CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058 RETAIN A COPY OF THIS REPORT FOR YOUR FILES: TYPE OR PRINT IN BLACK INK ALL INFORMATION ON THIS REPORT IS PUBLIC WHITE WORKING MANS PARTY (Name of Committee or Fund) to (9) exite. com LARRY LEININGER (Treasurer's Name) Received by Hennepin County 1320 7th St SE Minneapolis, MN 55414 (Treasurer's Mailing Address for Committee Business) Taxpayer Services 23780000 101 Treasurer's Daytime Phone Number: \_\_\_ AUG 19 2014 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") 5. □ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) 6. ₽ No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) 6a. 🗔 7.  $\square$ Termination of Committee; Termination of Committee registration **REPORTING PERIOD: FILING DATE:** TYPE OF REPORT: From: 1/1/2014 Through: 7/29/2014 2014 PRE-PRIMARY: 8/5/2014 BEGINNING CASH BALANCE THIS REPORT: (Insert Ending Cash Balance from last report) **COLUMN C** COLUMN B (Total Activity Reported for This Calendar Year) ACTIVITY IN THIS REPORTING PERIOD (Column A not applicable for this report) 10. ADDITIONS: (Insert amount from line 25) (Insert total of line 10, column B) - \$ SUBTRACTIONS: (Insert total of line 11, column B) (Insert amount from line 34) = \$ ENDING CASH BALANCE THIS REPORT: (line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: COLUMN C COLUMN B (Total Activity Reported for This Calendar Year) **ACTIVITY IN THIS REPORTING PERIOD** (Column A not applicable for this report) In-Kind Donations Received: (Insert total of line 13, column B) (Insert total from line 36) Goods/Services Given to Others: (Insert total of line 14, column B) (Insert total from line 39) Current Balance of Outstanding Loans Receivable (loaned to others) ..... (Insert total Current Balance from line 45) SUMMARY OF OUTSTANDING DEBT: Current Balance of Outstanding Loans Payable (loaned to you).....> (Insert total Current Balance from line 42) (Amount from Last Report: \$ .00 ) Current Balance of Outstanding Unpaid Bills/Advance of Credit.....> (Insert total Amount Owed from line 46) (Amount from Last Report: \$ 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. CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND I. (Print Name) LARRY LEININGER CORRECT.

FILE THIS REPORT WITH:

DATE

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

SIGNATURE OF TREASURER

KL	CEIFT AND EXPENDITURES WORKSHE	ET FOR THIS REPORTING PE	RIOD UNLT
NΑ	ME OF COMMITTEE OR FUND: White W	odyng Mans Parky	DATE: 8-//
ΑD	DIT!ONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ O	\$ (Subtotal: lines 19 + 20)
21.	income from bank dividends, interest, etc:	\$ 0	**
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:	\$ <u>6</u>	\$ (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$	sfer this amount to Line 10, Column B.)
SU	BTRACTIONS: (Expenditures)	-2	
26.	Total ITEMIZED Contributions to Others:	\$ (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$	\$ (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	<u>s</u> O	\$ (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	(Insert total from line 41)	
32.	New Łoans Receivable (loaned to others):	\$ (Insert total from line 43)	-0
33.	Other:	\$ <i>O</i>	\$ (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$	er this amount to Line 11 Column B.)

Hennepin Co the line provi	portant information: Addresses subrounty Elections Division. As a conve fided if you do not want the address of addresses and one without.	nience, Hennepin County	also displays Schedule A on th	e Hennepin County :	web site. Please o	theck the box and in	itial the form on
SCHEDU	LE A: INCOME FROM CASI	H (MONETARY) CO	NTRIBUTIONS and IN-I	KIND DONATIO	ONS	G 15	N . 446
NAME OF C	COMMITTEE OR FUND White	Working Mz	ar ferry	· · · · · · · · · · · · · · · · · · ·	D	ATE: <u>8-/7</u>	2014
individual, cor (**In the case government, y *Political Fund	close the date and amount of each mor mmittee or fund that made the monetar, of a contributor who is self-employed, you must list that contributor's occupation ds must itemize contributions of member a typed or computer-generated list, all	y contribution or Donation In that is, does not derive earn on.) ers that, in aggregate in the y	Kind, and the employer of the ince ed income as owner, partner, or e year, exceed \$50.	lividual contributor. Imployee of a corpora		r other entity, including	
					List contributions here for the current reporting period		
				COLUMN A	COLUMN B	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
,							
			,				
						<u> </u>	
<u></u>							
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)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						_	
			( i altoioi ano amount to Em		I * U		_
Subtotal ITEMIZED In-Kind Donations received this period:						\$ 0	
	al ITEMIZED In-Kind Donations rec al NON-ITEMIZED In-Kind Donatio					\$ 0	
	IN-KIND DONATIONS RECEIVED			olumn B)		\$ 0	_

