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

1.	Volunteers for Elizabeth Glidden			
^	(Name of Committee or Fund)		danigold@yahoo.com; danigold@	awest net
۷.	Daniel S. Goldberg (Treasurer's Name)		(E-mail Address)	AMESIATE!
3.	4007 Blaisdell Avenue South, Minneapolis			
	(Treasurer's Mailing Address for Committee Busine	ess)		
4.	Treasurer's Daytime Phone Number:(612) 871-	·		
5.	☐ Change in Committee or Officer's Name, Addr	ess, Phone. (Attach new "Registration & Stater	ment of Organizatived by Her	inepin County
6.	☐ No activity since last Report. (Insert Beginning	and Ending Balance at #9 & #12 below)	Taxpayer S	3ervices
6a.	No activity with Hennepin County candidates	s, this reporting period. (Complete lines #9-#1	2 as applicable)) 200E
7.	Termination of Committee - All debts must be pour office regarding termination.	paid and Ending Balance can be no more than \$		
8.	2004 ANNUAL REPORT DUE MONDA	/_January 31_2005	LogD	
	REPORTING PERIOD: (check one)		PME	EL
	2004 Candidates on the ballot And Political Funds or Committees	Erom: 10/19/2004	Through: 12/31/2004	
	☐ Candidates NOT on the ballot in 20	04: From: 1/1/2004	Through: 12/31/2004	
	Cardidates NOT On the daught in 201	1101112 11 11 12 00 -	THOUGH. TEOTIEOT	
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ 0.00 (Insert Ending Cash Balance from last report	-	
	COLUMN A	(,	
	Activity Reported this year,	COLUMN B	COLUMI	
_	In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for]	his Calendar Year
10.	ADDITIONS:	. 400.00	Ф 400 00	
	\$ 0.00 (Column C, Line 10 from Last Reporting period.)	+ \$ 400.00 (Insert amount from line 25)	\$ 400,00 (Insert total of line 10, colu	mns A + B)
	•	(macre amount from line 20)	(Misori total of Misorio) solu	illio X × 3,
11.	\$UBTRACTIONS: \$ 0.00	- \$ 0.00	\$ 0.00	
	(Column C, Line 11 from Last Reporting period.)	(Insert amount from line 34)	(insert total of line 11, colu	mns A + B)
		ft. 400.00		
12.	ENDING CASH BALANCE THIS REPORT:	= \$ 400.00 (Line 9 + line 10(column B) - line 11(colum	– in B)	
Su	MMARY OF IN-KIND DONATIONS & OUTSTANDING			
	COLUMN A Activity Reported on Last Report	COLUMN B ACTIVITY IN THIS REPORTING PERIOD	COLUMIA + B =Total Activity for 3	
		ACTIVITY IN THIS REPORTING PERIOD	A + B = I DIAI ACIIVILY IOI	IIIS Caletidat Teat
13.				
	\$ 0.00 (Column C, Line 13 from Last Reporting period.)	+ \$ 0.00 (Insert total from line 36)	\$ 0.00 (Insert total of line 13, colu	mns A + B)
14.	Goods/Services Given to Others:	(• • • • • • • • • • • • • • • • • • • •	•
• • •		- \$ O	\$_0.00	
	(Column C, Line 14 from Last Reporting period.)	(Insert total from line 39)	(Insert total of line 14, colu	mns A + B)
15.	Current Balance of Outstanding Loans Receiv	rable (loaned to others)>	\$ 0.00	
		<u></u>	(Insert total Current Balance	e from line 45)
SUI	MMARY OF OUTSTANDING DERT:			
16.	Current Balance of Outstanding Loans Payable (I	oaned to you)>	\$ 0	
	(Amount from Last Report: \$)		(Insert total Current Balance	e from line 42)
17.	Current Balance of Outstanding Unpaid Bills/Adva	ance of Credit>	\$ 0.00 (Insert total Amount Owed	from line 46)
46				
18.	CERTIFICATION: Any person who signs and certifier required information is guilty of a gross misdemeanor. I, (Print Name) Daniel S. Goldberg	Λ	on knows contains false information	

DATE: 3/28/05

SIGNATURE OF TREASURER:

FILE THIS REPORT WITH: Page 1

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NA	ME OF COMMITTEE OR FUND: <u>Volunteer for Eli</u>	zabeth Glidden	DATE: <u>3/28/05</u>
AD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 400 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 0.00	\$ 400.00 (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)
25.	TOTAL INCOME:	\$ 400.00 (TOTAL lines 19 through 24. Tra	nsfer 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:	\$ 0.00 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$_0.00	\$ 0.00 (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 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ 0.00 (Insert total from line 43)	
33.	Other:	\$	\$ 0.00 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 0.00 (Total lines 26 through 33, Trans	efer this amount to Line 11. Column B.)

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden	DATE: 3/28/05
---	---------------

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.)

*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.

