CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

All in	formation on this report is public.	Type or print in black ink.			Retain_a	capy of this report for your fi	iles.
1.	Cobia For City Council	-73)=(
	(Name of Committee or Fund)						
2.	John Hoedeman		_	jhoedeman(<u>om</u>	
	(Treasurer's Name)			(E-mail Addres	s)		
3.	2430 Winter Cir., Wayzata, MN, 55391 (Treasurer's Mailing Address for Committee Busine	ess)					
4.	Treasurer's Daytime Phone Number:	612-584-0595					
5.	Change in Committee or Officer's Name, Addr	ess, Phone. (Attach new "Registration &	& Stateme	ent of Organization")	•		
6. 6a.	No activity since last Report. (Insert Beginning No activity with 383B.041058 candidates, the			pplicable)			
7.	Termination of Committee - All debts must be pa	aid and Ending Balance can be no more	than \$10	0. Termination of co	mmittee re	gistration.	
	If your committee is a state committee, please co	ntact our office regarding termination.					
8.	2015 ANNUAL REPORT DUE Monday,	February 1, 2016	•	İ	Receive	ed by Hennepin C	ount
RI	EPORTING PERIOD: (check one)				Ti	axpayer Services	
	2015 Candidates on the ballot			10/04/0045			nt
	And Political Funds or Committees: Candidates NOT on the ballot in 2015:		_	12/31/2015 12/31/2015		JAN 25 2016	"
			Ū		Log	DB	٠
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ 718.91 (Insert Ending Cash Balance from last	st report)		PM	DEL	
	COLUMN A	(Part on A felt made in Nation from the	
	Activity Reported this year,	COLUMN B			COLL	IMN C	****
	In previous reporting periods.	ACTIVITY IN THIS REPORTING P	ERIOD	A + B =Tota	al Activity for	or This Calendar Year	
10.	ADDITIONS:						
	\$ 0	+ \$ 0		\$	<u>2</u>		
	(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)		(Insert total	of line 10, o	columns A + B)	
11.	SUBTRACTIONS:						
	\$ 0	-\$ 0		<u>\$ 0</u>			
	(Column C, Line 11 from Last Reporting period.)	(Insert amount from line 34)		(Insert total	of line 11, o	columns A + B)	
12	ENDING CASH BALANCE THIS REPORT:	= \$ 718.91					
		(Line 9 + line 10(column B) - line 1	1(column	B)			
SUN	MARY OF IN-KIND DONATIONS & OUTSTANDING						
	COLUMN A	COLUMN B				JMN C	
	Activity Reported on Last Report	<u>ACTIVITY IN THIS REPORTING P</u>	<u>ERIOD</u>	A + B =Tota	al Activity for	or This Calendar Year	
13.	In-Kind Donations Received:	•		_			
		+ \$ (Insert total from line 36)		\$ (Innert total	of line 13	columns A + B)	
	(Column C, Line 13 from Last Reporting period.)	(msert total non line 30)		(IIIsert total	OI IIIIE 13, t	·	
14.	Goods/Services Given to Others:	_		•			
	(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 Receiv	vable (loaned to others)	>	\$			
10.	Outlett Balance of Outstanding Louis Recon-	Table (located to outloid)			Current Ba	dance from line 45)	
	MMARY OF OUTSTANDING DEBT:			_			
16.	Current Balance of Outstanding Loans Payable (loaned to you)	>	\$ 0	Current Ra	lance from line 42)	
	(Amount from Last Report: \$)	and a final fit		,	Content Da		
17.	Current Balance of Outstanding Unpaid Bills/Advi	ance of Credit	>	\$ 0	Amount O	wed from line 46)	
CFF	(Amount from Last Report: \$) RTIFICATION: Any person who signs and certifies to be	e true a report or statement which the pe	erson knov	امادان بانتخاب ws contains false inf	ormation of	r who knowingly omits requi	red
7_1	information is guilty of a gross misdemeanor.	a repair of sancerrolly trings, all pe			5		
	I, (Print Name) John Hoedeman	, CERTIFY TH	AT THIS	REPORT IS COM	IPLETE,	TRUE AND CORRECT.	
0	MATURE OF TREVOURED W/ 9			DATE: 4/	25/16		
SIG	NATURE OF TREASURER:	File this report with:		DATE: 1/2	-J/ 10		
	1/ 11 '						

Hennepin County Elections Division PSL 012 Government Center, Minneapolis , MN 55487-0012 (612)596-7152

RECEIPT AND EXPENDITURES WORKSHEE	T FOR THIS REPORTING F	PERIOD ONLY			
NAME OF COMMITTEE OR FUND:		DATE:			
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:	<u>\$</u>				
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>\$</u>	\$ (Subtotal: lines 21+22+23+24)			
25. TOTAL INCOME:	\$ (TOTAL lines 19 through 24. Tr	ransfer 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)				
29. Total NON-ITEMIZED Operating Expenditures:		\$ (Subtotal: Lines 28 + 29)			
30. Bank service charges, etc., paid by you:	\$				
 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: \$ (Total lines 26 through 33. Transfer this amount to Line 11, Column B.) Important informati					
Addresses submitted on Schedule A are public data pure Hennepin County Elections Division. As a convenience the box and initial the form on the line provided if you oplease submit two versions of Schedule A, one with co	e, Hennepin County also displays to not want the address of contri				
SCHEDULE A: INCOME FROM CASH (M	ONETARY) CONTRIBUT	ONS and IN-KIND DONATIONS			
NAME OF COMMITTEE OR FUND:		DATE:			

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 list that contributor's occupation.)

