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.	Colvin Roy for City Council (Ward 12)		
2.	(Name of Committee or Fund) Sheila Cracraft Fehler		scracraft33@gmail.com
۷.	(Treasurer's Name)		(E-mail Address)
3.		106	
	(Treasurer's Mailing Address for Committee Busine		
4.	Treasurer's Daytime Phone Number: 612-	724-6284	
5.	Change in Committee or Officer's Name, Addr	ess, Phone. (Attach new "Registration & State	ement 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	s applicable)
7.			_
_	If your committee is a state committee, please co		Received by Hennepin Count
8.		February 1, 2016	Taxpayer Services
	REPORTING PERIOD: (check one) 2015 Candidates on the ballot And Political Funds or Committees Candidates NOT on the ballot in 20		FEB 0 : 2000 Through: 12/31/2015: Through: 12/31/2015/Log DB PM 1-30 DEI
9	BEGINNING CASH BALANCE THIS REPORT:	\$ 3921.79 (Insert Ending Cash Balance from last report	The state of the s
	COLUMN A	(magnituding Cash Balance non lest report	· · · · · · · · · · · · · · · · · · ·
	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	\$ 0.00
	(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
11.	SUBTRACTIONS:	10.5	
	(Column C. Line 11 from Leat Bonesting period)	-\$ 7.19	\$ 7.19 (Insert total of line 11, columns A + B)
	(Column C, Line 11 from Last Reporting period.)	(Insert amount from line 34)	(insert total of line 11, columns A + B)
12.	ENDING CASH BALANCE THIS REPORT:	= \$ 3,914.60	
		(Line 9 + line 10(column B) - line 11(colum	nn B)
SUN	MMARY OF IN-KIND DONATIONS & OUTSTANDING		
	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:		•
	(Column C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(Insert total of line 13, columns A + B)
11	Goods/Services Given to Others:	(most total norm mo os)	(most total strine 10, committee 11 - 5)
14.	m		r.
	(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 Receive	able (loaned to others)>	\$ 0.00
			(Insert total Current Balance from line 45)
SUN	MMARY OF OUTSTANDING DEBT:		
	Current Balance of Outstanding Loans Payable (Id	oaned to you)>	\$
	(Amount from Last Report: \$)		(Insert total Current Balance from line 42)
17.	Current Balance of Outstanding Unpaid Bills/Adva (Amount from Last Report: \$	nce of Credit>	(Insert total Amount Count from line 40)
1.5			(Insert total Amount Owed from line 46)
18.	CERTIFICATION: Any person who signs and certifies required information is guilty of a gross misdemeanor. I, (Print Name) Sheila Cracraft Fehler		REPORT IS COMPLETE, TRUE AND CORRECT.
SIGI	NATURE OF TREASURER: SAME (NOC	nato Kehler	DATE: 1/30/16

FILE THIS REPORT WITH:

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY DATE: 1/30/16__ NAME OF COMMITTEE OR FUND: Colvin Roy for City Council (Ward 12) ADDITIONS: (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. 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: _____ (Subtotal: lines 21+22+23+24) \$ 0.00 25. TOTAL INCOME: (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: (Subtotal: lines 26 + 27) 28. Total ITEMIZED Operating Expenditures: (Insert total from line 37) \$ 7.19 29. Total NON-ITEMIZED Operating Expenditures: \$ 7.19 (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 Loans Receivable (loaned to others): (Insert total from line 43) 33. Other: _____ (Subtotal: lines 30+31+32+33)

34. TOTAL EXPENDITURES: \$ 7.19 (Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

HEDU	ILE A: INCOME FROM CAS	H (MONETARY) C	ONTRIBUTIONS and IN-	CIND DONATIO	ONS			
AME OF COMMITTEE OR FUND: Colvin Roy for City Council (Ward 12)					DATE: <u>1/30/16</u>			
ı must di	sclose the date and amount of each mo	netary contribution or dona ion or Donation In Kind, an	tion In Kind within the year that, in a	ntributor.				
that cont	tie of a contributor who is self-employed, ributor's occupation.)			employee of a corpo	ration, partnership, c	or other entity, includin	ng a branch of governm	
	nds must itemize contributions of memb			A Attach addit	ional nadee se nece	eeany		
ou subm	it a typed or computer-generated list, all	items must be in the same	order as they appear on Schedule	A. Attach addit	List contributions here for the current reporting period			
·				COLUMNA	COLUMN B	COLUMN B1	COLUMN C	
ate	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	
ovd	Continuator Name & Address	Limpleyer	5011011011					
							_	
Subto	otal ITEMIZED Monetary Contribution	ons received this period:			\$			
	otal ITEMIZED Monetary Contribution				\$	_		
	AL ITEMIZED CONTRIBUTIONS RE			ne 19)	\$ 0.00			
Subte	otal ITEMIZED In-Kind Donations re	ceived this period:		<u> </u>		\$		
	otal ITEMIZED In-Kind Donations re		on previous page:			\$		
	otal NON-ITEMIZED In-Kind Donation					\$		
	AL IN-KIND DONATIONS RECEIVE			Column B)	-	\$ 0.00		

