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 1 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.)

must dis	COMMITTEE OR FUND:		$\cdot 1 \wedge 1 $	KIND DONATIC		5/~.	/ i / s
must dis		N Social	ist Workers (compaign	501,1- c	DATE: <u>[[3]</u>	117
hat conti litical Fur	close the date and amount of each mo fund that made the monetary contribute of a contributor who is self-employed, ibutor's occupation.) ds must itemize contributions of membal a typed or computer-generated list, all	tion or Donation In Kind, ar that is, does not derive ea pers that, in aggregate in th	nd the employer of the individual co rned income as owner, partner, or e e year, exceed \$50.	ntributor. employee of a corpora		or other entity, includii	
-						ions here for the	
				COLUMN A	COLUMN B	ing period COLUMN B1	COLUMNIC
te vd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received This Period	\$ Value of In- Kind Donation	Total from Source Year to Date
	:						
			,				
				· ·		-	
	al ITEMIZED Monetary Contribution	-			\$ 0		
	al ITEMIZED Monetary Contribution	<u>.</u>			\$ 0	_	
TOTAL	ITEMIZED CONTRIBUTIONS RE	CEIVED THIS PERIOD:	(Transfer this amount to Line	e 19)	\$ 0		
Subtot	al ITEMIZED In-Kind Donations red	ceived this period:				\$ 0	7
Subtot	al ITEMIZED In-Kind Donations rec	ceived this period listed	on previous page:			\$ 0	
	al NON-ITEMIZED In-Kind Donatio		·			\$ 0	
TOTAL	IN-KIND DONATIONS RECEIVED	O THIS PERIOD: (Trans	fer this amount to Line 13, Co	olumn B)		s 0	

'ou must di	COMMITTEE OR FUND: MN Socials		1 1.	•		
e year, an	sclose the name and address of each individual, business of the amount, date and specific purpose of the expenditure	or committee to whom ex	penditures/contributions	have been made	, in an aggregate	amount in exce
•	it a typed or computer-generated list, all items must be in th ional pages as necessary.	e same order as they ap	pear on Schedule B.			
					List expenditures here for the current reporting period	
			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
		•				
						<u> </u>
	·					
						_

Subtotal ITEMIZED Operating Expenditures this period:	\$ 0
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$ 0
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 0

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)	\$ O

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:				
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					
Alphabetical Order! Date Alphabetical Order! Date Alphabetical Order! Date Alphabetical Order! COLUMN B COLU			<u>r </u>		Goods & Service			
Alphabetical Ordert COLUMN A COLUMN B COLUMN B1 COLUMN COLUMN COLUMN B1 COLUMN COLUMN B1 COLUMN COLUMN B1 COLUMN								
Name & Address of Description of Previous Total Cash Given Value of Goods Recipient Total Goods and Services For This Year Cash Given & Services Year to Dete		Alphabetical Order		COLLINALA			COLLIBANIC	
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					, 	ΙΨ		
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		
Date Name, Address & Employer of Lender Last Report \$ Received \$ 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) \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$					Current Rep	orting Period		
Date Name, Address & Employer of Lender Last Report S Received \$ Repaid 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 11) \$ 42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 18) \$ SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)		Alphabetical Orderl		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1	
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31) \$ \$CHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You) Loans Given by or Repaid to You in Current Reporting Period COLUMN 61 COL	Date	Name, Address & Emplo	yer of Lender		1			
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31) \$ \$CHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You) Loans Given by or Repaid to You in Current Reporting Period COLUMN 61 COL								
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31) \$ \$CHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You) Loans Given by or Repaid to You in Current Reporting Period COLUMN 61 COL	40. Total I	 New Loans Pavable this peri	od: (Transfer this amoun	t to Line 22)	\$			
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						\$		
Loans Given by or Repaid to You in Current Reporting Period Alphabetical Order! COLUMN A1 COLUMN B COLUMN B1 COLUMN C1						Ψ	•	
Alphabetical Order! Date Name, Address & Employer of Recipient of Loan Last Report SGiven State Column C1	SCHEDUL	Loans Given by or Repaid to You in						
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 by		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!	-					
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) \$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 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) I, 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 concert or at the request or suggestion of any candidate, candidate's campaign committee or agent.	Date	Name, Address & Emplo	yer of Recipient of Loan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			I I	
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) \$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 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) I, 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 concert or at the request or suggestion of any candidate, candidate's campaign committee or agent.								
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) \$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 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) I, 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 concert or at the request or suggestion of any candidate, candidate's campaign committee or agent.	43. Total I	 New Loans Receivable this r	period: (Transfer this amo	unt to Line 32)	\$			
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15) \$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 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 concern or at the request or suggestion of any candidate, candidate's campaign committee or agent.			· · <u>. </u>		<u> </u>	\$		
Alphabetical Order! Date 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 concern or at the request or suggestion of any candidate, candidate's campaign committee or agent.						T	\$	
Date 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 concern or at the request or suggestion of any candidate, candidate's campaign committee or agent.			·					
Date 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 concert or at the request or suggestion of any candidate, candidate's campaign committee or agent.		Alphabetical Order!			- <u>-</u>		Current Balance	
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 concert or at the request or suggestion of any candidate, candidate's campaign committee or agent.	Date		dor of Goods or Services R	Received But Not P	aid For			
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 concert or at the request or suggestion of any candidate, candidate's campaign committee or agent.								
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 concert or at the request or suggestion of any candidate, candidate's campaign committee or agent.	46. Currer	nt Balance of Outstanding U	npaid Bills/Advance of Cre	dit: (Transfer this	amount to Line 17)	·	\$	
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)