ALŁ		ANCE REPORT OF RECEIPTS AND epin County Financial Disclosure Law: Minnesota St TYPE OR PRINT IN BLACK INK.		RT FOR YOUR FILES.
1.	Volunteers for Elizabeth Glidden			······································
•	(Name of Committee or Fund)			
2.	Nicole Beers	<u>r</u>	pettit@msn.com	
2	(Treasurer's Name) 319 Wyoming Street West, St. Paul MN 551	07	(E-mail Address)	
J.	(Treasurer's Mailing Address for Committee Busine			
4.	Treasurer's Daytime Phone Number: 612-678-41	07		
5.	☐ Change in Committee or Officer's Name, Addr	ess, Phone. (Attach new "Registration & Statem	ent 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	is reporting period. (Complete lines #9-#12 as	applicable)	
7.	☐ Termination of Committee - All debts must be p	aid and Ending Balance can be no more than \$10	00. Termination of committee registration.	
	If your committee is a state committee, please co	ntact our office regarding termination.	- ·	<u>-</u>
8.	2011 ANNUAL REPORT DUE Tuesday	, January 31 st , 2012	ਜ eceiv ed by	Hennepin Count /er Services
	REPORTING PERIOD: (check one)		Taxoa	/er Services
	2011 Candidates on the ballot			-0141000
	And Political Funds or Committees		Through: 12/31/2011 FEE	0 1 2012
	X Candidates NOT on the ballot in 20	<u>11</u> : From: 1/1/2011	Through: 12/31/2011	1 TOIT
			LOG	DB
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ 4,514.33 (Insert Ending Cash Balance from last report)	- PM L3Ln	DFI
	COLUMN A	(insert Ending Cash Dalance from last report)	CE ENLIN	The state of the s
	Activity Reported this year,	COLUMN B	COLUMN C	
	In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Cale	ndar Year
10.	ADDITIONS:	activities and		
Do.	\$ porting period.) (Insert amount from line 25)	+ \$ 4,874.34 (Insert total of line 10, columns A + B)	\$ 4,874.34Column C, Line 10 fi	rom Last
-		(HISER IOIZI OF HIRE TO, COILITHIS A + D)		
11.	SUBTRACTIONS:	5556 4 040 00	A 4 040 00	
	(Column C, Line 11 from Last Reporting period.)	-\$ 1,912.29 (Insert amount from line 34)	\$ 1,912.29 (Insert total of line 11, columns A + I	B)
	(Oblaim 6, Line 11 noin Last Reporting penear)	**************************************	(moon lotal of line 11, columns 11 - 1	2)
12.	ENDING CASH BALANCE THIS REPORT:	\$ 7,476.38		
		(Line 9 + line 10(column B) - line 11(column	1 B)	
SU	MMARY OF IN-KIND DONATIONS & OUTSTANDING	S LOANS RECEIVABLE:		
	COLUMN A	COLUMN B	COLUMN C	
	Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Cale	ndar Year
13.	In-Kind Donations Received:			Astronom
	\$ 0.00	\$ 0.00	\$ 0.00	
	(Column C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(Insert total of line 13, columns A + I	3)
14.	Goods/Services Given to Others:			
	\$ 0.00	- \$ 0.00	\$ 0.00	-
	(Column C, Line 14 from Last Reporting period.)	(Insert total from line 39)	(Insert total of line 14, columns A + I	3)
15.	Current Balance of Outstanding Loans Received	rable (loaned to others)>	\$ 0.00 (Insert total Current Balance from lin	ue 45)

SUMMARY OF OUTSTANDING DEBT:

I, (Print Name) Nicole Beers

16. Current Balance of Outstanding Loans Payable (loaned to you)......>

(Amount from Last Report: \$ 0.00)

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

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 ratisdemeanor. CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

lus SIGNATURE OF TREASURER:

DATE: 1/30/2012

\$ 0.00

(Insert total Current Balance from line 42)

(Insert total Amount Owed from line 46)

FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, 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: Volunteers for Elizabeth Glidden DATE: 1/30/2012 ADDITIONS: (Income) 19. Total ITEMIZED Contributions: (Insert total from line 35) \$ 4,874.34 20. Total NON-ITEMIZED Contributions: \$ 4,874.34 (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: \$ 0.00 (loaned to others/repaid to you) (Insert total from line 44) \$ 0.00 24. Other: 0.00 \$ 0.00 (Subtotal: lines 21+22+23+24) 25. TOTAL INCOME: \$ 4,874.34 (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: \$ 0.00 \$ 0.00 (Subtotal: lines 26 + 27) 28. Total ITEMIZED Operating Expenditures: \$ 1,469.07 (Insert total from line 37) 29. Total NON-ITEMIZED Operating Expenditures: \$ 443.22 \$ 1,912.29 (Subtotal: Lines 28 + 29) 30. Bank service charges, etc., paid by you: \$ 0.00 31. New Repayments on Loans Payable: \$ 0.00 (loaned to you/repaid to lender) (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 (Subtotal: lines 30+31+32+33) 34. TOTAL EXPENDITURES: \$ 1,912.29 (Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