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES NAME OF COMMITTEE OR FUND: Colvin Roy for City Council (Ward 12) DATE: 1/30/16 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** Total to ALPHABETICAL ORDER! Purpose for Previous Total Operating Contributions Source Date Paid Vendor or Recipient Committee Name and Address Expenditure For This Year Expenditures to Others Year to Date Subtotal ITEMIZED Operating Expenditures this period: \$ Subtotal ITEMIZED Operating Expenditures this period listed on previous page: \$ 37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD; (Transfer this amount to Line 28) \$ 0.00

Subtotal ITEMIZED Contributions to Others this period:

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)

\$

\$

\$ 0.00

	F COMMITTEE OR FUND: <u>Colvin F</u>	toy for Oily Ocarion s	VVAIQ_12/		1/30/16	_
	ILE C: GOODS AND SERVICES G					
You must	t disclose the total value of goods a	ind services given to	another committee,	as well as any other	erwise non-itemizat	ole cash that, toget
	d services, is in excess of \$100 wit	hin the year. You mi	ist also disclose the	e date, name and ad	aress of the recipie	ant and a description
goods or	services given.					
			· · · · · · · · · · · · · · · · · · ·	Goods & Service	s + Cash = \$100+	
				1	rrent Period	
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
	Name & Address of	Description of	Previous Total		Value of Goods	Recipient Total
Date		oods and Services	for This Year	Cash Given	& Services	Year to Date
<i>-</i>	recipient	oods and bervices	ioi itiis reai	Oddii Olven	G OCT TIOOS	Tour to Bate
D Total	Goods and Services given in this	pariod: /Transfer thi	s amount to Line 1	IA Column B)	\$	-
. 10ta	Goods and Services given in this	periou. (Transfer uni	s amount to Line	14, Column B)	Ψ	
CHEDU	LE D: NOTES AND LOANS PAYA	ABLE (Loaned to Yo	u)			
		,				
				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	f Lender	Last Report	\$ Received	\$ Repaid	Owed by You
			 			
0. Total	New Loans Payable this period: (T	ransfer this amoun	t to Line 22)	\$		
1. Total	Repayment of Loans Payable this	period: (Transfer th	is amount to Line	31)	\$	
2. Curre	ent Balance of Outstanding Loans F	Payable: (Transfer th	is amount to Line	16)		\$
CHEDU	LE E: NOTES AND LOANS RECE	IVABLE (Loaned by	You)			
			·	Lana Ciran bu	- Deneid to Vou in	Ţ
				1	or Repaid to You in corting Period	
	Alphahatical Order		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
	Alphabetical Order!			<u> </u>	Subtract Loan	Current Balance
ate	!	(Desirient of Lase	Loan Balance Last Report	Add New Loan \$ Given	\$ Repaid	Current balance
ale	Nama Addraga 9 Employer of		I Lasi Denon		l à vehain	Owed to You
	Name, Address & Employer of	Recipient of Loan		Ψ GIVEII		Owed to You
	Name, Address & Employer of	Recipient of Loan		ψ Oiveii		Owed to You
	Name, Address & Employer of	Recipient or Loan		ψ Olven		Owed to You
						Owed to You
	New Loans Receivable this period	: (Transfer this amo	unt to Line 32)	\$		Owed to You
4. Total	New Loans Receivable this period Repayment of Loans Receivable the	: (Transfer this amo	unt to Line 32) this amount to Lin	\$ ne 23)	\$	
4. Total	New Loans Receivable this period	: (Transfer this amo	unt to Line 32) this amount to Lin	\$ ne 23)	\$	Owed to You
4. Total 5. Curre	New Loans Receivable this period Repayment of Loans Receivable the ent Balance of Outstanding Loans F	: (Transfer this amo his period: (Transfer Receivable: (Transfe	unt to Line 32) this amount to Lir r this amount to L	\$ ne 23) ine 15)	\$	
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14. Total 15. Curre SCHEDUL Date 6. Curre 7. The 1	New Loans Receivable this period Repayment of Loans Receivable the Balance of Outstanding Loans F LE F: UNPAID BILLS/ADVANCE C Alphabetical Order! Name & Address of Vendor of the Balance of Outstanding Unpaid Freasurer is to sign this statement.	i: (Transfer this amo his period: (Transfer Receivable: (Transfe OF CREDIT (Items of Goods or Services F Bills/Advance of Cre	unt to Line 32) this amount to Line r this amount to Line r services receive Received But Not Pa	\$ ne 23) ine 15) d but not paid) aid For amount to Line 17) URES WERE MAD		\$ Current Balance Owed by You
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