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 LISA BENDER		
(Name of Committee or Fund)	irk	o314@gmail.com
John Bender (Treasurer's Name)		(E-mail Address)
3. 2433 Dupont Ave S. Minneapolis, MN 5540		
(Treasurer's Mailing Address for Committee Bus	iness)	
4. Treasurer's Daytime Phone Number: 61	2-401-5445	
5. Change in Committee or Officer's Name, Ad	ldress, Phone. (Attach new "Registration & Stateme	ent of Organization")
6. No activity since last Report. (Insert Beginni	ng and Ending Balance at #9 & #12 below)	
6a. No activity with 383B.041058 candidates	this reporting period. (Complete lines #9-#12 as a	applicable)
7. Termination of Committee - All debts must b	e paid and Ending Balance can be no more than \$10	no. Termination of committee registrate annepin County Pecel Ved Strate annepin County Taxpayer Services
If your committee is a state committee, please	contact our office regarding termination.	Received System Services
8. 2014 ANNUAL REPORT DUE Monda	ay, February 2, 201 <u>5</u>	i gan i
REPORTING PERIOD: (check one)		FEB 0 3 2015
2014 Candidates on the ballot		
And Political Funds or Committe		Through: 12/31/2014 Through: 12/31/2019
Candidates NOT on the ballot in	2014: FIOH: 17172014	7 2 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1
9. BEGINNING CASH BALANCE THIS REPORT	r: \$ 2,656.28	
	(Insert Ending Cash Balance from last report)	
COLUMN A	COLUMN B	COLUMN C
Activity Reported this year, In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
10. ADDITIONS:		
\$ 0.00	+ \$ 14,277.71	\$ 14,277.71
(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
11. SUBTRACTIONS:		ф 000 00
\$ 0.00 (Column C, Line 11 from Last Reporting period.)	- \$ 288.00 (Insert amount from line 34)	\$ 288.00 (Insert total of line 11, columns A + B)
(Column C, Line 11 from Last Reporting period.)	(misert amount nom me on)	,
12. ENDING CASH BALANCE THIS REPORT:	= \$ 16,645.99	
	(Line 9 + line 10(column B) - line 11(column	I D)
SUMMARY OF IN-KIND DONATIONS & OUTSTAND	ING LOANS RECEIVABLE:	
COLUMN A	COLUMN B	COLUMN C
Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
13. In-Kind Donations Received:		
\$ 0.00	+\$ 0.00	\$ 0.00 (Insert total of line 13, columns A + B)
(Column C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(Misert total of line 15, columns 77 - 5)
14. Goods/Services Given to Others:		
\$ 0.00	- \$ 0.00 (Insert total from line 39)	\$ 0.00 (Insert total of line 14, columns A + B)
(Column C, Line 14 from Last Reporting period.)	•	·
15. Current Balance of Outstanding Loans Re	ceivable (loaned to others)	\$ 0.00 (Insert total Current Balance from line 45)
SUMMARY OF OUTSTANDING DEBT: 16. Current Balance of Outstanding Loans Payab	le (loaned to you)>	\$ 0.00
(Amount from Last Report: \$ 0.00)	(1001)00 10 700,	(Insert total Current Balance from line 42)
17. Current Balance of Outstanding Unpaid Bills/	Advance of Credit>	\$ 0.00
(Amount from Last Report: \$ 0.00)		(Insert total Amount Owed from line 46)
18. CERTIFICATION: Any person who signs and cer	tifies to be true a report or statement which the person	on knows contains false information or who knowingly omits
required information is guilty of a gross misdemear	nor.	
I, (Print Name) John Bender		IS COMPLETE, TRUE AND CORRECT.
SIGNATURE OF TREASURER:	Benda	DATE: 1/30/2015
	Ell E TUIS DEDORT WITH:	

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

NAI	ME OF COMMITTEE OR FUND: <u>NEIGHBORS F</u>	OR LISA BENDER	DATE: <u>1/30/2015</u>
ADI	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 6,597.00 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 7,680.71	\$ 14,277.71 (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	\$ 0.00	\$ 0.00 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 14,277.71 (TOTAL lines 19 through 24. T	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:	\$ 288.00 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 0.00	\$ 288,00 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 0.00	
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	\$ 0.00	\$ 0.00 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 288.00 (Total lines 26 through 33. Tra	ansfer 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 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: NEIGHBORS FOR LISA BENDER

DATE: 1/30/2015

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

*Political Funds must itemize contributions of members that, in aggregate in the year, exceed \$50.

list that contributor's occupation.)

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.

