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 PUBL** TYPE OR PRINT IN BLACK INK. RETAIN A COPY OF THIS REPORT FOR YOUR FILES. TÜTHILL FOR 10TH WARD (Name of Committee or Fund) VIVIAN MASON vivianmason@earthlink.net (Treasurer's Name) (E-mail Address) 2420 BRYANT AVE S MINNEAPOLIS MN 55405 (Treasurer's Mailing Address for Committee Business) Treasurer's Daytime Phone Number: (612) 377-5238 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) 6a. 🔲 No activity with 383B.041-.058 candidates, this reporting period. (Complete lines #9-#12 as applicable) 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 County **2008 ANNUAL REPORT** DUE Monday, February 2, 2009 Taxpayer Services REPORTING PERIOD: (check one) **\$2 2009** 2008 Candidates on the ballot **And Political Funds or Committees:** From: 10/22/2008 Through: 12/31/2008 Candidates NOT on the ballot in 2008: From: 1/1/2008 Through: 12/31/2008 **BEGINNING CASH BALANCE THIS REPORT:** (Insert Ending Cash Balance from last report) COLUMN A Activity Reported this year, **COLUMN B COLUMN C** in previous reporting periods ACTIVITY IN THIS REPORTING PERIOD + B =Total Activity for This Calendar Year 10. ADDITIONS: (Column C, Line 10 from Last Reporting period.) 11. SUBTRACTIONS: 1,304.83 (Insert amount from line 34) 1, 304, 83 (Insert total of line 11, columns A (Column C, Line 11 from Last Reporting period.) (Line 9 + line 10(column B) - line 11(column B) **ENDING CASH BALANCE THIS REPORT:** SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: COLUMN A **COLUMN B** COLUMN C Activity Reported on Last Report <u>ACTIVITY IN THIS REPORTING PERIOD</u> 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 + Goods/Services Given to Others: (Column C, Line 14 from Last Reporting period.) (Insert total of line 14, columns A + B) (Insert total Current Balance from line 45) **SUMMARY OF OUTSTANDING DEBT:** (Amount from Last Report; \$.00) (Insert total Current Balance from line 42) (Amount from Last Report: \$ (Insert total Amount Owed from line 46) 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 misdemeanor. I, (Print Name) VIVIAN MASON CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. SIGNATURE OF TREASURER: FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-600 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152

	AND EXPENDITURES WORKSHE		RIOD ONLY
NAME O	OF COMMITTEE OR FUND: <u>Tuthil</u>	I for 10th WARD	DATE: 01 29 109
ADDITIO	DNS: (Income)		
19. Tota	ITEMIZED Contributions:	(Insert total from line 35)	
20. Tota	NON-ITEMIZED Contributions:	<u>\$ 10,774,00</u>	\$ 10,774.00 (Subtotal: lines 19 + 20)
21. Incor	me from bank dividends, interest, etc:	\$,00	
22. New	Loans Payable (loaned to you):	(Insert total from line 40)	
23. New (loan	Repayments on Loans Receivable: ed to others/repaid to you)	(Insert total from line 44)	
24. Other	r:	s :00	(Subtotal: lines 21+22+23+24)
25. TOT	AL INCOME:	\$ 10,774.00 (TOTAL lines 19 through 24. Trans	fer this amount to Line 10, Column B.)
SUBTRAC	CTIONS: (Expenditures)		
26. Total	ITEMIZED Contributions to Others:	(Insert total from line 38)	
27. Total	NON-ITEMIZED Contributions to Others:	\$ 100	(Subtotal: lines 26 + 27)
28. Total	ITEMIZED Operating Expenditures:	\$ 1,304.83 (Insert total from line 37)	
29. Total l	NON-ITEMIZED Operating Expenditures:	\$:00	\$ 1,304,83 (Subtotal: Lines 28 + 29)
30. Bank	service charges, etc., paid by you:	\$ 100	
	Repayments on Loans Payable: ed to you/repaid to lender)	(Insert total from line 41)	
32. New L	oans Receivable (loaned to others):	\$ 'OO (Insert total from line 43)	
33. Other:	·	s . 00	(Sublotal: lines 30+31+32+33)
34. TOTA	L EXPENDITURES:	\$ 1,304.83 (Total lines 26 through 33. Transfer	this amount to Line 11, Column B.)

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lennepin Co he line prov	portant information: Addresses submounty Elections Division. As a conveni ided if you do not want the address of addresses and one without.	ilence. Hennepin County als	o displays Schedule A on the	Hennepin County v	veb sito. Please cho	eck the box and ini	tial the form on
CHEDU	LE A: INCOME FROM CASH	(MONETARY) CONT	TRIBUTIONS and IN-	CIND DONATIO	NS		
	COMMITTEE OR FUND: TUH			 .		TE: 01/20	7/09
ndividual, co	close the date and amount of each mone mmittee or fund that made the monetary e of a contributor who is self-employed, the you must list that contributor's occupation and the must itemize contributions of members a typed or computer-generated list, all it	contribution or Donation In Ki hat is, does not derive earned in.) rs that, in aggregate in the yea	nd, and the employer of the Ind income as owner, partner, or e er, exceed \$50.	lividual contributor. mployee of a corpora		other entity, Including	
					List contribution		
		 		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
					.00	,00	,00
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	 	· · · · · · · · · · · · · · · · · · ·	 				
 _							
							
							
	tal ITEMIZED Monetary Contribution			· .	\$,00	1	
Subto	tal ITEMIZED Monetary Contribution	ns received this period liste	d on previous page:	. 40)	\$,00	4	
35. TOTA	L ITEMIZED CONTRIBUTIONS RE	CEIVED THIS PERIOD: (T	ransfer this amount to Lir	19)	\$,00	J .	
Subto	tal ITEMIZED In-Kind Donations rec	eived this period:				\$.00	
Subto	tal ITEMIZED In-Kind Donations rec	eived this period listed on	previous page:			\$.00	
Subto	tal NON-ITEMIZED In-Kind Donatio	ns Received This Period:				\$,00	
36. TOTA	L IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Transfer		Column B)		\$.00	<u>.</u>
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SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