If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A. Attach addition

Attach additional pages as necessary.

List contributions here for the current

reporting period COLUMN B COLUMN **COLUMN C COLUMN A** В1 **ALPHABETICAL** Total from ORDER! Contributor Name & \$ Value of Source Previous Contributor's Description of In-Total For \$ Received In-Kind Year to Date Address Employer** Kind Donation This Year This Period Donation Date Rcvd.

	Subtotal ITEMIZED Monetary Contributions received this period:	\$	
	Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$	
	TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this bunt to Line 19)	\$	
	Subtotal ITEMIZED In-Kind Donations received this period:		\$
	Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:		\$
	Subtotal NON-ITEMIZED In-Kind Donations Received This Period:		\$
36. B)	TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line	13, Column	\$

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF	COMMITTEE OR FUND:	•					DATE:	
aggregate a	isclose the name and address of each inc amount in excess of \$100 within the year, hit a typed or computer-generated list, all	, and the amo	unt, date and spe	cific purpose o	of the expendit	ure.	een made, in an	
Attach addi	tional pages as necessary.							
					List expenditures here for the current reporting			
				COLUMN A	period COLUMN E	COLUMN B1	COLUMN C	
Date Paid	ALPHABETICAL ORDER! Vendor or Recipient Committee Name Address		pose for enditure	Previous Total For This Year	Operating Expenditure s	Contribution s to Others	Total to Source Year to Date	
		·						
•								
	•							
				,				
Ch.t.	atal ITEMIZED Operating Evpanditures th	sia pariad:			\$,		
	otal ITEMIZED Operating Expenditures the otal ITEMIZED Operating Expenditures the		d on previous pa	ge:	\$			
	AL ITEMIZED OPERATING EXPENDITU o Line 28)	RES THIS PE	RIOD: (Transfer	this	\$			
Subt	otal ITEMIZED Contributions to Others th	is period:				\$		
	otal ITEMIZED Contributions to Others th AL ITEMIZED CONTRIBUTIONS TO OTI				to Line 26)	\$ \$		
38. 1017	ALTEMIZED CONTRIBUTIONS TO OTH	TEKŞ INIŞ PI	ERIOD. (Hansie	i tilis allivulli	to Line 20)	Ψ		
						,		
SCHEDU	LES C, D, E, and F (Attach addition	al pages if	necessary for	Schedules C	, D, E, and i	-)		
NAME OF C	COMMITTEE OR FUND:			DATE:				
You must di goods and s	E C: GOODS AND SERVICES GIVEN TO C sclose the total value of goods and services services, is in excess of \$100 within the year rvices given.	s given to anotl	ner committee, as so disclose the da	well as any oth te, name and a	nerwise non-ite address of the r	mizable cash tha ecipient and a de	t, together with the escription of the	
					& Services + C	*		
	Alphabetical Order!		COLUMN A	G COLUI	iven in Current MNBC	Perioa OLUMN B1	COLUMN C	
	•	cription of	Previous Total	for	Valu	e of Goods &	Recipient Total	

This Year

Description of

Goods and Services

Name & Address of

Recipient

Date

Services

Cash Given

Year to Date

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

Loans Given to or Repaid by You in Current Reporting Period **COLUMN A1 COLUMN B COLUMN B1 COLUMN C1** Alphabetical Order! Subtract Loan Current Balance Loan Balance Add New Loan \$ Received \$ Repaid Owed by You Last Report Name, Address & Employer of Lender Date 40. Total New Loans Payable this period: (Transfer this amount to Line 22) \$ 41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31) \$ 42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16) SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You) Loans Given by or Repaid to You in **Current Reporting Period COLUMN A1 COLUMN B COLUMN B1 COLUMN C1** Alphabetical Order! Add New Loan Subtract Loan **Current Balance** Loan Balance \$ Given \$ Repaid Owed to You Last Report Date Name, Address & Employer of Recipient of Loan 43. Total New Loans Receivable this period: (Transfer this amount to Line 32) 44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23) \$ 45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15) SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid) Current Balance Alphabetical Order! Owed by You Name & Address of Vendor of Goods or Services Received But Not Paid For Date 46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17) \$ 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 I, (Print Name) 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. Date Signature of Treasurer

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