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. Volunteers for Elizabeth Glidden (Name of Committee or Fund) Nicole Beers npettit@msn.com (Treasurer's Name) (E-mail Address) 319 Wyoming Street West, St. Paul MN 55107 (Treasurer's Mailing Address for Committee Business) Treasurer's Daytime Phone Number: 612-678-4107 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) No activity with 383B.041-.058 candidates, this reporting period. (Complete lines #9-#12 as applicable) 6a. 🗌 Termination of Committee - All debts must be paid and Ending Balance can be no more than \$100. Termination of committee registration. If your committee is a state committee, please contact our office regarding termination. Received by Hennepin Count DUE Tuesday, January 31st, 2012 Taxpayer Services REPORTING PERIOD: (check one) 2011 Candidates on the ballot And Political Funds or Committees: From: 10/26/2011 Through: 12/31/2011 Candidates NOT on the ballot in 2011; Through: 12/31/2011 From: 1/1/2011 BEGINNING CASH BALANCE THIS REPORT: \$ 4,514.33 (Insert Ending Cash Balance from last report) **COLUMN A COLUMN B** Activity Reported this year, COLUMN C **ACTIVITY IN THIS REPORTING PERIOD** In previous reporting periods A + B =Total Activity for This Calendar Year 10. ADDITIONS: + \$ 4,874.34 \$ \$ 4,874.34Column C, Line 10 from Last (Insert total of line 10, columns A + B) Reporting period.) (Insert amount from line 25) 11. SUBTRACTIONS: 1,912.29 \$ 1,912.29 (Column C, Line 11 from Last Reporting period.) (Insert amount from line 34) (Insert total of line 11, columns A + B) 7,476.38 12. ENDING CASH BALANCE THIS REPORT: (Line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: **COLUMN B COLUMN C** COLUMN A **ACTIVITY IN THIS REPORTING PERIOD** Activity Reported on Last Report A + B =Total Activity for This Calendar Year 13. In-Kind Donations Received: \$ 0.00 \$ 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:

8. 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 refisement.

\$ 0.00

DATE: 1/30/2012

(Insert total Amount Owed from line 46)

I, (Print Name) Nicole Beers / CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

(LLS

17. Current Balance of Outstanding Unpaid Bills/Advance of Credit.....>

SIGNATURE OF TREASURER:

(Amount from Last Report: \$ 0.00)

FILE THIS REPORT WITH:

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

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden DATE: 1/30/2012 ADDITIONS: (Income) 19. Total ITEMIZED Contributions: (Insert total from line 35) 20. Total NON-ITEMIZED Contributions: \$ 4,874.34 \$ 4,874.34 (Subtotal: lines 19 + 20) 21. Income from bank dividends, interest, etc: \$ 0.00 \$ 0.00 22. New Loans Payable (loaned to you): (Insert total from line 40) 23. New Repayments on Loans Receivable: \$ 0.00 (loaned to others/repaid to you) (Insert total from line 44) 24. Other: 0.00 \$ 0.00 \$ 0.00 (Subtotal: lines 21+22+23+24) 25. TOTAL INCOME: \$ 4,874.34 (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: \$ 0.00 \$ 0.00 (Subtotal: lines 26 + 27) 28. Total ITEMIZED Operating Expenditures: \$ 1,469.07 (Insert total from line 37) 29. Total NON-ITEMIZED Operating Expenditures: \$ 443.22 \$ 1,912.29 (Subtotal: Lines 28 + 29) 30. Bank service charges, etc., paid by you: \$ 0.00 31. New Repayments on Loans Payable: \$ 0.00 (loaned to you/repaid to lender) (Insert total from line 41) 32. New Loans Receivable (loaned to others): \$ 0.00 (Insert total from line 43) 33. Other: 0.00 \$ 0.00 (Subtotal: lines 30+31+32+33) 34. TOTAL EXPENDITURES: \$ 1,912.29 (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 provided if you do not want the address of contributors to be displayed on the website. contributors' addresses and one without.

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

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden

DATE: 1/30/2011

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.

