

# CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

RETAIN A COPY OF THIS REPORT FOR YOUR FILES.

TYPE OR PRINT IN BLACK INK.

ALL INFORMATION ON THIS REPORT IS PUBLIC.

1. UNITED FOR STEPHANIE  
(Name of Committee or Fund)

2. SHANNON BADE  
(Treasurer's Name)

shannonkeelade@gmail.com  
(E-mail Address)

3. 3845 4th AVE S., MINNEAPOLIS MN 55409  
(Treasurer's Mailing Address for Committee Business)

4. Treasurer's Daytime Phone Number: 773-330-3118

Received by Hennepin County  
Taxpayer Services

5. ☐ Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization")  
6. ☐ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below)  
6a. ☐ No activity with **M.S. 383B.041-.058 candidates** this reporting period. (Complete lines #9-#12 as applicable)

AUG 01 2017

7. ☐ Termination of Committee; Termination of Committee registration  
Log DB  
PM DEL

8. **TYPE OF REPORT:** 2017 PRE-PRIMARY: **FILING DATE:** 8/1/2017 **REPORTING PERIOD:** From: 1/1/2017 Through: 7/25/2017

9. **BEGINNING CASH BALANCE THIS REPORT:** \$ 407.04  
(Insert Ending Cash Balance from last report)

(Column A not applicable for this report)

**COLUMN B**  
**ACTIVITY IN THIS REPORTING PERIOD**  
+ \$ 8,975.75  
(Insert amount from line 25)

**COLUMN C**  
**(Total Activity Reported for This Calendar Year)**  
\$ 8,975.75  
(Insert total of line 10, column B)

10. **ADDITIONS:**

11. **SUBTRACTIONS:**  
- \$ 5,332.09  
(Insert amount from line 34)

\$ 5,332.09  
(Insert total of line 11, column B)

12. **ENDING CASH BALANCE THIS REPORT:** = \$ 4,050.70  
(line 9 + line 10(column B) - line 11(column B))

## SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

(Column A not applicable for this report)

**COLUMN B**  
**ACTIVITY IN THIS REPORTING PERIOD**  
+ \$ 0  
(Insert total from line 36)

**COLUMN C**  
**(Total Activity Reported for This Calendar Year)**  
\$ 0  
(Insert total of line 13, column B)

13. **In-Kind Donations Received:**

14. **Goods/Services Given to Others:**  
- \$ 0  
(Insert total from line 39)

\$ 0  
(Insert total of line 14, column B)

15. **Current Balance of Outstanding Loans Receivable** (loaned to others).....>

\$ 0  
(Insert total Current Balance from line 45)

## SUMMARY OF OUTSTANDING DEBT:

16. **Current Balance of Outstanding Loans Payable (loaned to you)**.....>  
(Amount from Last Report: \$ )

\$ 0  
(Insert total Current Balance from line 42)

17. **Current Balance of Outstanding Unpaid Bills/Advance of Credit**.....>  
(Amount from Last Report: \$ )

\$ 0  
(Insert total Amount Owed from line 46)

18. **CERTIFICATION:** Any person who signs and certifies to be true a report or statement which the person knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor.  
I, (Print Name) SHANNON BADE CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER: [Signature]

