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)	,	
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.)

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS NAME OF COMMITTEE OR FUND: You must disclose the date and arround or donation in Kind within the year that, in aggregate from any contribution, exceeds \$100°, the name and address of the individual contributor. ("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 government, you must list that contributor's occupation.) **Political Funds must aemics contributions of members that, in aggregate in the year, exceed \$50. **Political Funds must aemics contributions of members that, in aggregate in the year, exceed \$50. **Political Funds must aemics contributions of members that, in aggregate in the year, exceed \$50. **Political Funds must aemics contributions of members that, in aggregate in the year, exceed \$50. **Political Funds must aemics contributions of members that, in aggregate in the year, exceed \$50. **Political Funds must aemics contributions bree for the current reporting periods current reporting periods. **COLUMN A: COLUMN B: C	Hennepin the line pr contribute	mportant information: Addresses subs County Elections Division. As a conve ovided if you do not want the address ors' addresses and one without.	mitted on Schedule A are enience, Hennepin Count of contributors to be disp	e public data pursuant to the Min ty also displays Schedule A on tr played on the website. ———	nesota Government ne Hennepin County _ If selected, pleaso	Data Practices Adweb site. Please submit two vers	ct. This form is retai check the box and in ions of Schedule A, o	ned on file in the nitial the form on one with	
NAME OF COMMITTEE OR FUND: You must disclose the date and amount of each monetary contribution or donation in Kind, and the employer of the individual contributor. You must disclose the date and amount of each monetary contribution or Donation in Kind, and the employer of the individual contributor. ("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 or government, you must list that contributor's contributor's contributor's contributor's or members that, in aggregate in the year, exceed \$50. If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A. Attach additional pages as necessary. List contributions here for the current reporting period.	SCHED	ULE A: INCOME FROM CAS	H (MONETARY) C	ONTRIBUTIONS and IN-	KIND DONATIO	ONS			
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 individual contributor. 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 government, you must list that contributors or the mistage contributions or description of members that, in aggregate in the year, exceed \$50. If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A. Attach additional pages as necessary. COLUMN A COLUMN B				, , , , , , , , , , , , , , , , , , ,			DATE:		
List contributions here for the current reporting period: COLUMN B COLUMN	(**In the ca governmen *Political Fi	se of a contributor who is self-employed, it, you must list that contributor's occupation of members and self-employed.	that is, does not derive ear on.) ers that, in aggregate in the	in Kind, and the employer of the indirection of the	dividual contributor. employee of a corpora	ontributor, exceeds ation, partnership, o	\$100 *, the name and	address of the	
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ALPHABETICAL ORDER! Contributor's Employer* Description of In-Kind Donation For This Year This Period						current report	ting period		
Date ALPHABETICAL ORDER! Contributor Name & Address Employer** Description of In-Kind Donation For This Year This Period \$ Received This Period \$ Value of In-Kind Donation For This Year This Period Source Year to Date For This Year This Period Source Year to Date For This Year This Period Source Year to Date For This Year This Period Source Year to Date For This Year This Period Source Year to Date For This Year This Period Source Year to Date For This Year This Period Source Year to Date For This Year This Period Source Year to Date For This Year This Period This Period Source Year to Date For This Year This Period This Period Source Year to Date For This Year This Period This Period This Period Source Year to Date For This Year This Period					COLUMN A	COLUMN B	COLUMN B1		
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								-	
	36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)						- 	1	

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND:				ATE:		
You must dexcess of \$	isclose the name and address of each individual, business of the individual, business of the individual, business of each individual ind	or committee to whom expendituose of the expenditure.	ures/contributions	have been made.	, in an aggregate a	mount in
If you subm	it a typed or computer-generated list, all items must be in th	e same order as they appear or	Schedule B.			
	ional pages as necessary.	,				
				List expenditu current reporti	res here for the	
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address	Purpose for Expenditure	Previous Total For This Year	Operating Expenditures	Contributions to Others	Total to Source Year to Date
•••						
Subtotal ITEMIZED Operating Expenditures this period: \$						
	Subtotal ITEMIZED Operating Expenditures this period listed on previous page: \$			 		
37. TOTAL	7. 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)					\$	

NAME OF COMMITTEE OR FUND:								
You must together v	LE C: GOODS AND SERVIC disclose the total value of go with the goods and services, cription of the goods or servi	ods and services given to is in excess of \$100 within	another committee the year. You mus	, as well as any othe t also disclose the c	erwise non-itemizat date, name and add	ole cash that, Iress of the recipie		
				Goods & Services + Cash = \$100+ Given in Current Period				
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C		
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date		
	Goods and Services given in			I4, Column B)	\$			
		·			r Repaid by You in porting Period			
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1		
Date	Name, Address & Emplo	yer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You		
	New Loans Payable this peri Repayment of Loans Payabl			\$ 31)	\$			
				Loans Given by o	or Repaid to You in porting Period			
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1		
ate	Name, Address & Emplo	yer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You		
2 Total I	Nov. Lagra Danis de la thia	(***	20					
	New Loans Receivable this p Repayment of Loans Receiva			\$ ne 23)	\$			
	nt Balance of Outstanding Lo					\$		
CHEDUL	E F: UNPAID BILLS/ADVAI	NCE OF CREDIT (Items o	r services receive	d but not paid)				
Alphabetical Order! Name & Address of Vendor of Goods or Services R		eceived But Not Pa	aid For		Current Balance Owed by You			
2 (0								
. The T	nt Balance of Outstanding Un reasurer is to sign this star notations on Schedules B o	tement ONLY IF INDEPER	NDENT EXPENDIT	URES WERE MAD		 \$		
INDEF I, (Prin candic	PENDENT EXPENDITURE: t Name) lates and reported in this repondent with, or at the requ	SWORN STATEMENT	, hereby certify the authorization	nat all independent or expressed or in		or in cooperation		
	ure of Treasurer	oot or suggestion or any	Januaruo, vandit	Date				