and Address					
			Date Faid					

Subtotal ITEMIZED Operating Expenditures this period:	49
EMIZE	\$
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$

₩	\$	\$
Subtotal ITEMIZED Contributions to Others this period:	Subtotal ITEMIZED Contributions to Others this period listed on previous page:	38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)

You must disclose the total val			DATE:		
together with the goods and se and a description of the goods	SERVICES GIVEN TO OTHERS lue of goods and services given to ervices, is in excess of \$100 within or services given.	another committee, the year. You mus	as well as any other	erwise non-itemizab date, name and add	ole cash that, Iress of the recipie
				s + Cash = \$100+ irrent Period	
Alphabetical Or	rder!	COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Name & Address Date Recipient		Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date
	given in this period: (Transfer this		 4, Column B)	\$	
		T		r Repaid by You in porting Period	
Alphabetical Or	der!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date Name, Address 8	& Employer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
	this period: (Transfer this amoun		\$	\$	
			Loans Given by o	r Repaid to You in orting Period	
Alphabetical Or	der!	COLUMN A1			
			COLUMN B	COLUMN B1	COLUMN C1
	& Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	
late Name, Address &		Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan	Current Balance
ate Name, Address &	ole this period: (Transfer this amo	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance
Name, Address & Name, Address & Total New Loans Receivab Total Repayment of Loans		Loan Balance Last Report unt to Line 32) this amount to Line	Add New Loan \$ Given	Subtract Loan	Current Balance
Name, Address & Name, Address & Total New Loans Receivab Total Repayment of Loans Current Balance of Outstar CHEDULE F: UNPAID BILLS	ole this period: (Transfer this amo Receivable this period: (Transfer nding Loans Receivable: (Transfer S/ADVANCE OF CREDIT (Items o	Loan Balance Last Report unt to Line 32) this amount to Lir this amount to Li	Add New Loan \$ Given \$ s ne 23) ine 15)	Subtract Loan \$ Repaid	Current Balance Owed to You
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Alphabetical Ordane & Address Alphabetical Ordane & Address Alphabetical Ordane & Address Current Balance of Outstar CHEDULE F: UNPAID BILLS Alphabetical Ordane & Address Current Balance of Outstar Check Current Balance of Outstar Check Current Balance of Outstar Check Current Balance of Outstar	ple this period: (Transfer this amo Receivable this period: (Transfer Inding Loans Receivable: (Transfer BADVANCE OF CREDIT (Items of Ider! Sof Vendor of Goods or Services Research Inding Unpaid Bills/Advance of Creat Ithis statement ONLY IF INDEPER	Loan Balance Last Report Last Report Last Report Line 32) this amount to Line 32) r this amount to Line r services receive Received But Not Pa	Add New Loan \$ Given \$ ne 23) Ine 15) Ine 15) Ine 15 Ine 17) Ine 17) Ine 17)	Subtract Loan \$ Repaid	Current Balance Owed to You \$ Current Balance
3. Total New Loans Receivable 4. Total Repayment of Loans 5. Current Balance of Outstar CHEDULE F: UNPAID BILLS Alphabetical Or Name & Address Address 6. Current Balance of Outstar 7. The Treasurer is to sign 1 (Make notations on Schedul INDEPENDENT EXPENDING I, (Print Name) candidates and reported in	ple this period: (Transfer this amo Receivable this period: (Transfer Inding Loans Receivable: (Transfer BADVANCE OF CREDIT (Items of Ider) of Vendor of Goods or Services Resident Inding Unpaid Bills/Advance of Creat	Loan Balance Last Report Last Report Last Report Last Report List	Add New Loan \$ Given \$ ne 23) ne 15) d but not paid) aid For umount to Line 17) URES WERE MAD ized.) at all independent or expressed or in	Subtract Loan \$ Repaid \$ \$ \$ \$ E. Expenditures made applied consent of,	Current Balance Owed to You \$ Current Balance Owed by You \$ on behalf of other or in cooperation