## CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES As required by the Heonepin County Financial Disclosure Law, Minnesota Statutes 3838.041-3838.068

| All information on this report is public.                                                                                  | Type or print in black link,                                                                 | Retain a copy of this report for your file                 |                                                                                     |                      |                                          |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------|------------------------------------------|
| Neighbors for Erica Mauter (Name of Committee or Fund)     Alfonso T, Wenker                                               | alfi                                                                                         | onsowenker@gmail.com                                       |                                                                                     |                      |                                          |
| (Treasurer's Name) 3. 1150 Hennepin Avenue #1503, Minneapolis, (Treasurer's Malling Address for Committee Busine           | MN 55403                                                                                     | (E-mail Address)                                           | <del></del>                                                                         |                      |                                          |
| Treasurer's Daytime Phone Number:651-3                                                                                     | 353-0853                                                                                     | _                                                          |                                                                                     |                      |                                          |
| <ol> <li>Change in Committee or Officer's Name, Address</li> </ol>                                                         | ass, Phone. (Attach new *Registration & Statemen                                             | t of Organization")                                        |                                                                                     |                      |                                          |
| <ol><li>No activity since last Report. (Insert Beginning</li></ol>                                                         | and Ending Balance at #9 & #12 below)                                                        |                                                            |                                                                                     |                      |                                          |
|                                                                                                                            | is reporting period. (Complete lines #9-#12 as ap                                            |                                                            |                                                                                     |                      |                                          |
| <ol> <li>Termination of Committee - All debts must be pa<br/>if your committee is a state committee, please cor</li> </ol> | aid and Ending Balance can be no more than \$100.<br>ntact our office regarding termination. | Termination of committee registration.                     |                                                                                     |                      |                                          |
|                                                                                                                            | January 31, 2017                                                                             |                                                            |                                                                                     |                      |                                          |
| REPORTING PERIOD: (check one)                                                                                              |                                                                                              |                                                            |                                                                                     |                      |                                          |
| 2016 Candidates on the ballot<br>And Political Funds or Committees:<br>Candidates NOT on the ballot in 2016:               | From: 10/26/2016 Through: 12<br>From: 1/1/2016 Through: 12                                   | 1/31/2016                                                  |                                                                                     |                      |                                          |
| 9. BEGINNING CASH BALANCE THIS REPORT:                                                                                     | \$2702.81 S 6                                                                                | Ø Db                                                       |                                                                                     |                      |                                          |
| COLUMN A 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 (Column C, Line 10 from Last Reporting period.)                                                     | + \$ 4,450.00<br>(Insert amount from line 25)                                                | \$ 4,450.00<br>(Insert total of line 10, columns A + B)    |                                                                                     |                      |                                          |
| 11. SUBTRACTIONS:<br>\$ 0.00 (Column C, Line 11 from Last Reporting period.)                                               | 2 \$ 12.00 (Insert amount from line 34)                                                      | \$ 12.00<br>(Insert total of line 11, columns A + B)       |                                                                                     |                      |                                          |
| 12. ENDING CASH BALANCE THIS REPORT:                                                                                       | = \$ 4,438.00<br>(Line 9 + line 10(column B) - line 11(column B                              |                                                            |                                                                                     |                      |                                          |
| SUMMARY OF IN-KIND DONATIONS & OUTSTANDING                                                                                 | LOANS RECEIVABLE:                                                                            | •                                                          |                                                                                     |                      |                                          |
| COLUMN A Activity Reported on Last Report                                                                                  | COLUMN B<br>ACTIVITY IN THIS REPORTING PERIOD                                                | COLUMN C  _A + B = Total Activity for This Calendar Year   |                                                                                     |                      |                                          |
| 13. In-Kind Donations Received;                                                                                            |                                                                                              |                                                            |                                                                                     |                      |                                          |
| \$ 0.00 ± (Column C, Line 13 from Last Reporting period.)                                                                  | \$ 0.00<br>(Insert total from line 36)                                                       | \$ 0.00<br>(Insert total of line 13, columns A + B)        |                                                                                     |                      |                                          |
| 14. Goods/Services Given to Others:                                                                                        |                                                                                              |                                                            |                                                                                     |                      |                                          |
| \$ 0.00 (Column C, Line 14 from Last Reporting period.)                                                                    | \$ 0.00<br>(Insert total from line 39)                                                       | \$ 0.00<br>(Insert total of line 14, columns A + B)        |                                                                                     |                      |                                          |
| 15. Current Balance of Outstanding Loans Receiva                                                                           | ible (loaned to others) >                                                                    | \$ 0.00 (Insert total Current Balance from line 45)        |                                                                                     |                      |                                          |
| SUMMARY OF OUTSTANDING DEBT:  16. Current Balance of Outstanding Loans Payable (Io (Amount from Last Report; \$)           | aned to you) >                                                                               | \$ 0.00 (Insert total Current Balance from line 42)        |                                                                                     |                      |                                          |
| Current Balance of Outstanding Unpaid Bills/Advar     (Amount from Last Report: \$)                                        |                                                                                              | \$ 0.00<br>(Insert total Amount Owed from tine 48)         |                                                                                     |                      |                                          |
| 18. CERTIFICATION: Any person who signs and certifies CORRECT,                                                             | to be true a report or statement which the person k                                          | nows contains false information or who knowingly omits rec | quired information is guilty of a gross misdemeanor. $-\mathbf{I}_{i}$ (Print Name) | ALTONSO WENKE CERTIF | Y THAT THIS REPORT IS COMPLETE, TRUE AND |
| SIGNATURE OF TREASURER:                                                                                                    |                                                                                              | DATE: 12/31/2017                                           | e this report with:                                                                 |                      |                                          |
|                                                                                                                            | He                                                                                           |                                                            | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                             | 96-7152              |                                          |

## RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

| NAME OF COMMITTEE OR FUND: Neighbors for Er                                               | ica Mauter                                      | DATE: 12/31/2017                         |
|-------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------|
| ADDITIONS: (Income)                                                                       |                                                 |                                          |
| 19. Total ITEMIZED Contributions:                                                         | \$ 4,450.00<br>(Insert total from line 35)      |                                          |
| 20. Total NON-ITEMIZED Contributions:                                                     | \$ 0.00                                         | \$ 4.45B<br>(Subtotal: lines 19 + 20)    |
| 21. Income from bank dividends, interest, etc:                                            | \$ 0.00                                         |                                          |
| 22. New Loans Payable (loaned to you):                                                    | \$ 0.00<br>(Insert total from line 40)          |                                          |
| 23. New Repayments on Loans Receivable: (loaned to others/repaid to you)                  | \$ 0.00<br>(Insert total from line 44)          |                                          |
| 24. Other:                                                                                | \$ 0.00                                         | \$ 0.00<br>(Subtotal: lines 21+22+23+24) |
| 25. TOTAL INCOME:                                                                         | \$ 4,450<br>(TOTAL lines 19 through 24. Trans   | fer this amount to Line 10, Column B.)   |
| SUBTRACTIONS: (Expenditures)                                                              |                                                 |                                          |
| 26. Total ITEMIZED Contributions to Others:                                               | \$ 0.00<br>(Insert total from line 38)          |                                          |
| 27. Total NON-ITEMIZED Contributions to Others:                                           | \$ 0.00                                         | \$ 0.00<br>(Subtotal: limes 26 + 27)     |
| 28. Total ITEMIZED Operating Expenditures:                                                | \$ 0.00 (Insert total from line 37)             |                                          |
| 29. Total NON-ITEMIZED Operating Expenditures:                                            | \$ 0.00                                         | \$ 0.00<br>(Subtotal: Lines 28 + 29)     |
| 30. Bank service charges, etc., paid by you:                                              | <u>\$ 12.00</u>                                 |                                          |
| <ol> <li>New Repayments on Loans Payable:<br/>(loaned to you/repaid to lender)</li> </ol> | \$ 0.00<br>(Insert total from line 41)          | •                                        |
| 32. New Loans Receivable (loaned to others):                                              | \$ 0.00<br>(insert total from line 43)          |                                          |
| 33. Other:                                                                                | \$ 0.00                                         | \$ 0.00<br>(Subtotal: lines 30+31+32+33) |
| 34. TOTAL EXPENDITURES:                                                                   | \$ 12.00<br>(Total lines 26 through 33. Transfe | r this amount to Line 11, Column B.)     |