SCHEDU	LE B: OPERATING EXPENDITURES and CON	TRIBUTIONS MADE TO	OTHER COM	MITTEES	$\sim$	
NAME OF (	COMMITTEE OR FUND: White Working	Mans Pardy		D	ATE: 8 -/7-	2014
You must d excess of \$	isclose the name and address of each individual, business of 100 within the year, and the amount, date and specific purpo	or committee to whom expendite ose of the expenditure.	ures/contributions	have been made	, in an aggregate a	mount in
•	it a typed or computer-generated list, all items must be in the tional pages as necessary.	e same order as they appear or	n Schedule B.			
				List expenditures here for the current reporting period		
			COLUMN A	COLUMN B	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
						0
						Ó
Subtot	al ITEMIZED Operating Expenditures this period:			\$ ()	$\neg$	
		ravious page:		\$		
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:  \$ 77. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)						
						_
Subtot	\$ O	_				
	al ITEMIZED Contributions to Others this period listed on pro				\$ 0	_
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)						

	LES C, D, E, and F (At						
NAME OF	COMMITTEE OR FUND:	While Working	May Pars	DATE:	8-17-2 <b>a</b> 19	<u> </u>	
You must d together wit	E C: GOODS AND SERVICE isclose the total value of goods and services, in the goods or services of the goods or services.	ods and services given to a s in excess of \$100 within t	another committee, the year. You must	as well as any othe t also disclose the d	erwise non-itemizab ate, name and addi	le cash that, ress of the recipient	
					s + Cash = \$100+		
	Alphabetical Orderi		COLUMN A	COLUMN B	COLUMN B1	COLUMN C	
	Name & Address of	Description of	Previous Total	002011111	Value of Goods	Recipient Total	
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date	
00 7.416		Abia and Tanasa Abia	amount to Line 1	4 Column P)	\$		
	Goods and Services given in			4, Column b)	Ψ	L	
SCHEDULI	E D: NOTES AND LOANS	PAYABLE (Loaned to You	u) 	Loans Given to o	r Repaid by You in	<u> </u>	
					orting Period		
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1	
Date	Name, Address & Emplo	yer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You	
· · · · · · · · · · · · · · · · · · ·			1				
40 T-4-1 N	January Davishla this was	-d./Tforthis amount	t to time 22)	\$	· · · · · · · · · · · · · · · · · · ·		
40. Total N	lew Loans Payable this per Repayment of Loans Payabl	e this period: <b>(Transfer thi</b>	s amount to Line:	T	\$		
42 Curren	t Balance of Outstanding Lo	pans Pavable: (Transfer th	is amount to Line	16)		\$	
	E: NOTES AND LOANS						
	E. NOTES AND ESANS	TEGETARDEE (Edution by	T	Loans Given by o	r Repaid to You in		
,					orting Period		
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1	
Date	Name, Address & Emplo	yer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You	
42 Total N	lew Loans Receivable this	poriod: (Transfer this amo	unt to line 32)	\$			
43. Total R	Repayment of Loans Receiv	able this period: (Transfer	this amount to Li		\$		
45. Curren	t Balance of Outstanding Li	oans Receivable: (Transfe	r this amount to L	ine 15)		\$ (2)	
	F: UNPAID BILLS/ADVA						
Date	Alphabetical Orderl Name & Address of Ven	dor of Goods or Services F	Received But Not Pa	aid For		Current Balance Owed by You	
			dia (Transfer Main			\$ 6	
	t Balance of Outstanding U						
47. The Tr (Make	reasurer is to sign this standard notations on Schedules B of	tement ONLY IF INDEPE or C where Independent Ex	NDENT EXPENDIT penditures are item	TURES WERE MAD nized.)	DE.		
l (Print	ENDENT EXPENDITURE: Name) ates and reported in this re		, hereby certify the	hat all independent	expenditures made	on behalf of other	
or in c	ates and reported in this reconcert with, or at the region	uest or suggestion of any	candidate, candi	date's campaign c	ommittee or agent	t.	
Signat	ure of Treasurer	yl Lennge	1	Da	te 8-17-2	2019	
	l	<b>/</b>					