## CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesot	
ALL INFORMATION ON THIS REPORT IS PUBLIC. TYPE OR PRINT IN BLACK INK.	RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
1. Tuthill for 10th Ward	_
2. Twula Dixon	twyla-dixonatmsn.com
(Treasurer's Name)	(E-mail Address)
1. Juthill tor 10 Ward  (Name of Committee or Fund)  2. Twyla Dixon  (Treasurer's Name)  3. Z43Z Bryant Avenue South Minneapolis Mi  (Treasurer's Mailing Address for Committee Business)  4. Treasurer's Daytime Phone Number: 1/12 877 2775	11 2 3 40 3
(Heasurer's Manning Address for Committee Basiness)	
4. Hododroi o Dayamo i mono itamben	Herelved by Hennonia County
5. Change in Committee or Officer's Name, Address, Phone. (Attach new *Registration & State of the State of the Committee of Officer's Name, Address, Phone.	atement of Organization Axpayer Services
6. No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below)	HAN OO DOGG
6a. No activity with 383B.041058 candidates, this reporting period. (Complete lines #9-#12	_
7. Termination of Committee - All debts must be paid and Ending Balance can be no more that	in \$100. Termination of committee registration.
If your committee is a state committee, please contact our office regarding termination.	PM DEL / 28-11
8. 2010 ANNUAL REPORT DUE Monday, January 31st, 2011	Transport of the control of the cont
REPORTING PERIOD: (check one)	
2010 Candidates on the ballot	Through: 12/31/2010
And Political Funds or Committees: From: 10/20/2010  ☐ Candidates NOT on the ballot in 2010: From: 1/1/2010	Through: 12/31/2010 Through: 12/31/2010
	denominario e e e e e e e e e e e e e e e e e e e
9. BEGINNING CASH BALANCE THIS REPORT: \$ 5,28749	
(Insert Ending Cash Balance from last rep	οοπ)
Activity Reported this year, COLUMN B	COLUMN C
In previous reporting periods.  ACTIVITY IN THIS REPORTING PERIO	DD A + B =Total Activity for This Calendar Year
10. ADDITIONS:	\$ 4.855 X
(Column C. Line 10 from Last Reporting period.) (Insert amount from line 25)	(Insert total of line 10, columns A + B)
(Coldinit of Tino to nom Tissue)	(insert total of line 10, condition (12)
11. SUBTRACTIONS: \$ / 806 <sup>29</sup>	. 1806, ag V
(Column C, Line 11 from Last Reporting period.) (Insert amount from line 34)	(Insert total of line 11, columns A + B)
20 1	
12. ENDING CASH BALANCE THIS REPORT: =\$ 10,336	olumn B)
SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:	
COLUMN A COLUMN B  Activity Reported on Last Report ACTIVITY IN THIS REPORTING PERIO	COLUMN C  DD A + B =Total Activity for This Calendar Year
	A : D - Total Activity of This Galeridal Total
13. In-Kind Donations Received:	
\$ + \$ (Column C, Line 13 from Last Reporting period.) (Insert total from line 36)	(Insert total of line 13, columns A + B)
(column c) and column c	,
14. Goods/Services Given to Others:	
\$ -5 (Column C, Line 14 from Last Reporting period.) (Insert total from line 39)	(Insert total of line 14, columns A + B)
15. Current Balance of Outstanding Loans Receivable (loaned to others)	> \$ <i>Ø</i>
15. Current Balance of Outstanding Loans Receivable (loaned to energy himming	(Insert total Current Balance from line 45)
SUMMARY OF OUTSTANDING DEBT:	\sqrt{a}
16. Current Balance of Outstanding Loans Payable (loaned to you)	> \$ &
(Amount from Last Report: \$ )	(Insert total Current Balance from line 42)
17. Current Balance of Outstanding Unpaid Bills/Advance of Credit	> \$ <u>U</u>
(Amount from Last Report: \$ )	(Insert total Amount Owed from line 46)
18. CERTIFICATION: Any person who signs and certifies to be true a report or statement which the process of the control of the	person knows contains false information or who knowingly omits
required information is guilty of a gross misdemeanor.  I, (Print Name) Twy la Staige Dixon	ORT IS COMPLETE, TRUE AND CORRECT.
	11
SIGNATURE OF TREASURER	DATE: 1/24/2071
FILE THIS REPORT WITH:	MINNEADOLIS MN 55487-0060 - (612)506-7152

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152

AnnReportP1web.rff Page 1

	CEIPT AND EXPENDITURES WORKSHEE		OD ONLY
ΝΑΙ	ME OF COMMITTEE OR FUND: Tuthill	for 10th Ward	DATE:
ADI	DITIONS: (Income)	_	
19.	Total ITEMIZED Contributions:	\$ (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$	\$ (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	s 1 <sup>45</sup>	
22.	New Loans Payable (loaned to you):	\$ Ø (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ (Insert total from line 44)	
24.	Other:	\$ 145	\$\int \frac{45}{\text{(Subtotal: lines 21+22+23+24)}}
25.	TOTAL INCOME:	\$(TOTAL lines 19 through 24. Transf	er this amount to Line 10, Column B.)
SUI	STRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$	
27.	Total NON-ITEMIZED Contributions to Others:	\$ Ø	\$ Ø (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 1,678 UH (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 18165	\$ / 80C <sup>29</sup> (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	s <i>\$</i>	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	(Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ (Insert total from line 43)	
33.	Other:	\$ <i>\P</i>	\$ (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ (Total lines 26 through 33. Transfer	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. contributors' addresses and one without. \_ If selected, please submit two versions of Schedule A, one with

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ibutor, exceeds \$100 *, the name and address of the	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
DATE:	NAME OF COMMITTEE OR FUND:
Ø	SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

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 list that contributor's occupation.)

