MARK ARM CHARLE INFORM OF BLOCK IS ARD LAFERDITURES

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

<u>All</u>	NFORMATION ON THIS REPORT IS PUBLIC.	TYPE OR PRINT IN BLACK INK.	RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
1.	Neighbors for Cam Gordon		_
	(Name of Committee or Fund)		
2.	Ruth Hvidston (Treasurer's Name)		rhvidston@gmail.com (E-mail Address)
3.	la conseil a maria de la conseil de la conse		(Callali Address)
٠.	(Treasurer's Mailing Address for Committee Busin	ess)	-
4	Treasurer's Daytime Phone Number: 612	310.1046	
4			
5.	Change in Committee or Officer's Name, Add	ress, Phone. (Attach new "Registration & State	ement of Organization")
6.	No activity since last Report. (Insert Beginning	g and Ending Balance at #9 & #12 below)	
6a.	No activity with 383B.041058 candidates, t	nis reporting period. (Complete lines #9-#12 a	s applicable)
7.	Termination of Committee - All debts must be	paid and Ending Balance can be no more than	\$100. Termination of committee registration.
	If your committee is a state committee, please of	ontact our office regarding termination.	Parking by Harmania Count
8.	2015 ANNUAL REPORT DUE Monday	<u>, February 1, 2016</u>	Received by Hennepin Count
	REPORTING PERIOD: (check one)		Taxpayer Services
	2015 Candidates on the ballot		الأرادان المساهد المسا
	And Political Funds or Committee	s: From: 10/21/2015	Through: 12/31/2015 FEB () 1 2016
	Candidates NOT on the ballot in 20		Through: 12/31/2015
		. A 31 5 6	Log DB
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ 1238.32 Sb 118°	1.49 00 PM DEL
	A COMPANY AND COMPANY	(Insert Ending Cash Balance from last repor	rt)
	COLUMN A	COLUMN B	COLUMN C
	Activity Reported this year, In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	
		MOTOR TO THE TELEVISION OF ELVISOR	TO BE TOWN TO THIS CONTROL TOWN
10.	**ADDITIONS:	+ \$ 4,873.00	\$ 4873.00
	(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
		(Moort amount normalise 20)	(most total of line) of calculation (a)
11.	SUBTRACTIONS:		
	\$ 0.00	- \$ 1,082.58 (Insert amount from line 34)	\$ 1,082.58 (Insert total of line 11, columns A + B)
	(Column C, Line 11 from Last Reporting period.)		
12.	ENDING CASH BALANCE THIS REPORT:	=\$ 5,028.74 5649	79.71
		(Line 9 + line 10(column B) - line 11(colu	mn B) 10 2-2-76
SUI	MARY OF IN-KIND DONATIONS & OUTSTANDIN	G LOANS RECEIVABLE:	
	COLUMN A	COLUMN B	COLUMN C
	Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	-
13	In-Kind Donations Received:		
		+\$ 0.00	\$ 0.00
	\$ 0.00 (Column C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(Insert total of line 13, columns A + B)
14	Goods/Services Given to Others:	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
14.			* 0.00
	\$ 0.00 (Column C, Line 14 from Last Reporting period.)	- \$ 0.00 (Insert total from line 39)	\$ 0.00 (Insert total of line 14, columns A + B)
		,	
15.	Current Balance of Outstanding Loans Recei	vable (loaned to others)>	\$ 0.00 (Insert total Current Balance from line 45)
			(most total outrain saulto from me 40)
	MMARY OF OUTSTANDING DEBT:		
16.	Current Balance of Outstanding Loans Payable (loaned to you)>	
	(Amount from Last Report: \$ 188.00)		(Insert total Current Balance from line 42)
17.	Current Balance of Outstanding Unpaid Bills/Adv	ance of Credit>	
	(Amount from Last Report: \$ 157.96)		(Insert total Amount Owed from line 46)
18.	CERTIFICATION: Any person who signs and certifie	s to be true a report or statement which the per	son knows contains false information or who knowingly omits
	required information is guilty of a gross misdemeanor.		
	I, (Print Name) _ Right Hud Star)	CERTIFY THAT THIS REPORT IS CO	MPLETE, TRUE AND CORRECT.
616	MATHER OF THE ASIDED.		DATE: 7/1//
SIG	NATURE OF TREASURER:		DATE. O///C.