							 			1	
		COLUMN C	Total from	Source	Year to Date						
ns here for the	ig period	COLUMN B1		\$ Value of In-	Kind Donation						
List contributions here for the	current reporting period	COLUMN B		\$ Received	This Period						
		COLUMN A		Previous Total	For This Year						
				Description of In-Kind	Donation						
				Contributor's	Employer**						
				ALPHABETICAL ORDER!	Contributor Name & Address	See attachment					
				Date	Rcvd.						

Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	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)	\$ 6,597.00

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
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$ 0.00

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MN 55125 Lake Wine and Sprifts \$2290 MN 55426 Ibominium Scarle \$2290 MN 55408 Blue Plate Group \$2290 MN 55408 Blue Plate Group \$2290 MN 55408 MN 55408 Retired \$2290 MN 55408 Conflicts International \$2290 MN 55408 Colliers International \$2290 MN 55408 Colliers International \$2290 MN 55409 Colliers International \$2290 MN 55409 Colliers International \$2200 MN 55409 The Coopen Hen Carkery & k \$1500 MN 55403 JWB Associates \$2200 MN 55403 The Musicant Group \$1500 MN 55403 The Musicant Group \$1500 MN 55403 City of Minneapois \$1500 MN 55403 Community Design Group \$1250	Address City
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MN 55409 SEIU MN 55403 City of Minneapolis MN 55407 AFL-CIO MN 55408 Community Design Group \$125	Apt B307 Minneapolis
MN 55403 City of Minneapolis \$150 MN 55407 AFL-CIO MN 55408 Community Design Group \$125	Apt 202 Minneapolis
MN 55408 Community Design Group \$125	Apt 2002 Minneapolis
MN 55408 Community Design Group	_
	Minneapolis
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SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: NEIGHBORS FOR LISA BENDER

DATE: 1/30/2015

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.

ALPHABETICAL ORDER! Date Paid Vendor or Recipient Committee Name and Address See attachment	-				l ist expenditur	list expenditures here for the	
					current reportii	ng period	
				COLUMN A	COLUMN B	COLUMN B COLUMN B1	COLUMN C
		ALPHABETICAL ORDER!			Operating	Contributions	Total to Source
See attachment		Vendor or Recipient Committee Name and Address	Purpose for Expenditure	For This Year	Expenditures	to Others	Year to Date
		See attachment					
			,				

Suntofal ITEMIZED Operating Expenditures this period:	€	
Surbotal ITEMIZED Operating Expenditures this period listed on previous page.	↔	
27 TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD. (Transfer this amount to Line 28)	\$ 288.00	
		ļ
	:	\$ 0.00
Subtotal ITEMIZED Contributions to Others Inis period:		

38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)

Subtotal ITEMIZED Contributions to Others this period listed on previous page:

\$ 0.00

Vendor or					A - Previous Total B - Operating	B - Operating	B1 - Contributions	_
Date Paid Recipient	Address	City	State	Zip Purpose	for Year	Expenditures	to Others	
1/8/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	Ϋ́	90013 Web hosting	:	\$24.	90	
2/7/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	CA	90013 Web hosting		\$24.	.00	
3/9/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	CA	90013 Web hosting		\$24.	8	
4/8/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	S	90013 Web hosting		\$24.00	00	
5/8/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	S. C.	90013 Web hosting	:	\$24.	000	
6/7/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	Ą	90013 Web hosting		\$24.	8	
7/7/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	Š	90013 Web hosting		\$24	00	
8/6/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	۲ ک	90013 Web hosting		\$24.		
9/5/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	CA	90013. Web hosting		\$24	8	
10/5/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	CA	90013 Web hosting		\$24.	. 00	
11/4/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	5	90013 Web hosting		\$24		
12/4/2014 NationBuilder	448 S. Hill St., Suite 200	Los Angeles	CA	90013 Web hosting		\$24.	00	
		i						

- Total to source rear to date

\$288

DATE:	1/30/2015	
DATE:	1/30/2019	

NAME OF COMMITTEE C	OR FUND: NEIGHBO	ORS FOR LISA	BENDER
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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+	
				Given in Current 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	I Goods and Services given in	this period: (Transfer thi	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
		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer of Lender	Last Report	\$ Received	\$ Repaid	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)

			1	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 N	New Loans Receivable this period: (Transfer this amo	unt 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)

	Alphabetical Order!	Current Balance
Date	Name & Address of Vendor of Goods or Services Received But Not Paid For	Owed by You
46. Curr	ent 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	
	, hereby certify that all independent expenditures made on behalf of other
candidates and reported in this report were made WITHOUT the auti	horization or expressed or implied consent of, or in cooperation or in
concert with, or at the request or suggestion of any candidate, c	andidate's campaign committee or agent.

				the authorization or expressed or implied consent of, or in cooperation or i
concert with, or at the req	juest or s	suggestion	of any candid	date, candidate's campaign committee or agent.
Name to the second	1	Rec	Bench	Data 1/30/2015

Signature of Treasurer