

# 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. Volunteers for Elizabeth Glidden  
(Name of Committee or Fund)
2. Nicole Beers  
(Treasurer's Name)
3. 319 Wyoming Street West, St. Paul MN 55107  
(Treasurer's Mailing Address for Committee Business)

npettit@msn.com  
(E-mail Address)

4. Treasurer's Daytime Phone Number: 812.678.4107

Received by Hennepin County  
Taxpayer Services

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.

FEB 01 2011

Log DB 2-1-11  
PM 1:31-11 DEL 2-01-11

8. **2010 ANNUAL REPORT DUE Monday, January 31<sup>st</sup>, 2011**

**REPORTING PERIOD: (check one)**

- ☐ 2010 Candidates on the ballot  
And Political Funds or Committees:  
☒ Candidates NOT on the ballot in 2010:

From: 10/20/2010  
From: 1/1/2010

Through: 12/31/2010  
Through: 12/31/2010

9. BEGINNING CASH BALANCE THIS REPORT: \$ 5,719.23 ✓  
(Insert Ending Cash Balance from last report)

**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.)

+ \$ 429.00 ✓  
(Insert amount from line 25)

\$ 429.00 ✓  
(Insert total of line 10, columns A + B)

11. SUBTRACTIONS:  
\$ 0.00  
(Column C, Line 11 from Last Reporting period.)

- \$ 1,633.90 ✓  
(Insert amount from line 34)

\$ 1,633.90 ✓  
(Insert total of line 11, columns A + B)

12. ENDING CASH BALANCE THIS REPORT: = \$ 4,514.33 ✓  
(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:  
\$ 0.00  
(Column C, Line 13 from Last Reporting period.)

+ \$ 0.00  
(Insert total from line 36)

\$ 0.00  
(Insert total of line 13, columns A + B)

14. Goods/Services Given to Others:  
\$ 0.00  
(Column C, Line 14 from Last Reporting period.)

- \$ 0.00  
(Insert total from line 39)

\$ 0.00  
(Insert total of line 14, columns A + B)

15. Current Balance of Outstanding Loans Receivable (loaned to others) ..... >

\$ 0.00  
(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: \$ 0.00 )

\$ 0.00  
(Insert total Current Balance from line 42)

17. Current Balance of Outstanding Unpaid Bills/Advance of Credit ..... >  
(Amount from Last Report: \$ 0.00 )

\$ 0.00  
(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) Nicole Beers, CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER: Nicole Beers

DATE: 1/31/11

FILE THIS REPORT WITH:

**RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY**NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth GliddenDATE: 1/31/2011**ADDITIONS: (Income)**

|   |   |   |
|---|---|---|
| 19. Total ITEMIZED Contributions:   | <u>\$ 0.00</u><br>(Insert total from line 35)   |   |
| 20. Total NON-ITEMIZED Contributions:                                       | <u>\$ 429.99</u>  | <u>\$ 0.00</u><br>(Subtotal: lines 19 + 20)     |
| <hr/>   |   |   |
| 21. Income from bank dividends, interest, etc:                              | <u>\$ 0.00</u>  |   |
| 22. New Loans Payable (loaned to you):                                      | <u>\$ 0.00</u><br>(Insert total from line 40)   |   |
| 23. New Repayments on Loans Receivable:<br>(loaned to others/repaid to you) | <u>\$ 0.00</u><br>(Insert total from line 44)   |   |
| 24. Other: <u>0.00</u>  | <u>\$ 0.00</u>  | <u>\$ 0.00</u><br>(Subtotal: lines 21+22+23+24) |
| <hr/>   |   |   |
| 25. TOTAL INCOME:   | <u>\$ 429.00</u><br>(TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.) |   |

**SUBTRACTIONS: (Expenditures)**

|  |   |   |
|--|---|---|
| 26. Total ITEMIZED Contributions to Others:                              | <u>\$ 0.00</u><br>(Insert total from line 38)   |   |
| 27. Total NON-ITEMIZED Contributions to Others:                          | <u>\$ 0.00</u>  | <u>\$ 0.00</u><br>(Subtotal: lines 26 + 27)     |
| <hr/>  |   |   |
| 28. Total ITEMIZED Operating Expenditures:                               | <u>\$ 1,633.90</u><br>(Insert total from line 37)   |   |
| 29. Total NON-ITEMIZED Operating Expenditures:                           | <u>\$ 0.00</u>  | <u>\$ 1,633.90</u><br>(Subtotal: Lines 28 + 29) |
| <hr/>  |   |   |
| 30. Bank service charges, etc., paid by you:                             | <u>\$ 0.00</u>  |   |
| 31. New Repayments on Loans Payable:<br>(loaned to you/repaid to lender) | <u>\$ 0.00</u><br>(Insert total from line 41)   |   |
| 32. New Loans Receivable (loaned to others):                             | <u>\$ 0.00</u><br>(Insert total from line 43)   |   |
| 33. Other: <u>0.00</u>   | <u>\$ 0.00</u>  | <u>\$ 0.00</u><br>(Subtotal: lines 30+31+32+33) |
| <hr/>  |   |   |
| 34. TOTAL EXPENDITURES:  | <u>\$ 1,633.90</u><br>(Total lines 26 through 33. Transfer this amount to Line 11, Column B.) |   |

