

CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

RETAIN A COPY OF THIS REPORT FOR YOUR FILES.

TYPE OR PRINT IN BLACK INK.

INFORMATION ON THIS REPORT IS PUBLIC.

Neighbor for Gary Schiff
(Name of Committee or Fund)

Derek Wilson
(Treasurer's Name)

3215 23rd Ave S, Minneapolis, MN 55407
(Treasurer's Mailing Address for Committee Business)

Campaign@garyschiff.org
(E-mail Address)

Treasurer's Daytime Phone Number: 612-584-2792

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)

6a. ☐ No activity with 383B.041-.058 candidates, this reporting period. (Complete lines #9-#12 as applicable)

7. ☐ Termination of Committee - All debts must be paid and Ending Balance can be no more than \$100. Termination of committee registration if your committee is a state committee, please contact our office regarding termination.

8. **2015 ANNUAL REPORT DUE Monday, February 1, 2016**

REPORTING PERIOD: (check one)

☐ 2015 Candidates on the ballot
And Political Funds or Committees:
☒ Candidates NOT on the ballot in 2015:

From: 10/21/2015
From: 1/1/2015

Through: 12/31/2015
Through: 12/31/2015

Log
PM

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DEL 8-9-17

Received by Hennepin County
Treasurer Services

AUG 09 2017

9. **BEGINNING CASH BALANCE THIS REPORT:** \$ 32.97
(Insert Ending Cash Balance from last report)

COLUMN A

Activity Reported this year,
in previous reporting periods.

COLUMN B

ACTIVITY IN THIS REPORTING PERIOD

COLUMN C

A + B = Total Activity for This Calendar Year

10. **ADDITIONS:**
\$ _____
(Column C, Line 10 from Last Reporting period.)

+ \$ _____
(Insert amount from line 25)

\$ _____
(Insert total of line 10, columns A + B)

11. **SUBTRACTIONS:**
\$ _____
(Column C, Line 11 from Last Reporting period.)

- \$ _____
(Insert amount from line 34)

\$ _____
(Insert total of line 11, columns A + B)

12. **ENDING CASH BALANCE THIS REPORT:** = \$ 32.97
(Line 9 + line 10(column B) - line 11(column B))

SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

COLUMN A

Activity Reported on Last Report

COLUMN B

ACTIVITY IN THIS REPORTING PERIOD

COLUMN C

A + B = Total Activity for This Calendar Year

13. **In-Kind Donations Received:**
\$ _____
(Column C, Line 13 from Last Reporting period.)

+ \$ _____
(Insert total from line 36)

\$ _____
(Insert total of line 13, columns A + B)

14. **Goods/Services Given to Others:**
\$ _____
(Column C, Line 14 from Last Reporting period.)

- \$ _____
(Insert total from line 39)

\$ _____
(Insert total of line 14, columns A + B)

15. **Current Balance of Outstanding Loans Receivable** (loaned to others).....>

\$ _____
(Insert total Current Balance from line 45)

SUMMARY OF OUTSTANDING DEBT:

16. **Current Balance of Outstanding Loans Payable (loaned to you)**.....>
(Amount from Last Report: \$ _____)

\$ _____
(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) Derek Wilson, CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

DATE: 8/8/17

SIGNATURE OF TREASURER:

FILE THIS REPORT WITH:

PSI 612 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: _____ DATE: _____

ADDITIONS: (Income)

19. Total ITEMIZED Contributions: \$ _____
(Insert total from line 35)

20. Total NON-ITEMIZED Contributions: \$ _____ \$ _____
(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: \$ _____
(TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.)

SUBTRACTIONS: (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: \$ _____ \$ _____
(Subtotal: lines 30+31+32+33)

34. TOTAL EXPENDITURES: \$ _____
(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

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

DATE:

DATE: _____

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

[illegible]

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: _____

DATE: _____

SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS

You must disclose the total value of goods and services given to another committee, as well as any otherwise non-itemizable cash that, together with the goods and services, is in excess of \$100 within the year. You must also disclose the date, name and address of the recipient and a description of the goods or services given.

				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
39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)					\$	

SCHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You)

			Loans Given to or Repaid by You in Current Reporting Period		
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
40. Total New Loans Payable this period: (Transfer this amount to Line 22)			\$		
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)				\$	
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)					\$

SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)

			Loans Given by or Repaid to You in Current Reporting Period		
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
43. Total New Loans Receivable this period: (Transfer this amount to Line 32)			\$		
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)				\$	
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)					\$

SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)

Date	Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For	Current Balance Owed by You
46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)		\$

47. The Treasurer is to sign this statement ONLY IF INDEPENDENT EXPENDITURES WERE MADE.
(Make notations on Schedules B or C where Independent Expenditures are itemized.)

INDEPENDENT EXPENDITURE: SWORN STATEMENT

I, (Print Name) _____, hereby certify that all independent expenditures made on behalf of other candidates and reported in this report were made WITHOUT the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, candidate's campaign committee or agent.

Signature of Treasurer _____

Date _____