DATE: 8-1-17

# RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: UNITED FOR STEPHANIE DATE: 8-1-31

## ADDITIONS: (Income)

19. Total ITEMIZED Contributions: \$ 4,925.00  
(Insert total from line 35)

20. Total NON-ITEMIZED Contributions: \$ 4,050.75 \$ 8,975.75  
(Subtotal: lines 19 + 20)

21. Income from bank dividends, interest, etc: \$ 0

22. New Loans Payable (loaned to you): \$ 0  
(Insert total from line 40)

23. New Repayments on Loans Receivable: \$ 0  
(loaned to others/repaid to you) (Insert total from line 44)

24. Other: \$ 0 \$ 0  
(Subtotal: lines 21+22+23+24)

25. TOTAL INCOME: \$ 8,975.75  
(TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.)

## SUBTRACTIONS: (Expenditures)

26. Total ITEMIZED Contributions to Others: \$ 0  
(Insert total from line 38)

27. Total NON-ITEMIZED Contributions to Others: \$ 0 \$ 0  
(Subtotal: lines 26 + 27)

28. Total ITEMIZED Operating Expenditures: \$ 4,539.82  
(Insert total from line 37)

29. Total NON-ITEMIZED Operating Expenditures: \$ 792.27 \$ 5,332.09  
(Subtotal: Lines 28 + 29)

30. Bank service charges, etc., paid by you: \$ 0

31. New Repayments on Loans Payable: \$ 0  
(loaned to you/repaid to lender) (Insert total from line 41)

32. New Loans Receivable (loaned to others): \$ 0  
(Insert total from line 43)

33. Other: \$ 0 \$ 0  
(Subtotal: lines 30+31+32+33)

34. TOTAL EXPENDITURES: \$ 5,332.09  
(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line provided if you do not want the address of contributors to be displayed on the website. ☐ If selected, please submit two versions of Schedule A, one with contributors' addresses and one without.

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

NAME OF COMMITTEE OR FUND: UNITED FOR STEPHANIE DATE: 8-1-31

You must disclose the date and amount of each monetary contribution or donation in kind within the year that, in aggregate from any contributor, exceeds \$100 \*, the name and address of the individual, committee or fund that made the monetary contribution or donation in kind, and the employer of the individual contributor.

(\*\*In the case of a contributor who is self-employed, that is, does not derive earned income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of government, you must list that contributor's occupation.)

\*Political Funds must itemize contributions of members that, in aggregate in the year, exceed \$50.

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

Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	List contributions here for the current reporting period		
				COLUMN A	COLUMN B	COLUMN C
				Previous Total For This Year	\$ Received This Period	\$ Value of In-Kind Donation
						Total from Source Year to Date
7-10-17	JENNIFER BELSITO HEARNE	NOT EMPLOYED			200.00	
7-10-17	3815 VERDES, MPLS 55412	CLOCK WORK ACTIVE			100.00	
4-10-17	JEFFREY BERGER	CLOCK WORK ACTIVE			100.00	
4-10-17	1106 RANSTADT ST #8C 55403	WEDIA SYSTEMS			100.00	
4-9-17	CLAIRE BERGEN	SEIU LOCAL 284			100.00	
3-20-17	3207 17TH AVENUE S 55407	DIGITAL			100.00	
3-20-17	4100 UNIVERSITY AVE #18 11238	STRATEGY CONSULTANT			600.00	
1-5-17	SUSANA DE LEON	DELEON AND			100.00	
4-14-17	3424 19TH AVENUE S 55407	NESTOR LLC			100.00	
4-14-17	3120 12TH AVENUE S 55407	CITY OF MINNEAPOLIS			100.00	
4-18-17	WAGGIE EWING 55454	UNIVERSITY OF MINN			100.00	
3-11-17	10201 GARNETT PT #8254	NOT EMPLOYED			100.00	
4-9-17	LENA GARDNER	BLACK LIVES 0K			100.00	
2-14-17	156 14TH AVENUE S 55413	UU			100.00	
2-14-17	FLORA GARCIA	SPRINT			100.00	

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 1,600.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$

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

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line provided if you do not want the address of contributors to be displayed on the website. ☐ If selected, please submit two versions of Schedule A, one with contributors' addresses and one without.

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

NAME OF COMMITTEE OR FUND: UNITED FOR STEPHANIE DATE: 8-1-31

You must disclose the date and amount of each monetary contribution or donation in Kind within the year that, in aggregate from any contributor, exceeds \$100 \*, the name and address of the individual, committee or fund that made the monetary contribution or donation in Kind, and the employer of the individual contributor.

(\*\*In the case of a contributor who is self-employed, that is, does not derive earned income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of government, you must list that contributor's occupation.)

\*Political Funds must itemize contributions of members that, in aggregate in the year, exceed \$50.

