CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058 (E-mail Address) Received by Hennepin County Taxpayer Services 4. Treasurer's Daytime Phone Number: 5. Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") AUG 0 1 2017 6. Г∃ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) 6a. □ No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) OG 7. [7 Termination of Committee; Termination of Committee registration TYPE OF REPORT: FILING DATE: REPORTING PERIOD: 2017 PRE-PRIMARY: From: 1/1/2017 Through: 7/25/2017 (), O () **BEGINNING CASH BALANCE THIS REPORT:** (Insert Ending Cash Balance from last report) COLUMN B COLUMN C (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD. (Total Activity Reported for This Calendar Year) 100,00 10. ADDITIONS: 11. SUBTRACTIONS: 0,00 = \$ 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) In-Kind Donations Received: (Insert total from line 36) (Insert total of line 13, column B) 14. Goods/Services Given to Others: (Insert total of line 14, column B) 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. Shave 6 CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. 1, (Print Name) Cylotais Tack SIGNATURE OF TREASURER:

RE	CEIPT AND EXPENDITURES WORKSHEE	T FOR THIS REPORTING P	ERIOD ONLY
NA	ME OF COMMITTEE OR FUND: Capture Tu	ch Sparror Carpuis	4 CODATE: 8/1/17
AD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	(Insert total from line 35)	1
20.	Total NON-ITEMIZED Contributions:	\$	\$ /0 0, 00 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$O	
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:	\$ LOO, OO (TOTAL lines 19 through 24. Tr	ansfer 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:	\$ 0	\$ / U U . OO (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 100,00 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$	\$(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)	\$ Unsert 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:	\$ [UU, UU] (Total lines 26 through 33. Tran	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 If selected, please submit two versions of Schedule A, one with contributors' addresses and one without. 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: Captus Jak Spawow Carpaiss Committee

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.

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

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		COLUMN C	Total from	Year to Date	10.00	56.00	20.00	20.00						
ns here for the	g period	COLUMN B1	\$ 1/0 110 at 12	Kind Donation										
List contributions here for the	current reporting period	COLUMN B	bouring d	This Period	00'01.	50,00	7 0,00	26.00						
		COLUMN A		For This Year										
			Danzariation of la Kind	Donation										
			Contributory	Employer**									·	
			AL BUADETICAL OBDED!	Contributor Name & Address		Myselp	خ رکادلا کرماله	7) Sigis 54/4	\rightarrow					
			4	Rcvd.	1/15/17	11/9/19	14/14/2	7/22/17						

\$ 100,000	\$ 100.00	\$ 100,000
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:	€9	c
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	49	0
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	₩.	0
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	49	0

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Croptain Jack Spawin Campaigs Connittee

DATE: 8/17 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.

\$ 100.00	\$ 100,00	\$ 100.00	
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:	↔	0	
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	₩	0	
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$	0	