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| Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Plo of Schedule A, one with contributors' addresses and one without.                                                                                                                                                      | 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 assected, the box and initial the form on the line provided if you do not want the address of contributors to be displayed on the website. |
| SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONA                                                                                                                                                                                                                                                                    | nons .                                                                                                                                                                                                                                                                                                                            |
| NAME OF COMMITTEE OR FUND: Neighbors for Erica Mauter DATE: 1/31/2017                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                   |
| You must disclose the date and amount of each monetary contribution or donation in Kind within the year that, in aggregate from an (**In the case of a contributor who is self-employed, that is, does not derive earned income as owner, partner, or employee of a contributions of members that, in aggregate in the year, exceed \$50. | ry 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. poration, 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 annear on Schedule A Attach                                                                                                                                                                                                                 | additional pages as necessary                                                                                                                                                                                                                                                                                                     |

|               | <u> </u>                                          |                             | :                                  | COLUMNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | List contribut<br>current report<br>COLUMN B | tions here for the<br>ting period | COLUMN B1                          | COLUMN C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------|---------------------------------------------------|-----------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date<br>Rcvd. | ALPHABETICAL ORDER!<br>Contributor Name & Address |                             | Description of In-Kind<br>Donation | Previous Total<br>For This Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ Received This Period                      |                                   | \$ Value of<br>In-Kind<br>Donation | Total from<br>Source Year<br>to Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|               | SEE SCHEDULE A<br>ATTACHMENT                      |                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                   |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|               |                                                   |                             |                                    | gg - 1 Mg |                                              |                                   |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Subtr         | otal ITEMIZED Monetary Contribution               | ns received this period:    |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 4,450.00                                  |                                   | I                                  | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Subte         | otal ITEMIZED Monetary Contribution               | ns received this period lis | sted on previous page:             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 0.00                                      |                                   | 1                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|               | AL ITEMIZED CONTRIBUTIONS RE                      |                             |                                    | e 19)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ 4,450.00                                  |                                   |                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Subto         | otal ITEMIZED In-Kind Donations rec               | eived this period:          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | \$ 0.00                           |                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Subto         | otal ITEMIZED In-Kind Donations red               | eived this period listed o  | n previous page:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | \$ 0,00                           | 1                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Subto         | otal NON-ITEMIZED In-Kind Donatio                 | ns Received This Period     | :                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | \$ 0.00                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. TOTA       | IL IN-KIND DONATIONS RECEIVED                     | THIS PERIOD: (Transf        | er this amount to Line 13, Co      | dumn B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | \$ 0.00                           | 0.22                               | j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

|                   | OF COMMITTEE OR FUND: Neighbors for E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                |                                 |                                |                                       |                                        | MARR WELL HOLLS        |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------------|----------------------------------------|------------------------|
| If you s          | st disclose the name and address of each indivi<br>ubmit a typed or computer-generated list, all iter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | idual, business or co<br>ns must be in the sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ommittee to who<br>ime order as the | m expenditure<br>y appear on t | es/contributions<br>Schedule B. | s have been n                  | nade, in an ag                        | regate amount in excess of             | \$100 within the year, |
| Attach a          | dditional pages as necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | for the cur<br>reporting       | period                          |                                | COLUMN                                |                                        |                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COLUMN                              | COLUMN                         | 3                               | COLUMN<br>B1                   | COLUMN                                | ı                                      |                        |
| Date<br>Paid      | ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Purpose for<br>Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Previous<br>Total For<br>This Year  | Operating                      | Expenditures                    | Contributio<br>ns to<br>Others | Total to<br>Source<br>Year to<br>Date |                                        |                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                | F-11-FF                         | ļ                              |                                       |                                        |                        |
|                   | Andrew Control of the | and the second of the second o |                                     |                                |                                 |                                |                                       |                                        |                        |
|                   | The state of the s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                |                                 |                                |                                       |                                        |                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                |                                 |                                | 1                                     |                                        |                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - ;                                 |                                |                                 | <u> </u>                       |                                       |                                        |                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | <u> </u>                       |                                 |                                | 1                                     |                                        |                        |
|                   | A LANGE OF THE PROPERTY OF THE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                |                                 |                                |                                       |                                        |                        |
|                   | The second secon |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                |                                 | :                              |                                       | to comment                             |                        |
| Su                | btotal ITEMIZED Operating Expenditures this p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eriod;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                |                                 | والمستسودة والمعارجين          | .00                                   | ************************************** |                        |
|                   | btotal ITEMIZED Operating Expenditures this p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | ount to Line 2                 | 28)                             | errofreisense men -            | .00                                   |                                        |                        |
| J1. 10            | MACHINELD OF ENVIRONMENTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                |                                 |                                |                                       |                                        | *                      |
|                   | ibtotal ITEMIZED Contributions to Others this p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                | \$ 0.00                         |                                |                                       |                                        |                        |
|                   | btotal ITEMIZED Contributions to Others this p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                | \$ D.OC                         |                                |                                       |                                        |                        |
| 38. TO<br>Line 2: | OTAL ITEMIZED CONTRIBUTIONS TO OTHER<br>5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S THIS PERIOD: (T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ransfer this am                     | ount to                        | \$ 0.00                         |                                |                                       |                                        |                        |