			List contributions here for t			_	
				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
12/27/04	Kimberly Hunter 1451 Edmund Avenue, St. Paul, MN 55104			0.00	100.00	0.00	100.00
12/31/04	Patricia Klover 6804 Paiute Dr., Edina, MN 55439			0.00	100	0.00	100.00
12/28/04	Susan Reaney 2709 Colfax Avenue South, Mpls., MN 55408			0.00	100.00	0.00	100.00
12/27/04	Scott Walters 1451 Edmund Avenue, St. Paul, MN 55104			0.00	100.00	0.00	100.00
							
				<u> </u>		<u> </u>	

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 400.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 0.00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 400.00

Subtotal ITEMIZED In-Kind Donations received this period:	1 6 6 5 6
Subtotal HEMIZED 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
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$ 0.00

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF (COMMITTEE OR FUND: Volunteers for Elizabeth Glidden			D	ATE: <u>3/28/05</u>	
excess of \$ If you subm	isclose the name and address of each individual, business of 100 within the year, and the amount, date and specific purpolit a typed or computer-generated list, all items must be in thational pages as necessary.	ose of the expenditure.		s have been made	e, in an aggregate	amount in
					res here for the	
			COLUMN A	current reporti	ng period 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
<u></u> .						
Subtota	al ITEMIZED Operating Expenditures this period:			\$]	<u> </u>
Subtota	al ITEMIZED Operating Expenditures this period listed on pr	evious page:		\$		
37. TOTAL	ITEMIZED OPERATING EXPENDITURES THIS PERIOD:	(Transfer this amount to Line	28)	\$ 0.00		
Subtota	al ITEMIZED Contributions to Others this period:				\$	7
Subtota	al ITEMIZED Contributions to Others this period listed on pre	evious page:			\$	1
38. TOTAL	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD:	(Transfer this amount to Lin	e 26)		\$ 0.00	7

SCHEDULES C, D, E, and F (Attach additional pages if necessary for Schedules C, D, E, and F)

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden	DATE: 3/28/05	

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+ urrent Period	
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date
39. Total	Goods and Services given in	n this period: (Transfer thi	s amount to Line 1	I4, Column B)	\$ 0.00	

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

				Repaid by You in orting Period	
	Alphabetical Orderl	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
	7	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 am-	ount to Line 22)	\$ 0.00		
41. Total	Repayment of Loans Payable this period: (Transfe	r this amount to Line	31)	\$ 0.00	
42. Curre	nt Balance of Outstanding Loans Payable: (Transfe	er this amount to Line	16)		\$ 0.00

SCHEDULE 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
Date	Name, Address & Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
			1		
	New Loans Receivable this period: (Transfer this amo		\$ 0.00		
44. Total	Repayment of Loans Receivable this period: (Transfer	this amount to Li	ne 23)	\$ 0.00	
45. Curre	nt Balance of Outstanding Loans Receivable: (Transfer	this amount to L	ine 15)		\$ 0.00

SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)

Alphabetical Order! Date Name & Address of Vendor of Goods or Services Received But Not Paid For			
Date	Name & Address of Vendor of Goods of Services Received But Not Paid For		
ı 			
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 INDEPEND (Make notations on Schedules B or C where Independent Exper	
	INDEPENDENT EXPENDITURE: SWORN STATEMENT	
	I, (Print Name)	hereby certify that all independent expenditures made on behalf of other
		authorization or expressed or implied consent of, or in cooperation
	or in concert with, or at the request of suggestion of any fa	indidate, candidate's campaign committee or agent.
	Signature of Treasurer Many / / Mall	Date 3/28/05
	<i>y</i>	

CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Henr ALL INFORMATION ON THIS REPORT IS PUBLIC.	nepin County Financial Disclosure Law: Minnesota St Type on PRINT to BLACK INK.	atutes 383B.041-383B.058 RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
Volunteers for Elizabeth Glidden	THE ON CAMERAGE AND	TO THE STATE OF TH
(Name of Committee or Fund)		
2. Daniel S. Goldberg		danlgold@yahoo.com; danlgold@qwest.net
(Treasurer's Name) 3. 4007 Blaisdell Avenue South, Minneapolis		(E-mail Address)
(Treasurer's Mailing Address for Committee Busine	ess)	
4. Treasurer's Daytime Phone Number:(612) 871-		Received by Hennepin County
5. Change in Committee or Officer's Name, Add	ress, Phone. (Attach new "Registration & Stater	ment of Organization Toxpayer Services
6.	and Ending Balance at #9 & #12 below)	0 7 200E
6a. \square No activity with Hennepin County candidates	s, this reporting period. (Complete lines #9-#1	2 as applicable) MAR 2 1 2005
7. Termination of Committee - All debts must be pour office regarding termination.	paid and Ending Balance can be no more than \$	100. If you committee is a state symmittee prease contact
	Y, January 31, 2005	PMDEL
REPORTING PERIOD: (check one)		
2004 Candidates on the ballot And Political Funds or Committees	s: From: 10/19/2004	Through: 12/31/2004
☐ Candidates NOT on the ballot in 20	04: Fram: 4/4/2004	Therewish 40/04/2004
	04: From: 1/1/2004	Through: 12/31/2004
9. BEGINNING CASH BALANCE THIS REPORT:	\$ 0.00	.
COLUMN A	(Insert Ending Cash Balance from last report)
Activity Reported this year,	COLUMN B	COLUMN C
In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
10. ADDITIONS:		
\$ 0.00	+ \$ 400.00	\$ 400.00
(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
11. SUBTRACTIONS:		
\$ 0.00	-\$ 0.00	\$ 0.00
(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:	= \$ 400.00 (Line 9 + line 10(column B) - line 11(column	-
		iii 0)
SUMMARY OF IN-KIND DONATIONS & OUTSTANDING	G 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
(Column C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(Insert total of line 13, columns A + B)
14. Goods/Services Given to Others:		
	- \$ 0	\$ 0.00
(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	rable (loaned to others)>	\$ 0.00 (Insert total Current Balance from line 45)
CHMMARY OF OUTSTANDING SERT.		
SUMMARY OF OUTSTANDING DEBT:16. Current Balance of Outstanding Loans Payable (In	named to you)	\$ 0
(Amount from Last Report: \$)		(Insert total Current Balance from line 42)
17. Current Balance of Outstanding Unpaid Bills/Adva	ance of Credit>	\$ 0.00
(Amount from Last Report: \$)		(Insert total Amount Owed from line 46)
18. CERTIFICATION: Any person who signs and certifies	s 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 misdemeanor.		-
I, (Print Name) Daniel S. Goldberg CORRECT.	, CERTIFY THA	T THIS REPORT IS COMPLETE, TRUE AND
	(\$\U,\(\) \ \(\)	
SIGNATURE OF TREASURER: / LAWY / C U/		DATE: 3/18/05

FLE THIS REPORT WITH:

Page 1

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: Volunteer for Eli		zabeth Glidden	DATE: <u>3/18/05</u>		
AD	DITIONS: (Income)				
19.	Total ITEMIZED Contributions:	\$ 400 (Insert total from line 35)			
20.	Total NON-ITEMIZED Contributions:	\$ 0.00	\$ 400.00 (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)		
25.	TOTAL INCOME:	\$ 400.00 (TOTAL lines 19 through 24. T e	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:	\$ 0.00 (Insert total from line 37)			
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 0.00	\$ 0.00 (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 (Insert total from line 41)			
32.	New Loans Receivable (loaned to others):	\$ 0.00 (Insert total from line 43)			
33.	Other:	\$	\$ 0.00 (Subtotal: lines 30+31+32+33)		
34.	TOTAL EXPENDITURES:	\$ 0.00			

(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden	DATE: 3/18/05
---	---------------

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.)

*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.

					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
12/27/04	Kimberly Hunter 1451 Edmund Avenue, St. Paul, MN 55104			0.00	200.00	0.00	200.00
12/31/04	Patricia Klover 6804 Paiute Dr., Edina, MN 55439			0.00	100	0.00	100.00
12/28/04	Susan Reaney 2709 Colfax Avenue South, Mpls., MN 55408			0.00	100.00	0.00	100.00
						:	

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 400.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 0.00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 400.00

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

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden			ATE: <u>3/18/05</u>			
excess of \$	isclose the name and address of each individual, business of 100 within the year, and the amount, date and specific purpoit a typed or computer-generated list, all items must be in the	se of the expenditure.		s have been made	e, in an aggregate	amount in
	tional pages as necessary.					
				List expenditu	res here for the ing 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
						_
					<u> </u>	
Subtota	al ITEMIZED Operating Expenditures this period:			\$	7	
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		
	ITEMIZED Contributions to Others this period:				\$]
	ITEMIZED Contributions to Others this period listed on pre				\$	
38. TOTAL	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD:	(Transfer this amount to Lin	e 26)		\$ 0.00	

SCHEDULES C, D, E, and F (Attach additional pages if necessary for Schedules C, D, E, and F)

NAME OF COMMITTEE OR FUND: \	/olunteers for Elizabeth Glidden	DATE: 3/18/05
TO ALL OF COLUMN THE CITY OF CHES	rolantocio foi Elizabetti Gildaetti	שלוב. טוועועט

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+ urrent Period	100+	
,	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	Goods and Services given in	n this period: (Transfer thi	s amount to Line 1	4, Column B)	\$ 0.00		

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

				Repaid by You in orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
40 Total	Novel costs Devolte this social of Town for this		6000		
	New Loans Payable this period: (Transfer this am		\$ 0.00		ļ
	41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31) \$ 0.00				
42. Curre	2. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)				\$ 0.00

SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)

				or Repaid to You in porting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
· . <u></u>					
	New Loans Receivable this period: (Transfer this amo		\$ 0.00		-
44. Total F	4. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23) \$ 0.00		\$ 0.00		
	nt Balance of Outstanding Loans Receivable: (Transfer			•	\$ 0.00

SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)

Date	Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For	Current Balance 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.)

(Make notations on Schedules B or C where Independent Expenditures are itemized.)
INDEPENDENT EXPENDITURE: SWORN STATEMENT I, (Print Name)
1