tne iine	Important information: Addresses sult oin County Elections Division. As a convergence provided if you do not want the address outors' addresses and one without.	'enience. Hennenin Count	v also displays Schedule A on th	ia Hannanin Cauntu	wohelfa Dlosea	ahaak tha hay and in	مستمرة مطاف استفاد
SCHI	EDULE A: INCOME FROM CAS	H (MONETARY) C	ONTRIBUTIONS and IN-	KIND DONATIO	ONS		
NAME	OF COMMITTEE OR FUND: Voluntee	rs for Elizabeth Glidden				ATE: <u>1/30/2011</u>	
maividu (**In the governi *Politica	ist disclose the date and amount of each mo ial, committee or fund that made the moneta e case of a contributor who is self-employed ment, you must list that contributor's occupal al Funds must itemize contributions of memb ubmit a typed or computer-generated list, all	iry contribution or Donation , that is, does not derive ea- tion.) pers that, in aggregate in the	In Kind, and the employer of the inc rned income as owner, partner, or e e year, exceed \$50.	dividual contributor. Employee of a corpora		r other entity, includin	•
					List contributi	ons here for the	
				COLUMN A	COLUMN B	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
••••							
Sı	ibtotal ITEMIZED Monetary Contribution	ns received this period:			\$		
	ibtotal ITEMIZED Monetary Contribution				\$	-	
35. TC	OTAL ITEMIZED CONTRIBUTIONS RE	CEIVED THIS PERIOD:	(Transfer this amount to Line	e 19)	\$ 0.00		
Si	ubtotal ITEMIZED In-Kind Donations rec	poived this period:					1
	ibtotal ITEMIZED In-Kind Donations rec		on previous page.			\$	
	ibtotal NON-ITEMIZED In-Kind Donatio					 	-
	TAL IN-KIND DONATIONS RECEIVED			olumn B)		\$ 0.00	
·····				· · · · · · · · · · · · · · · · · · ·		1	1

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OF FIRE VALUE OF A	
NAME OF COMMITTEE OR FUND: Volunteers for	Elizabeth Glidden

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		
······································	***************************************		COLUMN A	current reporti	ng period 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
1/30/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse prior year expenses	0.00	44.00	0.00	44.00
6/12/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse web hosting expense	44.00	152.64	0.00	196.64
10/1/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse for Promotion Expense	196.64	29.78	0.00	226.42
10/26/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse expenses for 10/10 fundraiser	226.42	467.54	0.00	693.96
11/25/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse expenses for 10/10 fundraiser	693.96	50.11	0.00	744.07
8/1/11	Minneapolis City Council DFL Caucus - 4309 30 th Avenue South Minneapolis MN 55406	Promotion	0.00	400.00	0.00	400.00
9/14/11	Take Action MN - 1821 Universtity Avenue, Suite S-137 St. Paul MN 55104	Promotion	0.00	200.00	0.00	200.00
11/11/11	Three-Sixty Journalism - 2115 Summit Avenue c/o University of St. Thomas St. Paul MN 55105	Promotion/Annual Dinner	0.00	125.00	0.00	125.00

Subtotal ITEMIZED Operating Expenditures this period:	\$ 1,469.07
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$ 0.00

DATE: 1/30/2012

_		
1 2	7 TOTAL ITEMPTED OPERATING EVERNINTHERE THE PERSON AND A COLUMN AND A COLUMN	
1 .7	7. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 1.469.07
1 -		1.16 (40.09 (1)/
1		Ψ 1,100.07

Subtotal ITEMIZED Contributions to Others this period:	\$ 0.00
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$ 0.00
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$ 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	s for Elizabeth Glidden
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DATE: 1/30/2012

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
	Name & Address of	Description of	Previous Total		Value of Goods	Recipient Total
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
39. Total	 Goods and Services given in	this period: (Transfer this	 s amount to Line 1	4. Column B)	\$ 0.00	

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

			1	r Repaid by You in orting Period	
	Alphabetical Order!	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
	New Loans Payable this period: (Transfer this am		\$ 0.00		
41. Total	Repayment of Loans Payable this period: (Transfe	er this amount to Line	31)	\$ 0.00	
42. Curre	nt Balance of Outstanding Loans Payable: (Transf	er this amount to Lin	e 16)	A	\$ 0.00

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

				or Repaid to You in porting 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
43. Total 1	New Loans Receivable this period: (Transfer this amo	unt to Line 32)	\$ 0.00		·
44. Total F	Repayment of Loans Receivable this period: (Transfer	this amount to Li		\$ 0.00	
45. Currer	nt Balance of Outstanding Loans Receivable: (Transfer	this amount to L	ine 15)	<u> </u>	\$ 0.00

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

	Alphabetical Order!	Current Balance
Date	Name & Address of Vendor of Goods or Services Received But Not Paid For	Owed by You
46. Curre	nt 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 E	EXPENDITURES WERE MADE.
	(Make notations on Schedules	B or C where Independent Expenditure	es are itemized.)

(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 4 Color Deus Date 1/30/12