|               |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | COLUMN A                     | COLUMN 8                   | COLUMN B1                     | COLUMN C                             |
|---------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------|----------------------------|-------------------------------|--------------------------------------|
| Date Received | Contributor Name & Address                                                           | Contributor's Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Description of In-Kind Donation                  | Previous Total for this year | \$ received<br>this period | SValue of In-Kind<br>Donation | Total from<br>Source Year to<br>Date |
|               | Pat Adamson-Waitey, 6508 Hillskie Lane,                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               |                                      |
| 12/30/2018    | Edina, MN, 55439                                                                     | Self                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                              | <u>aj 100</u>              |                               | 100                                  |
|               | Jacob Blumberg 516 Pluto Drive, Colorado                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               |                                      |
| 12/31/2016    | Springs, CO 80906                                                                    | GiveMN.org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              | 0 250                      |                               | 250                                  |
| 400000040     | Kate Brickman, 4444 44th Ave South,<br>Minneapolis, Minnesota, 55406                 | Metropolitan Council/State of Minnesota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  | 1                            | 0, 250                     |                               | 250                                  |
| 12/23/2016    | Tiffany Brown, 5215 LEMONA AVE,                                                      | Metropolitan Councilistate of Minnesota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                              | - 4 - 4 - 4 - 4            | <del></del>                   |                                      |
| 12/19/2016    | SHERMAN OAKS, CA, 91411                                                              | U.S. Department of Veterans Affairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  | 1                            | 0 100                      |                               | 100                                  |
| 12 10/2010    | Mary Christenson, 1131 Homestead Lane,                                               | C.C. Department of votorary states                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                              |                            |                               |                                      |
| 12/31/2016    | Chanhassen, MN, 55317                                                                | Retired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                              | 0100                       |                               | 100                                  |
|               | Tom Elko, 267 Roma Ave W, St. Paul, MN,                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            | Γ'                            |                                      |
| 12/19/2016    | 55113                                                                                | Fourth Sector Consulting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |                              | 0 50                       |                               | \$100                                |
|               | Thomas Elko, 267 Roma Ave W, St. Paul,                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               |                                      |
| 12/30/2016    | MN, 55113                                                                            | Fourth Sector Consulting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |                              | . 0 50                     |                               | \$100                                |
|               | Christina Farhart, 2837 Isles Drive,<br>Minneapolis, MN 55408                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              | 0 100                      |                               | 100                                  |
| 12/31/2016    | Michelle Jones, 2427 Wallace Avenue.                                                 | University of Minnesota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del> </del>                                     |                              | - 0                        | -                             | 100                                  |
| 12/10/2018    | Louisville, KY, 40205                                                                | Slack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | 1                            | 0 250                      | !                             | 250                                  |
| 12/10/2010    | Brandy Jones, 1226 Ulloa St., San Francisco.                                         | Olack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del>                                     </del> |                              |                            |                               |                                      |
| 12/31/2016    | CA 94116                                                                             | Genentech                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                              | 0 150                      |                               | 150                                  |
|               | Julia Kelly, 3315 West 44th St, Minneapolis,                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                              |                            |                               |                                      |
|               | Minnesota, 55410                                                                     | University of Minnesota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                              | 0 250                      |                               | 250                                  |
|               | Edward Kohler, 3040 46th Ave S,                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               |                                      |
| 12/19/2016    | Minneapolis, MN, 55406                                                               | Fit The Matrix LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                              | 0 100                      |                               | 100                                  |
|               | Aaron Landry, 1601 18th St NW, Apt 809,                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ł.                                               |                              | 0 100                      | l                             | 100                                  |
| 12/19/2016    | Washington, District of Columbia, 20009  John Larse, 2002 W. Lake of the Isles Pkwy. | car2go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del></del>                                      |                              | iw                         |                               |                                      |
