## CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

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

ALL	INFORM	ASTOR ON THIS REPORT IS PUBLIC.	Type or print in black ink.	RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
1.		unteers For Elizabeth Glidden	· .	
2.	•	me of Committee or Fund) ole Pettit	nne	ettit@msn.com
۷.		easurer's Name)	ПР	(E-mail Address)
3.		Wyoming Street West, St. Paul MN 55		
	,	easurer's Mailing Address for Committee Busin		
4.	Treas	•	678-4107	<del></del>
5.		Change in Committee or Officer's Name, Add	ress, Phone. (Attach new "Registration & Stateme	nt of Organization")
6.		No activity since last Report. (Insert Beginning	and Ending Balance at #9 & #12 below)	
6a.		No activity with 383B.041058 candidates, the	nis reporting period. (Complete lines #9-#12 as ap	oplicable)
7.			paid and Ending Balance can be no more than \$10	Termination of committee registration.
	2042	If your committee is a state committee, please c	ontact our office regarding termination. y <b>y, January 31<sup>st</sup>, 2013</b>	
8.	2012		y, January 31 , 2013	
		description resided these man		County
		Carrie Conditions on the below deal further Funds or Luminities	m Pears Homeling	The County
		Carolination, MCFF and the Bellis in 2	Marin National	Thomagn Charlette
			Ф 7.470.20	FEB 4 2013
9.	BEG	INNING CASH BALANCE THIS REPORT:	\$ 7,476.38 (Insert Ending Cash Balance from last report)	loc DD
		COLUMN A		Log <u>DB</u> PM coumer /-3/-1/3
		Activity Reported this year, previous reporting periods.	COLUMN B ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
10		DITIONS:		
		0.00	<b>#</b> \$ 4,595.00	\$ 4,595.00
4.V	(Colu	ımn C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
11.	4.5	STRACTIONS:	issusi	greet, top ments go was the greet of
		0.00 umn C, Line 11 from Last Reporting period.)	(Insert amount from line 34)	\$ 2,965.18 (Insert total of line 11, columns A + B)
- (.			wh/20000000	
12.	END	DING CASH BALANCE THIS REPORT:	\$ 9,106.20 (Line 9 + line 10(column B) - line 11(column	B) 1
eu.	R# R# A F	RY OF IN-KIND DONATIONS & OUTSTANDIN		
30	<u>IATIĀRĀT</u>	COLUMN A	COLUMN B	COLUMN C
	Α	ctivity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
13.	In-K	ind Donations Received:		
	\$ 0	.00	+\$ 26.00	\$ 26.00
		umn C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(Insert total of line 13, columns A + B)
14.	God	ds/Services Given to Others:		
	\$ 0		- \$ 0.00	\$ 0.00
	(Col	umn C, Line 14 from Last Reporting period.)	(Insert total from line 39)	(Insert total of line 14, columns A + B)
15.	Cur	rent Balance of Outstanding Loans Recei	ivable (loaned to others)>	\$ 0.00 (Insert total Current Balance from line 45)
_		<u> </u>		
<u>SU</u>	MMAI Curi	RY OF OUTSTANDING DEBT: ent Balance of Outstanding Loans Pavable	(loaned to you)>	(1.27 to 1.07 to 1.27
)	(Amo	ount from Last Report: \$)		(Insert total Current Balance from line 42)
17.			vance of Credit>	\$ 0.00
	(Amo	ount from Last Report: \$ )		(Insert total Amount Owed from line 46)
18.				n knows contains false information or who knowingly omits
		rint Name) Nicole Pettit		PORT IS COMPLETE, ITRUE AND CORRECT.
				1/- /
SIC	SNATU	IRE OF TREASURER: // Up	FUE THE PERCENT WITH	DATE: 131/13
	т.	f	FILE THIS REPORT WITH:	UNEADOLIS MN 55487,0060 - (612)596,7152

