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. 2017 (Name of Committee or Fund) (E-mail Address) (Treasurer's Name) e 214, Minneapolis, MN 55414 (Treasurer's Mailing Address for Committee Business) 4. Treasurer's Daytime Phone Number: 612 -Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization")

Townster Sorvices 5. \square 6. □ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) JUL 3 1 2017 6a. □ No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) DB Termination of Committee; Termination of Committee registration DEL TYPE OF REPORT: REPORTING PERIOD: FILING DATE: 2017 PRE-PRIMARY: From: 1/1/2017 Through: 7/25/2017 **BEGINNING CASH BALANCE THIS REPORT:** (Insert Ending Cash Balance from last report) **COLUMN B COLUMN C** (Column A not applicable for this report) (Total Activity Reported for This Calendar Year) 10. ADDITIONS: 11. SUBTRACTIONS: 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 B** COLUMN C (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD (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) 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).....> (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) <u>PYC</u> CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. SIGNATURE OF TREASURER: DATE:

FILE THIS REPORT WITH:

	CEIFT AND EXPENDITURES WORKSHIE		ERIOD ONL!
ΝΆΙ	ME OF COMMITTEE OR FUND:	cialist Workers	DATE: 7/3/17
AD	DITIONS: (Income)	Campaig	V 901.1.
19.	Total ITEMIZED Contributions:	\$ (Insert total from line 35)	· · · · · · · · · · · · · · · · · · ·
20.	Total NON-ITEMIZED Contributions:	s 41035	\$ 410 3 5 (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:	\$ 0	\$ (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	S 4 10 35 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ransfer this amount to Line 10, Column B.)
SUE	BTRACTIONS: (Expenditures)		·
26.	Total ITEMIZED Contributions to Others:	\$ (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	s O	(Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ (Insert total from Jine 37)	つ게/
29.	Total NON-ITEMIZED Operating Expenditures:	s 18037/xxx	\$ 180 3 XXX (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 0	
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:	<u>\$</u>	(Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	s 18037 (Total lines 26 through 33. Trai	nsfer this amount to Line 11, Column B.)

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 the line provided if you do not want the address of contributors to be displayed on the website.

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

NAME OF COMMITTEE OR FUND: M V SOCIOLIST WOYKEYS COMPORIGN 2017 - DATE: 7/31/17

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,

committee or fund that made the 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 of government, you must list that contributor's occupation.)

*Political Funds must itemize contributions 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.

Year to Date COLUMNC Total from Source List contributions here for the Kind Donation \$ Value of In-**COLUMN B1** current reporting period COLUMN B \$ Received This Period Previous Total For This Year COLUMN A Description of In-Kind Donation Contributor's Employer** ALPHABETICAL ORDER! Contributor Name & Address

> Date Rcvd.

Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:		00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 1)	19)	0

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Subtotal ITEMIZED In-Kind Donations received this period:	€\$	0	
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	4	0	
subtotal NON-ITEMIZED In-Kind Donations Received This Period:	s	O	İ
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	ક	C	

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: MO SOCION 13 + WORKERS COM PORIGN 2017 DATE: 7/31/17

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.

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.

Purpose for
enditure

C	Subtotal ITEMIZED Contributions to Others this nation:
0	37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)
<i>O</i>	Subtotal ITEMIZED Operating Expenditures this period listed on previous page:
<i>O</i>	Subtotal ITEMIZED Operating Expenditures this period:

38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)

Subtotal ITEMIZED Contributions to Others this period listed on previous page:

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 Column B1	NAME OF	COMMITTEE OR FUND:			DATE:		<u>_</u>
Alphabetical Ordert COLUMN A COLUMN B COLUMN B COLUMN B COLUMN C CASH Given A Services Period 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 Ordert COLUMN A1 COLUMN B1	You must o	disclose the total value of go services, is in excess of \$10	ods and services given to a				
Alphabetical Order! Date Alphabetical Order! Date Alphabetical Order! Date Alphabetical Order! COLUMN B COLU			<u>r </u>	T	Goods & Service	c + Cach - \$100+	
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Date Recipient Goods and Services for This Year Cash Given 8. Services Year to Date			Description of	 -	COLOMIA B		
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 Loan Balance	Date		<u>-</u>		Cook Givon		· · ·
SCHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You) Loans Given to or Repaid by You in Current Reporting Period COLUMN C1	Date	Neolpient	Goods and Gervices	IOI TIIIS TEA	Casil Given	& Gervices	Teal to Date
SCHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You) Loans Given to or Repaid by You in Current Reporting Period COLUMN C1	39 Total (Goods and Services given in	this period: (Transfer this	amount to Line 1	4 Column B)	\$	
Loans Given to or Repaid by You in Current Reporting Period COLUMN B1 CO					, 	Ι Ψ	
Alphabetical Order! Date Name, Address & Employer of Lender Loan Balance Last Report S Received S Repaid COLUMN 61 Loan Balance Add New Loan S Repaid Cowed 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) S CHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You) Loans Given by or Repaid to You in Current Reporting Period Alphabetical Order! Loan Balance Add New Loan Loans Given by or Repaid to You in Current Reporting Period Alphabetical Order! Loan Balance Date Name, Address & Employer of Recipient of Loan Last Report S Given S COLUMN B COLUMN C Courrent Balance Owed to You Add New Loan Subtract Loan Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to			•		Loans Given to o	r Repaid by You in	
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Alphabetical Order! Date Name, Address & Employer of Recipient of Loan Last Report SGiven State Column C1	SCHEDUL	E E: NOTES AND LOANS F	RECEIVABLE (Loaned by	You)	1		
Name, Address & Employer of Recipient of Loan Loan Balance Last Report S Given S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Add New Loan S Repaid Current Balance Owed to You Current Balance Owed to You Last Report Add New Loan S Repaid Current Balance Owed to You Current Balance Owed to You Last Report Last Report Add New Loan S Repaid Current Balance Owed to You Current Balance Owed to You Address of Outstanding Loans Receivable: (Transfer this amount to Line 23) S CHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid) Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For Current Balance Owed by You 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 car and reported in this report were made WITHOUT the authorization or expressed or implied consent of, or in cooperation or in concertor at the request or suggestion of any candidate, candidate's campaign committee or agent.		Alphahatiaal Ordari		COLUMN A4		_	COLUMN C4
Date Name, Address & Employer of Recipient of Loan Last Report \$ Given \$ Repaid 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) Alphabetical Order! Current Balance Owed by You Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For 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 car and reported in this report were made WITHOUT the authorization or expressed or implied consent of, or in cooperation or in concertor at the request or suggestion of any candidate, candidate's campaign committee or agent.		Alphabetical Order!	-				
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or at the request or suggestion of any candidate, candidate's campaign committee or agent.	(Make INDEF I, (Prin	e notations on Schedules B or PENDENT EXPENDITURE: it Name)	SWORN STATEMENT	penditures are item, hereby certify the	ized.) at all independent e	expenditures made	
Signature of Treasurer Date						sent of, or in coop	eration or in concert w
	<u>Signat</u>	ture of Treasurer		<u>. </u>	Dat	re	

SCHEDULES C, D, E, and F (Attach additional pages if necessary for Schedules C, D, E, and F)