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

DATE: 1/31/2011

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.

|  |                |
|--|----------------|
| Subtotal ITEMIZED In-Kind Donations received this period:  | \$ 0.00        |
| Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:                    | \$ 0.00        |
| Subtotal NON-ITEMIZED In-Kind Donations Received This Period:  | \$ 0.00        |
| <b>36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)</b> | <b>\$ 0.00</b> |

**SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES**NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth GliddenDATE: 1/31/2011

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!<br>Vendor or Recipient Committee Name and Address   | Purpose for Expenditure                  | Previous Total<br>For This Year                         | Operating<br>Expenditures | Contributions<br>to Others | Total to Source<br>Year to Date |
| 1/8/10    | Minnesota DFL - 225 East Plato Boulevard<br>St. Paul MN 55107           | 2010 MN DFL Caucus                       | 0.00  | 1,000.00                  | 0.00                       | 1,000.00                        |
| 2/12/10   | Elizabeth Glidden - 4006 Blaisdell Avenue South<br>Minneapolis MN 55409 | Reimburse Various<br>Expenses            | 0.00  | 258.90                    | 0.00                       | 258.90                          |
| 5/14/10   | Women Winning - 2324 West University Ave<br>St. Paul MN 55104           | Participation in 2010<br>annual luncheon | 0.00  | 125.00                    | 0.00                       | 125.00                          |
| 7/15/10   | Take Action Minnesota - 1821 University Ave West<br>St. Paul MN 55104   | 2009 Annual Dinner<br>Table Sponsorship  | 0.00  | 150.00                    | 0.00                       | 150.00                          |
| 7/15/10   | Take Action Minnesota - 1821 University Ave West<br>St. Paul MN 55104   | 2010 fundraising                         | 150.00  | 100.00                    | 0.00                       | \$250.00                        |
|           |   |  |   |                           |                            |                                 |
|           |   |  |   |                           |                            |                                 |
|           |   |  |   |                           |                            |                                 |
|           |   |  |   |                           |                            |                                 |
|           |   |  |   |                           |                            |                                 |

|   |                    |
|---|--------------------|
| Subtotal ITEMIZED Operating Expenditures this period:   | \$ 1,633.90        |
| Subtotal ITEMIZED Operating Expenditures this period listed on previous page:                   | \$ 0.00            |
| <b>37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)</b> | <b>\$ 1,633.90</b> |

|  |         |
|--|---------|
| Subtotal ITEMIZED Contributions to Others this period: | \$ 0.00 |
|--|---------|

|   |    |
|---|----|
| 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: Volunteers for Elizabeth GliddenDATE: 1/31/2011**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.

|  |                             |                                   |                              | Goods & Services + Cash = \$100+<br>Given in Current Period |                           |                              |
|--|-----------------------------|-----------------------------------|------------------------------|---|---------------------------|------------------------------|
|  | <b>Alphabetical Order!</b>  |                                   | <b>COLUMN A</b>              | <b>COLUMN B</b>   | <b>COLUMN B1</b>          | <b>COLUMN C</b>              |
| 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 this period: (Transfer this amount to Line 14, Column B) |                             |                                   |                              |   | \$ 0.00                   |                              |

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

|   |                                    |                             | Loans Given to or Repaid by You in<br>Current Reporting Period |                            |                                |
|---|------------------------------------|-----------------------------|--|----------------------------|--------------------------------|
|   | Alphabetical Order!                | COLUMN A1                   | COLUMN B   | COLUMN B1                  | COLUMN C1                      |
| Date  | Name, Address & Employer of Lender | Loan Balance<br>Last Report | Add New Loan<br>\$ Received                                    | Subtract Loan<br>\$ Repaid | Current Balance<br>Owed by You |
|   |                                    |                             |  |                            |                                |
|   |                                    |                             |  |                            |                                |
| 40. Total New Loans Payable this period: (Transfer this amount to Line 22)          |                                    |                             | \$ 0.00  |                            |                                |
| 41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31) |                                    |                             |  | \$ 0.00                    |                                |
| 42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16) |                                    |                             |  |                            | \$ 0.00                        |

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

|  |   |                             | Loans Given by or Repaid to You in<br>Current Reporting Period |                            |                                |
|--|---|-----------------------------|--|----------------------------|--------------------------------|
|  | Alphabetical Order!                           | COLUMN A1                   | COLUMN B   | COLUMN B1                  | COLUMN C1                      |
| Date   | Name, Address & Employer of Recipient of Loan | Loan Balance<br>Last Report | Add New Loan<br>\$ Given                                       | Subtract Loan<br>\$ Repaid | Current Balance<br>Owed to You |
|  |   |                             |  |                            |                                |
|  |   |                             |  |                            |                                |
| 43. Total New Loans Receivable this period: (Transfer this amount to Line 32)          |   |                             | \$ 0.00  |                            |                                |
| 44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23) |   |                             |  | \$ 0.00                    |                                |
| 45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15) |   |                             |  |                            | \$ 0.00                        |

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

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

**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) Nicole BEERS, 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 Nicole BeersDate 1/31/11