CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

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

ALL INFORMATION ON THIS REPORT IS PUBLIC.   TYPE OR PRINT IN BLACK INK.   RETAIN A COPY OF THIS REPORT FOR YOUR FILES.

1. **Neighbors for Gary Schiff**
   (Name of Committee or Fund)

2. **Derek Wilson**   campaign@garyschiff.org
   (Treasurer's Name)   (E-mail Address)

3. **3215 23rd Ave S, Minneapolis, MN 55407**
   (Treasurer's Mailing Address for Committee Business)

4. 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. **2016 ANNUAL REPORT   DUE Tuesday January 31, 2017**

Amended

REPORTING PERIOD: (check one)		
☐ **2016 Candidates on the ballot And Political Funds or Committees:**	From: 10/26/2016	Through: 12/31/2016
☑ **Candidates NOT on the ballot in 2016:**	From: 1/1/2016	Through: 12/31/2016

Received by Hennepin County Taxpayer Services

AUG 09 2017

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

Log _____ DB
PM _____ DEL8-977

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:**

$ _____   + $ 0.00 $ _____
(Column C, Line 10 from Last Reporting period.)   (Insert amount from line 25)   (Insert total of line 10, columns A + B)

11. **SUBTRACTIONS:**

$ _____   - $ 32.97 $ _____
(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:**   = $ 0.00
   (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.

SIGNATURE OF TREASURER: _____   DATE: **8/8/17**

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

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: <u>Neighbors for Gary Schiff</u>

DATE: <u>8/6/17</u>

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: $ 32.97

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:** $ 32.97
    (Total lines 26 through 33. **Transfer this amount to Line 11, Column B.**)

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

NAME OF COMMITTEE OR FUND:_____   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 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.

					List contributions here for the current reporting period		
				COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Rcvd.	**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

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

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)	$

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: _____   DATE:_____

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.

				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

Subtotal ITEMIZED Operating Expenditures this period:	$
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	$
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)	$

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

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.

Date	Alphabetical Order! Name & Address of Recipient	Description of Goods and Services	COLUMN A Previous Total for This Year	COLUMN B Cash Given	COLUMN B1 Value of Goods & Services	COLUMN C 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)

Date	Alphabetical Order! Name, Address & Employer of Lender	COLUMN A1 Loan Balance Last Report	COLUMN B Add New Loan $ Received	COLUMN B1 Subtract Loan $ Repaid	COLUMN C1 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)

Date	Alphabetical Order! Name, Address & Employer of Recipient of Loan	COLUMN A1 Loan Balance Last Report	COLUMN B Add New Loan $ Given	COLUMN B1 Subtract Loan $ Repaid	COLUMN C1 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 _____