Source Year to Date COLUMN C **Total from** \$ Value of In-Kind Donation List contributions here for the COLUMN B1 current reporting period Attach additional pages as necessary. \$ Received This Period Previous Total For This Year COLUMNA Description of In-Kind Donation Contributor's Employer** Contributor Name & Address ALPHABETICAL ORDER! Date Rcvd.

Subtotal ITEMIZED Monetary Contributions received this period:	↔	
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	49	
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 0.00	
Subtotal ITEMIZED In-Kind Donations received this period:	\$	

Subtotal ITEMIZED In-Kind Donations received this period:	ક્ક
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	9
	-
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	es.
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$ 0.00

1/29/12

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden

ers for Elizabeth Glidden

DATE: 1/30/2012

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.

	The state of the s			7		
				List expenditures here for the	es here for the	
			× 128831	current reporting period	ng period	
	The second secon		COLUMINA	COLUMN B	COLUMN B1	COLUMN C
0.00 oto 5.00	ALPHABETICAL ORDER!		Previous Total	Operating	Contributions	Total to Source
Date Fall	VEHICO OF RECIDIENT CONTINUES INSTITE AND ACCIESS	Furpose for Expenditure	For Inis Year	Expenditures	to Others	Year to Date
1/30/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South	Reimburse prior year	0.00	44.00	0.00	44.00
	Minneapolis MN 55409	expenses				
6/12/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South	Reimburse web hosting	44.00	152.64	0.00	196.64
	Minneapolis MN 55409	exbeuse				
10/1/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South	Reimburse for	196.64	29.78	0.00	226.42
	Minneapolis MN 55409	Promotion Expense				
10/26/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South	Reimburse expenses for	226.42	467.54	0.00	693.96
	Minneapolis MN 55409	10/10 fundraiser				
11/25/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South	Reimburse expenses for	693.96	50.11	00'00	744.07
	Minneapolis MN 55409	10/10 fundraiser				
8/1/11	Minneapolis City Council DFL Caucus - 4309 30 th Avenue South Minneapolis MN 55406	Promotion	0.00	400.00	0.00	400.00
9/14/11	Take Action MN - 1821 Universtity Avenue, Suite S-137	Promotion	0.00	200.00	0.00	200.00
	St. Paul MN 55104					
11/11/11	Three-Sixty Journalism - 2115 Summit Avenue	Promotion/Annual	0.00	125.00	0.00	125.00
	c/o University of St. Thomas St. Paul MN 55105	Dinner				

\$ 1,469.07	\$ 0.00	
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) \$ 1,469.07	
Subtotal ITEMIZED Contributions to Others this period:	\$ 0.00
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$ 0.00
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$ 0.00

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

NAME OF COMMITTEE O	R FUND:	Volunteers for	Elizabeth Glidden
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DATE: 1/30/2012

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. Tota	l Goods and Services given in	this period: (Transfer this	s amount to Line 1	l4, 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
	New Loans Payable this period: (Transfer this am		\$ 0.00		
	Repayment of Loans Payable this period: (Transfe			\$ 0.00	
42. Curre	nt Balance of Outstanding Loans Payable: (Transf	er 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
43. Total N	lew Loans Receivable this period: (Transfer this amo	unt to Line 32)	\$ 0.00		,
44. Total F	epayment of Loans Receivable this period: (Transfer	this amount to Li		\$ 0.00	<u> </u>
45. Curren	45 0 10 10 10 10 10 10 10 10 10 10 10 10 1				\$ 0.00

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

	Alphabetical Order!	Current Balance
Date	Name & Address of Vendor of Goods or Services Received But Not Paid For	Owed by You
	·	
46. Currer	t Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)	
30. Ounei	t balance of Calstanding Cripaid Bills/Advance of Cledit. (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 Expendit	tures are itemized.)
INDEPENDENT EXPENDITURE: SWORN STATEMENT	
I, (Print Name) Nicole Beers /	, hereby certify that all independent expenditures made on behalf of
other candidates 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.
Signature of Treasurer 4 Coll Deus	Date 1/30/12