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152
2012 Annual Report Page 1 Page 1 01/31/13

## RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAN	ME OF COMMITTEE OR FUND: <u>Volunteers for E</u>	lizabeth Glidden	DATE: <u>1/31/2012</u>
ADI	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 0.00 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 4,595.00	\$ 4,595.00 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ 0.00	
22.	New Loans Payable (loaned to you):	\$ 0.00 (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0.00 (Insert total from line 44)	
24.	Other:	\$ 0.00	\$ 0.00 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 4,595.00 (TOTAL lines 19 through 24. To	ransfer this amount to Line 10, Column B.)
su	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ 0.00 (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$ 0.00	\$ 0.00 (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 2,065.63 (Insert total from line 37)	***
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 895.55	\$ 2,961.18 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 4.00	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 0.00 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ 0.00 (Insert total from line 43)	
33.	Other: 0.00	\$ 0.00	\$ 4.00 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 2,965.18 (Total lines 26 through 33. Tra	insfer this amount to Line 11, Column B.)

Hennepin ( the line pro	nportant information: Addresses sub County Elections Division. As a conve wided if you do not want the address 's' addresses and one without.	enience, Hennepin Count	also displays Schedule A on the	e Hennepin County	web site. Please of	heck the box and in	itial the form on
SCHEDI	JLE A: INCOME FROM CAS	H (MONETARY) CO	ONTRIBUTIONS and IN-I	KIND DONATIO	ONS		
NAME OF	COMMITTEE OR FUND: Volunteer	s for Elizabeth Glidden			D	ATE: <u>1/31/2012</u>	<del></del>
individual, c (**In the cas government *Political Fu	isclose the date and amount of each more committee or fund that made the monetar se of a contributor who is self-employed, it, you must list that contributor's occupation must itemize contributions of membrit a typed or computer-generated list, all	y contribution or Donation I that is, does not derive ear on.) ers that, in aggregate in the	n Kind, and the employer of the ind ned income as owner, partner, or e year, exceed \$50.	lividual contributor. Imployee of a corpora		r other entity, including	
11 704 005111						ons here for the	
				COLUMN A	current report	ing period 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
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	A	-		-	Life W		
<del>.</del>							
			·				
	tal ITEMIZED Monetary Contribution				\$ 0.00		
	tal ITEMIZED Monetary Contribution			403	\$ 0.00	_	
35. TOTA	L ITEMIZED CONTRIBUTIONS RE	CEIVED THIS PERIOD:	(Transfer this amount to Line	e 19)	\$ 0.00		
Subtotal ITEMIZED In-Kind Donations received this period:							
	tal ITEMIZED In-Kind Donations rec		on previous page:			\$ 0.00	
	tal NON-ITEMIZED In-Kind Donatio				·	\$ 0.00	1
36. TOTA	L IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Trans	fer this amount to Line 13, C	olumn B)		\$ 0.00	_

# SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Volunteers For Elizabeth Glidden DATE: 1/31/2012							
of \$100 with	sclose the name and address of each individual, business or in the year, and the amount, date and specific purpose of the	e expenditure.		have been made,	in an aggregate a	mount in excess	
	it a typed or computer-generated list, all items must be in the	same order as they appear or	i Schedule B.				
Attach addit	ional pages as necessary.		T	li-4 over a malifus	res here for the	<del></del>	
		İ		current reporti			
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C	
	ALPHABETICAL ORDER!		Previous Total	Operating	Contributions	Total to Source	
Date Paid	Vendor or Recipient Committee Name and Address	Purpose for Expenditure	For This Year	Expenditures	to Others	Year to Date	
Date Faid	Vendor of Recipient Committee Frame and Addisor						
					· · · · · · · · · · · · · · · · · · ·		
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						<del></del>	
				<u> </u>	<u> </u>		
				T & B B B B B B B B B B B B B B B B B B			
	al ITEMIZED Operating Expenditures this period:			\$ 2,065.63	_		
Subtota	al ITEMIZED Operating Expenditures this period listed on pre	vious page:	· · · · · · · · · · · · · · · · · · ·	\$ 0.00			
37. TOTAL	ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (	Transfer this amount to Line	28)	\$ 2,065.63			
						¬	
Subtota	al ITEMIZED Contributions to Others this period:	·		·	\$ 0.00	_	
	al ITEMIZED Contributions to Others this period listed on pre-	vious page:			\$ 0.00	_	
	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD:		ie 26)		\$ 2,065.63	_	
		-a					