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

Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	List contributions here for the current reporting period		
				COLUMN A Previous Total For This Year	COLUMN B \$ Received This Period	COLUMN C Total from Source Year to Date
1-23-17	FLORIAN GRACIA	3318 THOMAS AVE N. SS412	SPRINT CITY OF		100.00	
4-1-17	NORMA GARCIA	5200 S. AUSTIN AVE. CH460	CHICAGO		100.00	
3-5-17	ANDREW KOCH	2907 JAMES AVE N. SS412	REVE		100.00	
1-10-17	ANN MONGUEN	2104 EXETER ST. SS116	ACADEMY		250.00	
6-17-17	KRISTAN MURRAY	3836 28TH AVE S. SS406	NOT EMPLOYED		100.00	
3-28-17	MAI NENG NGUA	2311 NORTON ST. SS107	JUXTAPOSITIONS		2100.00	
1-5-17	BRYAN NESTOR	3424 19TH AVE S. SS407	MAI N NGUA		600.00	
1-29-17	FILIBERTO NOGA	3200 OAKLAND AVE. SS407	LAN OFFICE		100.00	
3-13-17	FILIBERTO NOGA	3200 OAKLAND AVE. SS407	NESTOR LLC		100.00	
5-1-17	JOHN PATRICE	3504 15TH AVE S. SS407	SEIU LOCAL 284		100.00	

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 1,650.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$

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

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line provided if you do not want the address of contributors to be displayed on the website. ☐ If selected, please submit two versions of Schedule A, one with contributors' addresses and one without.

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

NAME OF COMMITTEE OR FUND: UNITED FOR STEPHANIE DATE: 8-1-17

You must disclose the date and amount of each monetary contribution or donation in kind within the year that, in aggregate from any contributor, exceeds \$100 \*, the name and address of the individual, committee or fund that made the monetary contribution or donation in kind, and the employer of the individual contributor.

(\*\*In the case of a contributor who is self-employed, that is, does not derive earned income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of government, you must list that contributor's occupation.)

\*Political Funds must itemize contributions of members that, in aggregate in the year, exceed \$50.

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

Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	List contributions here for the current reporting period		
				COLUMN A Previous Total For This Year	COLUMN B \$ Received This Period	COLUMN C Total from Source Year to Date
4-3-17	JOSEPH PRALIN 661 PUTNAM AVE NW 11221	THE REFORM MENTORSHIP			100.00	
2-11-17	KEVIN ROBINSON 14208	USO MANUFACTURING			500.00	
2-11-17	134 EUTICAST BERALO BRIOTTE SABER	MORTGAGES UNLIMITED			100.00	
4-16-17	6918 GRINES AVE N 55429 DAVID SALINAS	COSTCO WHOLESALE			200.00	
7-25-17	5200 S. AUSTIN AVE 60638 JUANITA SANDOVAL	HNTB			200.00	
7-20-17	3139 HARRIST AVE 55408 MADELINE SHAW	NORTH POINT HEALTH & WELLNESS			100.00	
3-20-17	119 NEWTON AVE 55405 CHUCK SHEVEY	NEWMAN CHEVROLET			150.00	
6-13-17	212 UNIVERSITY DR 53095 RICHARD SHOFETER	COMMUNICATIONS			100.00	
3-6-17	10155 GREENBRIER 55305 PAUL & TONY'S	WORKERS OF AMERICA			100.00	
2-15-17	5244 41ST AVE S 55417 TONY WEBSTER	ACTION KAYAK STUDIOS			125.00	

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 1675.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 3250.00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 4925.00

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

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

NAME OF COMMITTEE OR FUND: UNITED FOR STEPHANIE DATE: 8-1-17

You must disclose the name and address of each individual, business or committee to whom expenditures/contributions have been made, in an aggregate amount in excess of \$100 within the year, and the amount, date and specific purpose of the expenditure.

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

Attach additional pages as necessary.

Date Paid	ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address	Purpose for Expenditure	List expenditures here for the current reporting period			COLUMN C Total to Source Year to Date
			COLUMN A Previous Total For This Year	COLUMN B Operating Expenditures	COLUMN B1 Contributions to Others	
4-24-17	A SIGN AND SCREEN 708 LONZMAN BLVD MINNEAPOLIS 55411	LAWN SIGNS		237.27		
2-8-17	CAMDEN 460 LINDEN AVE MINNEAPOLIS 55412	FOOD FOR VICK OFF PARTY		250.00		
3-13-17	CONCAST PO BOX 35170 SEATTLE WA 98124	INTERNET		112.74		
4-19-17	CONCAST PO BOX 35170 SEATTLE WA 98124	INTERNET		112.74		
3-17-17	USPS 35170 SEATTLE WA 98124	INTERNET		106.74		
3-17-17	5550 BROADWAY AVE MINNEAPOLIS 55428	STAMPS		147.00		
4-17-17	DAVID ALDRIDGE 13246 S. PARKIE AVE CHICAGO IL 60627	T-SHIRTS		630.00		
4-21-17	FED EX 4754 N CALSAG RD GRESTWOOD IL 60145	SHIPPING		170.05		
2-10-17	IMPACT PRINTING 1067 RICE ST STPAUL MN 55117	DONATION ENVELOPES		161.44		
3-3-17	IMPACT PRINTING 1067 RICE ST STPAUL 55117	CANPAIGN LITERATURE		537.05		
Subtotal ITEMIZED Operating Expenditures this period:				\$ 2,465.03		
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:				\$		
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)				\$		
Subtotal ITEMIZED Contributions to Others this period:					\$	
Subtotal ITEMIZED Contributions to Others this period listed on previous page:					\$	
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)					\$	