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAN	ME OF COMMITTEE OR FUND: Neighbors for Cam Gordon		DATE: <u>1.28.16</u>
ADI	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 1,675.00 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 3,198.00	\$ 4,873,00 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ 0.00	
22.	New Loans Payable (loaned to you):	\$ 0.00 (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0.00 (Insert total from line 44)	
24.	Other:	\$ 0.00	\$ 0.00 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 4873.00 (TOTAL lines 19 through 24. T	ransfer this amount to Line 10, Column B.)
SUI	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ 0.00 (Insert total from line 38)	
27.	Total NON-iTEMIZED Contributions to Others:	\$ 0.00	\$ 0.00 (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 1,029.88 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 0.00	\$ 1,029.88 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	<u>\$ 52.70</u>	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 0.00 (Insert total from line 41)	
32 .	New Loans Receivable (loaned to others):	\$ 0.00 (Insert total from line 43)	
33.	Other:	\$ 0.00	\$ 52.70 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 1,082.58 (Total lines 26 through 33. Tra	ansfer this amount to Line 11, Column B.)

Division. As	formation: Addresses submitted on S a convenience, Hennepin County also contributors to be displayed on the we	o displays Schedule A on the	Hennepin County web site	. Please chec	ck the I	box and initial the	form on the line pro	vided if you do not	
SCHEDU	LE A: INCOME FROM CASH	(MONETARY) CONT	RIBUTIONS and IN-I	KIND DON	ATIC	NS		*	a .
NAME OF (COMMITTEE OR FUND: Neighbor	rs for Cam Gordon				D/	ATE: <u>1.28.16</u>		•
committee or (**In the case list that contr *Political Fun	close the date and amount of each mone fund that made the monetary contribution of a contributor who is self-employed, tributor's occupation.) ds must itemize contributions of member	on or Donation In Kind, and the hat is, does not derive earned in that, in aggregate in the year	employer of the individual co ncome as owner, partner, or e r, exceed \$50.	ntributor. employee of a	corpora	ation, partnership, o	r other entity, includir		
lf you submit	a typed or computer-generated list, all its	ems must be in the same orde	r as they appear on Schedule	A. Attach	additio	onal pages as neces		· · · · · · · · · · · · · · · · · · ·	1
						current reporti	ons here for the na period		
				COLUMN	Α	COLUMN B	COLUMN B1	COLUMN C	1
Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous For This		\$ Received This Period	\$ Value of In- Kind Donation	Total from Source Year to Date	
12/28/15	Elizabeth Bender, 2433 Dupont Ave S, Minneapolis, 55405	City of Minneapolis		0.00		200.00		200.00	
12/29/15	Betsy Brock	Association for Nonsmokers-Minnesota		0.00		125.00		125.00	
12/29/15	Christine Coughlin, 2615 34th Ave S, Minneapolis, 55406	Humane Society of the US		0.00		200.00		200.00	
12/29/15	J. Kimberly Flisrand, 2112 Dupont Ave S, Mpls, Mn, 55405	Flisrand Consulting		0.00		250.00		250.00	
12/29/15	Robin Garwood, 2816 39th Ave S, Mpls, Mn, 55406	City of Minneapolis		0.00		250.00		250.00	
12/29/15	Ruhel Islam, 5728 44th Ave S, Mpls, Mn, 55417	Gandhi Mahal Restaurant		0.00		200.00		200.00	
12/29/15	Russom Solomon, 4625 Beacon Hill Rd, Eagan, Mn, 55122	The Red Sea		0.00		250.00		250.00	
12/29/15	Beko Tufa, 115 W 31st St Apt 2007, Minneapolis, MN, 55408	Dilla's Ethiopian Restaurant		0.00		200.00		200.00	
					·]
	al ITEMIZED Monetary Contributions					\$ 1,675.00	-		
	al ITEMIZED Monetary Contributions ITEMIZED CONTRIBUTIONS REC	···		19)		\$ 0.00 \$ 1,675.00	-		
SS. IVIAL	TEMELE CONTRIBUTIONS REC	LIVED THIS PERIOD. (Ha	neier une amvunt W Lift	13)		Ψ 1,070,00	J		
Subtota	al ITEMIZED In-Kind Donations rece	ived this period:					\$ 0.00]	