JOHLEDON						
	thill for 10th Ward			DA	TE: <u>01 /29</u>	109
excess of \$1	sclose the name and address of each individual, business or or 100 within the year, and the amount, date and specific purpose	of the expenditure.		nave been made, l	n an aggregate an	nount in
	it a typed or computer-generated list, all items must be in the sa	ame order as they appear on	Schedule B.		. •	
Attach addit	lonal pages as necessary.					
				List expenditure current reporting		
			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
12/29/09	Deluxe Checks	Fee	.00	# 2.10	00	\$2,10
12/03/0	- 113 11	Reimbursement for postuor stamos	,00	42.00	r00	42.00
	Shafer + Feld, Inc., Apex Graphics	Printing	,00	798.73	. 00	798.73
11/25/09	U.S. Post Office - Loring Station	Stamps	100	. 462,00	.00	462,00
		<u> </u>				·
	·					
						,
						\$1,304.83
0.14-4	al ITEMIZED Operating Expenditures this period:			* 1 '2841 O"		
	tal ITEMIZED Operating Expenditures this period listed on prev	ious nage:		\$ 1,-201-00	4	
	L ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (T		e 28)	\$ 1,304.83		
Cubbal	tal ITEMIZED Contributions to Others this period:				\$,00	٠ .
	tal ITEMIZED Contributions to Others this period listed on previous	lous page:			\$ 100	1
	LITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (ne 26)		\$,00	1 .

	F COMMITTEE OR FUND:		OHN WAR	<u>り</u> DATE	: 01/29	LOY	
You must together v	LE C: GOODS AND SERVIOR disclose the total value of goods and services, ecription of the goods or services.	oods and services given to is in excess of \$100 within	another committee the year. You must	e, as well as any ot st also disclose the	nerwise non-itemiza date, name and add	ble cash that, dress of the recip	
	Goods & Services + Cash = \$100+						
	Alphabetical Orderi		COLUMN A	Given in C	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	
<u> </u>	- Addipion	00000 4710 007 77000	Total Tribo Feat				
_							
39. Total	Goods and Services given in	this period: (Transfer thi	s amount to Line	14, Column B)	\$,00	100	
SCHEDUL	LE D: NOTES AND LOANS	PAYABLE (Loaned to Yo	u)				
			Loans Given to or Repaid by You in Current Reporting Period				
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1	
Date	Name, Address & Emplo	of London	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Owed by You	
		,					
	New Loans Payable this peri			\$.00	\$,00		
	Repayment of Loans Payable nt Balance of Outstanding Lo				13 + 00	\$,00	
SCHEDUL	E E: NOTES AND LOANS R	RECEIVABLE (Loaned by	You)				
					or Repaid to You in porting Period		
	Alphabetical Orderi		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1	
Date	Name, Address & Employ	er of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Owed to You	
	-					<u> </u>	
3. Total N	lew Loans Receivable this po	eriod: (Transfer this amo	unt to Line 32)	\$ +00			
4. Total F	Repayment of Loans Receiva	ble this period: (Transfer	this amount to Lir	ne 23)	\$,00		
	A Delegge of Outstanding Lo	ans Receivable: (Transfer	this amount to LI	ne 15)		\$,00	
5. Currer	t balance of Outstanding Loa	ans Necelvanie. (Transier	this Emount to Ei				
	EF: UNPAID BILLS/ADVAN			d but not pald)			
CHEDUL	F: UNPAID BILLS/ADVAN	CE OF CREDIT (Items or	services received	<u> </u>			
	F: UNPAID BILLS/ADVAN		services received	<u> </u>		Current Balance Owed by You	
CHEDUL	F: UNPAID BILLS/ADVAN	CE OF CREDIT (Items or	services received	<u> </u>			
CHEDULI	F: UNPAID BILLS/ADVAN	CE OF CREDIT (Items or	eceived But Not Pa	id For		Current Balance Owed by You	
ate 6. Curren 7. The Tr	EF: UNPAID BILLS/ADVAN Alphabetical Orderl Name & Address of Vendo t Balance of Outstanding United	or of Goods or Services Repaid Bills/Advance of Cred	eceived But Not Pa	id For mount to Line 17) JRES WERE MAD	•	Owed by You	
6. Curren (Make	Alphabetical Orderi Name & Address of Vendo	or of Goods or Services Repaid Bills/Advance of Credement ONLY IF INDEPEN C where Independent Exp	eceived But Not Pa	id For mount to Line 17) JRES WERE MAD zed.)	Е.	Owed by You	
6. Curren (Make	Alphabetical Orderi Name & Address of Vendo t Balance of Outstanding Uni easurer is to sign this state notations on Schedules B or ENDENT EXPENDITURE: S	or of Goods or Services Repaid Bills/Advance of Credement ONLY IF INDEPEN C where Independent Exp	it: (Transfer this a	id For mount to Line 17) JRES WERE MAD zed.)	E. expenditures made o	Owed by You	
6. Curren (Make INDEP I, (Print candidi	Alphabetical Orderl Name & Address of Vendo Balance of Outstanding University easurer is to sign this state notations on Schedules B or	or of Goods or Services Repaid Bills/Advance of Credement ONLY IF INDEPEN C where Independent Export were made WITHOUT to	it: (Transfer this a	mount to Line 17) JRES WERE MAD zed.) at all independent or expressed or in	E. expenditures made of plied consent of,	Owed by You	