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

NAME OF COMMITTEE OR FUND: UNITED FOR STEPHANIE DATE: 8-1-17

You must disclose the name and address of each individual, business or committee to whom expenditures/contributions have been made, in an aggregate amount in excess of \$100 within the year, and the amount, date and specific purpose of the expenditure.

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

Attach additional pages as necessary.

Date Paid	Vendor or Recipient Committee Name and Address	Purpose for Expenditure	List expenditures here for the current reporting period		
			COLUMN A Previous Total For This Year	COLUMN B Operating Expenditures	COLUMN C Total to Source Year to Date
5-31-17	ALPHABETICAL ORDER! IMPACT PRINTING 1007 RICE ST, ST PAUL MN 55117	CAMPAIGN LITERATURE		644.67	
2-2-17	JAMES SCARAB 201 11TH AVENUE, SOUTH ST PAUL MN 55075	CAMPAIGN CONSULTANT		325.00	
3-30-17	MN DEL 255 E. PLATO, ST PAUL MN 55107	WARD 4 CONVENTION FEE		100.00	
1-25-17	MN DEL 255 E. PLATO, ST PAUL MN 55107	VAN ACCESS		350.00	
3-16-17	MINUTE WOMEN PRESS 2101 HENNERIN AVE STE 112 55405	DELEGATE LETTERS		103.34	
4-24-17	NEW RULES 2015 N. LOREY, MINNEAPOLIS 55411	RENTAL FEE FOR MEET-N-GREET		442.90	
4-3-17	WALMART 1200 SINGLE CREEK CROSSING 55403	SNACKS + SUPPLIES FOR CAUCUS		108.80	

Subtotal ITEMIZED Operating Expenditures this period:	\$ 2074.79
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$ 2,465.03
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 4,539.82

Subtotal ITEMIZED Contributions to Others this period:	\$ 0
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$ 0
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$ 0

**SCHEDULES C, D, E, and F (Attach additional pages if necessary for Schedules C, D, E, and F)**NAME OF COMMITTEE OR FUND: UNITED FOR STEPHANIE DATE: 8-1-17**SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS**

You must disclose the total value of goods and services given to another committee, as well as any otherwise non-itemizable cash that, together with the goods and services, is in excess of \$100 within the year. You must also disclose the date, name and address of the recipient and a description of the goods or services given.

				Goods & Services + Cash = \$100+ Given in Current Period		
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date
39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)					\$	<u>0</u>

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

			Loans Given to or Repaid by You in Current Reporting Period		
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
40. Total New Loans Payable this period: (Transfer this amount to Line 22)			\$		
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)				\$	
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)					\$ <u>0</u>

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

			Loans Given by or Repaid to You in Current Reporting Period		
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
43. Total New Loans Receivable this period: (Transfer this amount to Line 32)			\$		
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)				\$	
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)					\$ <u>0</u>

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

Date	Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For	Current Balance Owed by You
46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)		\$ <u>0</u>

47. The Treasurer is to sign this statement ONLY IF INDEPENDENT EXPENDITURES WERE MADE.  
(Make notations on Schedules B or C where Independent Expenditures are itemized.)

**INDEPENDENT EXPENDITURE: SWORN STATEMENT**

I, (Print Name) SHANNON BADE, hereby certify that all independent expenditures made on behalf of other candidates and reported in this report were made **WITHOUT** the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, candidate's campaign committee or agent.

Signature of Treasurer

Shannon Bade

Date

8-1-17