Name of Committee or Fund: Volunteers for Elizabeth Glidden

Date: 1/31/2013

						Previous rotal	Operating	Contributions to	Total Source
Date	Vendor or Recipient Name	Vendor or Recipient Address			Purpose for Expenditure	for This Year	Expenditure	Others	Year to Date
04/07/20	12 Elizabeth Glidden	4006 Blaisdell Ave S	Mpls	MN	55409 Computuer - Domain Renewal	\$0.00	\$310.84	\$0.00	\$310.84
08/08/20	12 Elizabeth Glidden	4006 Blaisdell Ave S	Mpls	MN	55409 Expenses	\$310.84	\$247.54	\$0.00	\$558.38
09/28/20	12 Elizabeth Glidden	4006 Blaisdell Ave S	Mpls	MN	55409 2012 Fundraiser Expenses	\$558.38	\$526.25	\$0.00	\$1,084.63
12/20/20	12 Elizabeth Glidden	4006 Blaisdell Ave S	Mpls	MN	55409 Constant Contact	\$1,084.63	\$306.00	\$0.00	\$1,390.63
	12 Minneapolis City Council DFL Caucus	350 South 5th Street, Rm 307	Mpls	MN	55415 Purchase Ads	\$0.00	\$300.00	\$0.00	\$300.00
	12 MN DFL, c/o Sarah Harris	255 East Plato Blvd	St. Paul	MN	55107 Voter Information - 8th Ward	\$0.00	\$250.00	\$0.00	\$250.00
	12 MN DFL	255 East Plato Blvd	St. Paul	MN	55107 Annual Gala	\$250.00	\$125.00	\$0.00	\$375.00
51, -5, -1							\$2,065.63	\$0.00	

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

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden	DATE: 1/31/2012
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#### 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.

					es + Cash = \$100+ urrent 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	n this period: ( <b>Transfer thi</b>	s amount to Line 1	14, Column B)	\$ 0.00	

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

				Repaid by You in orting Period	
	Alphabetical Orderl	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 am	ount to Line 22)	\$ 0.00		
	Repayment of Loans Payable this period: (Transfe		31)	\$ 0.00	
	ent Balance of Outstanding Loans Payable: (Transf				\$ 0.00

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

				r Repaid to You in orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You
43 Total	New Loans Receivable this period: (Transfer this amo	unt to Line 32)	\$ 0.00		
	Repayment of Loans Receivable this period: (Transfer			\$ 0.00	
	ent Balance of Outstanding Loans Receivable: (Transfe			- L	\$ 0.00

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

47. The Treasurer is to sign this statement ONLY IF INDEPENDENT EXPENDITURES WERE MADE.

Date	Alphabetical Order!  Name & Address of Vendor of Goods or Services Received But Not Paid For	Current Balance Owed by You
46. Curr	ent Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)	\$ 0.00

(Make notations on Schedules B or C where Independent Expenditures are itemized.)
INDEPENDENT EXPENDITURE: SWORN STATEMENT
I, (Print Name)
candidates and reported in this report were made WITHOUT the authorization or expressed or implied consent of, or in cooperation o
in concert with, or at the request or ≲uggestion of any candidate, candidate's campaign committee or ≉gent. ∕
Signature of Treasurer Nach Petti
Organical of Troops