	COMMITTEE OR FUND:	•	paron ca	Part DATE:	8/1/17	_
You must goods and	LE C: GOODS AND SERVICES disclose the total value of goods discrices, is in excess of \$100 we services given.	and services given to a				
	T T			Goods & Service	s + Cash = \$100+	
				Given in Cu	rrent Period	
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
<u> </u>	Name & Address of	Description of	Previous Total		Value of Goods	Recipient Total
<u>Date</u>	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
	Goods and Services given in this			4, Column B)	\$.	<u> </u>
SCHEDUL	LE D: NOTES AND LOANS PAY	'ABLE (Loaned to You	u)	Lagna Given to a	r Repaid by You in	
					orting Period	1
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
			Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer	of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
					ļ	
	New Loans Payable this period:		<u>_</u>	\$		
	Repayment of Loans Payable the ent Balance of Outstanding Loans			_ 	\$	\$ 0
SCHEDUL	LE E: NOTES AND LOANS REC	EIVABLE (Loaned by		Current Rep	r Repaid to You in orting 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
·- <u>-</u>						
43. Total			<u> </u>	<u> </u>	<u>L</u>	
	New Loans Receivable this period	`		\$		0
	Repayment of Loans Receivable	this period: (Transfer	this amount to Li	ne 23)	\$	0
		this period: (Transfer	this amount to Li	ne 23)	\$	\$ 0
45. Curre	Repayment of Loans Receivable	e this period: (Transfers Receivable: (Transfe	this amount to Li r this amount to L	ne 23) ine 15)	\$	
45. Curre	Repayment of Loans Receivable on Balance of Outstanding Loans E F: UNPAID BILLS/ADVANCE	e this period: (Transfers Receivable: (Transfe	this amount to Li r this amount to L	ne 23) ine 15)	\$	\$ 0
45. Curre	Repayment of Loans Receivable ent Balance of Outstanding Loans LE F: UNPAID BILLS/ADVANCE Alphabetical Order!	e this period: (Transfers Receivable: (Transfers OF CREDIT (Items o	this amount to Li r this amount to L r services receive	ne 23) ine 15) d but not paid)	\$	\$ O
45. Curre	Repayment of Loans Receivable on Balance of Outstanding Loans E F: UNPAID BILLS/ADVANCE	e this period: (Transfers Receivable: (Transfers OF CREDIT (Items o	this amount to Li r this amount to L r services receive	ne 23) ine 15) d but not paid)	\$	\$ 0
45. Curre	Repayment of Loans Receivable ent Balance of Outstanding Loans LE F: UNPAID BILLS/ADVANCE Alphabetical Order!	e this period: (Transfers Receivable: (Transfers OF CREDIT (Items o	this amount to Li r this amount to L r services receive	ne 23) ine 15) d but not paid)	\$	\$ O
45. Curre	Repayment of Loans Receivable ent Balance of Outstanding Loans LE F: UNPAID BILLS/ADVANCE Alphabetical Order!	e this period: (Transfers Receivable: (Transfers OF CREDIT (Items o	this amount to Li r this amount to L r services receive	ne 23) ine 15) d but not paid)	\$	\$ O
45. Curre SCHEDUL Date	Repayment of Loans Receivable ent Balance of Outstanding Loans LE F: UNPAID BILLS/ADVANCE Alphabetical Order! Name & Address of Vendor	e this period: (Transfer s Receivable: (Transfer E OF CREDIT (Items of of Goods or Services F	this amount to Lit r this amount to L r services receive Received But Not Pa	ne 23) ine 15) d but not paid) aid For		\$ Current Balance Owed by You
45. Curre SCHEDUL Date 46. Curre 47. The 1	Repayment of Loans Receivable ent Balance of Outstanding Loans LE F: UNPAID BILLS/ADVANCE Alphabetical Order!	e this period: (Transfers Receivable: (Transfers Receivable: (Transfers OF CREDIT (Items of Goods or Services Find Bills/Advance of Crement ONLY IF INDEPERIOR RECEIVABLE (Transfers)	this amount to Lir r this amount to L r services receive Received But Not Pa dit: (Transfer this a	ne 23) ine 15) d but not paid) aid For amount to Line 17 URES WERE MAD		\$ O
45. Curre SCHEDUL Date 46. Curre 47. The 1 (Make	Repayment of Loans Receivable ant Balance of Outstanding Loans LE F: UNPAID BILLS/ADVANCE Alphabetical Order! Name & Address of Vendor ant Balance of Outstanding Unpa freasurer is to sign this statem a notations on Schedules B or C PENDENT EXPENDITURE: SW ant Name)	e this period: (Transfers Receivable: (Transf	this amount to Lir r this amount to L r services receive Received But Not Pa dit: (Transfer this a NDENT EXPENDIT penditures are item	ne 23) ine 15) d but not paid) aid For amount to Line 17 URES WERE MAD	DE.	\$ Current Balance Owed by You \$ ()
45. Curre SCHEDUL Date 46. Curre 47. The 1 (Make INDE I, (Prii	Repayment of Loans Receivable ant Balance of Outstanding Loans LE F: UNPAID BILLS/ADVANCE Alphabetical Order! Name & Address of Vendor ant Balance of Outstanding Unpa Treasurer is to sign this statem a notations on Schedules B or C PENDENT EXPENDITURE: SW	e this period: (Transfers Receivable: (Transf	this amount to Lir r this amount to L r this amount to L r services receive Received But Not Pa dit: (Transfer this a NDENT EXPENDIT penditures are item _, hereby certify th ization or express	ne 23) ine 15) d but not paid) aid For amount to Line 17 URES WERE MAD ized.) at all independent of	DE.	\$ Current Balance Owed by You \$ ()