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

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Neighbors for Cam Gordon					DATE: <u>1.28.16</u>				
the year, ar If you subm	isclose the name and address of each individual, business or condithe amount, date and specific purpose of the expenditure. The same of the interest is a second of the expenditure of the same of th				s have been made	e, in an aggregate	amount in excess	of \$100 within	
7 ttaoir again				<u> </u>	List expenditu	res here for the		1	
					current reporti	ng period			
			COLUMN	A	COLUMN B	COLUMN B1	COLUMN C	4	
Date Paid	ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address	Purpose for Expenditure	Previous For This \		Operating Expenditures	Contributions to Others	Total to Source Year to Date		
12/29/15	Gandhi Mahal Restaurant, 3009 27th Ave S, Minneapolis, MN, 55406	Catering	0.00		797.88		797.88		
5/19/15	In the Heart of the Beast, 1500 E Lake St, Minneapolis, Mn, 55407	Advertising	0.00		152.00		152.00]	
10/26/15	Internet Domain Name Services, 924 Bergen Avenue, Suite 289, Jersey City, NJ, 07306	Website	0.00		80.00		80.00		
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 .									
						:		-	
				l :					
Subtota	al ITEMIZED Operating Expenditures this period:				\$ 1,029.88			-	
Subtota	al ITEMIZED Operating Expenditures this period listed on previo	ous page:		:	\$ 0.00				
37. TOTAL	. ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Tra	nsfer this amount t	to Line 28)		\$ 1,029.88				
	al ITEMIZED Contributions to Others this period:					\$ 0.00			
Subtota	al ITEMIZED Contributions to Others this period listed on previou	us page:				\$ 0.00			
20 TOTAL	ITEMIZED CONTRIBUTIONS TO OTHERS THIS REDIOD: /Te	anefor this amount	to Line 26)			\$ 0.00	1		

DATE:	1	28	16	
DA 1 E.	•	. ~ U.	10	

SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS

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

					es + Cash = \$100+ urrent Period	
	Alphabetical Orderl		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	s amount to Line 1	4. Column B)	\$	

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

_				Loans Given to or Repaid by You in Current Reporting Period	
	Alphabetical Orderl	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
8/31/06	Cam Gordon, 914 E Franklin Terrace, 55406, City of Minneapolis	188.00	0.00	0:00	-188.00
	ew Loans Payable this period: (Transfer this amount		\$ 0.00	\$0.00	
	epayment of Loans Payable this period: (Transfer this Balance of Outstanding Loans Payable: (Transfer th			\$ 0.00	\$ 188.00

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

•				r Repaid to You in orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You
					3
43. Total I	New Loans Receivable this period: (Transfer this amo	unt to Line 32)	\$		
44. Total I	Repayment of Loans Receivable this period: (Transfer	this amount to Li	ne 23)	\$	
45. Currer	nt Balance of Outstanding Loans Receivable: (Transfer	r this amount to L	ine 15)		\$

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

	Alphabetical Order!	Current Balance
Date	Name & Address of Vendor of Goods or Services Received But Not Paid For	Owed by You
10/30/01	Kim Middendorf, 1957 Sheridan St, St Paul, Mn	157.98
46. Current	Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)	\$ 157.98

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) RWHALL STOY 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.