| 400000040     | Minneapolis, Minnesota, 55405                                                        | Design 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  | <i>y=</i> -                  | 0 250                      | 1                             | 250                                  |
|               | Nancy Lyons, 4501 Membee Drive.                                                      | Duegn 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del> </del>                                     |                              |                            |                               |                                      |
|               | Minneapolis, Minnesota, 55422                                                        | Clackwork                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                              | 0 250                      |                               | 250                                  |
|               | Elise Mathesen, 3841 Bloomington Ave.                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               | T                                    |
| 12/30/2016    | Minneapolis, MN, 55407                                                               | self-amployed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                              | 0 100                      |                               | 100                                  |
|               | Keye Mauter, 24236 Leewin St, Detroit, MI                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               |                                      |
| 12/27/2016    | 48219                                                                                | self-amployed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L                                                |                              | 0 100                      |                               | 100                                  |
|               | Shay Berkowitz & Phyllis Wiener, 3540                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               | 1                                    |
| 12/31/2016    | James Ave S #101, Minneapolis, Minnesota,                                            | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                              | 0 500                      |                               | 500                                  |
| 12/31/2016    | Samantha Solberg, 521 S. 7th St Unit 212,                                            | Unemployed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              | _                          |                               | 300                                  |
| 12/21/2016    | Minneapolis, MN, 55415                                                               | College Possible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                              | 0 100                      |                               | 100                                  |
| 1231/2010     | Sheila Terryll, 4740 15th Ave S, Minneapolis                                         | Culege Possible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              | <del> </del>               |                               |                                      |
| 12/30/2016    | MN, 55407                                                                            | Wiser Wolf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              | 0 100                      |                               | 100                                  |
|               | Steven Walker, 5229 Woodlavin Blvd,                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               |                                      |
| 12/28/2016    | Minneapolis, MN 55411                                                                | Boundary Waters Brands, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | l                                                |                              | 0 250                      |                               | 250                                  |
|               | James & Barbara Weldy, 5832 Creek Valley                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              |                            |                               |                                      |
| 12/31/2016    | Rd, Edina, MN 55439                                                                  | Retired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  | <u> </u>                     | 0 500                      |                               | 500                                  |
|               | Wren Wells, 4432 Upton Avenue S,                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                              | 0 100                      | 1                             | 100                                  |
| 12/16/2016    | Minneapolis, MN 55410 David K. Wells Ill, 4432 Upton Avenue S.                       | self-employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                              | <u> </u>                   |                               | 100                                  |
| 12/14/2016    | Minneapolis, MN 55410                                                                | self-employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                              | 0 250                      |                               | 250                                  |
| 12/19/2016    | Alfanso Wenker, 1150 Hennepin Avenue                                                 | Sall-Grippey00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                              | <del></del>                |                               | 2.00                                 |
| 12/30/2018    | #1503, Minneapolis, MN 55403                                                         | Minnesota Council on Foundations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                              | . 0 100                    |                               | 100                                  |
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| SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS<br>four must disclose the total value of goods and services given to another com-<br>services given.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| HEDULE D: NOTES AND LOANS PAYABLE (Loaned to You)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| CHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| B. 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| CHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                            | Received But Not Pa         | aid For             | JAAA LAISENBERMAAN FAMADI SAMA       | Current<br>Balance Owed<br>by You | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 7. The Treasurer is to sign this statement ONLY IF INDEPENDENT EX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PENDITURES WERE MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DE. 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| INDEPENDENT EXPENDITURE: SWORN STATEMENT I. 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| or suggestion of any candidate, candidate's campaign committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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DATE: 1/31/2017 .....

NAME OF COMMITTEE OR FUND: Neighbors for Erica Mauter

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