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

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

-	1		$\overline{}$	T	1	· · · · · ·	 			1	
		***************************************					Rcvd.	Date			
			Additional and the state of the				Contributor Name & Address	ALPHABETICAL ORDER!			
							Employer**	Contributor's			
							Donation	Description of In-Kind			
							l	Previous Total	COLUMN A		
							This Period	\$ Received	COLUMN B	current reporting period	List contributions here for the
							-	\$ Value of In-	COLUMN B1	g period	ns here for the
							Year to Date	Total from Source	COLUMN C		

₩	35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)
↔	Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:
₩.	Subtotal ITEMIZED Monetary Contributions received this period:

€9	36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)
\$	Subtotal NON-ITEMIZED In-Kind Donations Received This Period:
₩.	Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:
€9	Subtotal ITEMIZED In-Kind Donations received this period:

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

NAME OF C	NAME OF COMMITTEE OR FUND:			DA	DATE:	With the second
You must di excess of \$	You must disclose the name and address of each individual, business or committee to whom expenditures/cont excess of \$100 within the year, and the amount, date and specific purpose of the expenditure.	nmittee to whom expenditute the expenditure.	res/contributions	tributions have been made, in an aggregate amount in	in an aggregate ar	nount in
If you submi Attach addit	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.	ne order as they appear or	ո Schedule B.			
				List expenditures here for the current reporting period	es here for the	
	The state of the s		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
	See attache Doncalment	25 maly	\$ \$4			A STATE OF THE STA
		,				

37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)

& & &

Subtotal ITEMIZED Operating Expenditures this period listed on previous page:

Subtotal ITEMIZED Operating Expenditures this period:

		ttach additional page:			, D, E, and F)	
NAME OF	COMMITTEE OR FUND: _	Tuthill for	omward	DATE:		NATURA
You must o together wi	E C: GOODS AND SERVICE itsclose the total value of goods and services, ription of the goods or services.	oods and services given to is in excess of \$100 within	another committee, the year. You must	as well as any othe t also disclose the c	erwise non-itemizab late, name and add	ole cash that, ress of the recipie
				Goods & Service	s + Cash = \$100+	
					irrent Period	
	Alphabetical Order! Name & Address of	Description of	COLUMN A Previous Total	COLUMN B	Value of Goods	COLUMN C Recipient Total
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
9. Total C	Goods and Services given in	n this period: (Transfer this	s amount to Line 1	4, Column B)	\$ Ø	Ø
CHEDULI	E D: NOTES AND LOANS	PAYABLE (Loaned to Yo	u)		,	1
				Current Rep	r Repaid by You in porting Period	
	Alphabetical Order!		COLUMN A1 Loan Balance	COLUMN B Add New Loan	COLUMN B1 Subtract Loan	COLUMN C1
Date	Name, Address & Emplo	oyer of Lender	Last Report	\$ Received	\$ Repaid	Current Balance Owed by You
					-	
		iod: (Transfer this amoun		\$ (7)		
1. Total R	t Balance of Cutstanding L	le this period: (Transfer thi pans Payable: (Transfer th	is amount to Line 3	31) '	\$ \$\phi\$	\$ Ø
CHEDULE	E 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
ate	Name, Address & Emplo	yer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
3. Total N	ew Loans Receivable this r	period: (Transfer this amo	unt to Line 32)	\$ Ø		
<ol><li>Total R</li></ol>	epayment of Loans Receive	able this period: (Transfer	this amount to Lin	ie 23)	\$ 6	
5. Current	Balance of Outstanding Lo	oans Receivable: (Transfer	r this amount to Li	ne 15)		\$ Ø
CHEDULE	F: UNPAID BILLS/ADVAI	NCE OF CREDIT (Items of	r services received	f but not paid)		·
ate	Alphabetical Order! Name & Address of Vend	dor of Goods or Services R	eceived But Not Pa	id For		Current Balance Owed by You
6 Current	Balance of Outstanding Ur	npaid Bills/Advance of Cred	lit: (Transfer this a	mount to Line 17)		¢ (~)
7. The Tre	easurer is to sign this sta	tement ONLY IF INDEPEN r C where Independent Exp	IDENT EXPENDITU	JRES WERE MAD	E.	· · · · · · · · · · · · · · · · · · ·
I, (Print i candida	Name)	SWORN STATEMENT  Out a c C C C C C C C C C C C C C C C C C C	_, hereby certify tha the authorization c candidate, candida	at all independent e or expressed or im ate's campaign co	expenditures made oplied consent of, immittee or agent.	on behalf of other or in cooperation
Signatu	re of Treasurer	•	•	Date	6 /26	12011
	0			Date		- 11

146.25		81.25		-	10 "	10/15/10
65.00		65.00		Design Services	1/20/10 Mpls MN 55406	1/20/1
152.18		152.18		products, beer & wine, appetizers	2420 Bryant Ave S 12/27/10 Mpls MN 55405	12/27/
161.66		161.66		Printing	Shafer and Feld 2933 N 2nd St 12/10/10 Mpls MN 55411	12/10/1
120.00		120.00		Advertising	1200West 26th St 12/10/10 Mpls MN 55405	12/10/
1,038.55		265.67		Printing	10 "	8/26/10 "
772.88		132.00		postage	10 "	7/10/10 "
640.88		59.88		Web Hosting	10	7/10/10
581.00		35.20		Postage	10 "	7/10/10
545.80		545.80		Venue rental - Gigi's	Leslie Foreman 2608 Colfax Ave S 7/10/10 Mpls MN 55408	7/10/1
date	others	expenditures	year	Purpose	Vendor or Recipient	Date Paid
year to	ons to	B - Operating	total for			]    -  -
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C - Total	B1 -		- V			

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