## 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.

<u>rur</u>	migrification on this report is public.	Type of print in black link.	
1.	VoteTiffini2017		
	(Name of Committee or Fund)		

	 	 	 -	•
^				

Joanne Hodgeman (Treasurer's Name)

4. Treasurer's Daytime Phone Number:

(E-mail Address) johodgeman@gmail.com

1411 Sherburne Ave, Saint Paul, MN 55104

(Treasurer's Mailing Address for Committee Business)

5.

651-894-4104

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)

7. Termination of Committee; Termination of Committee registration Taxpayer Services AUG 0 2 2017

Received by Hennepin County

**TYPE OF REPORT:** 

2017 PRE-PRIMARY:

**FILING DATE:** 8/1/2017

REPORTING PERIOD:

From: 1/1/2017 Through: 7/25/2017

**BEGINNING CASH BALANCE THIS REPORT:** 

\$ 100.00

(Insert Ending Cash Balance from last report)

COLUMN B

COLUMN C

(Column A not applicable for this report)

**ACTIVITY IN THIS REPORTING PERIOD** 

(Total Activity Reported for This Calendar Year)

10. ADDITIONS:

+ \$1627.25

(Insert amount from line 25)

\$ 1627.25 (Insert total of line 10, column B)

11. SUBTRACTIONS:

- \$ 1618.34

(Insert amount from line 34)

\$ 1618.34

(Insert total of line 11, column B)

12. ENDING CASH BALANCE THIS REPORT:

= \$ 8.91

(line 9 + line 10(column B) - line 11(column B)

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

**COLUMN B ACTIVITY IN THIS REPORTING PERIOD** (Column A not applicable for this report)

COLUMN C (Total Activity Reported for This Calendar Year)

13. In-Kind Donations Received:

<u>+ \$ 0</u>

(Insert total from line 36)

(Insert total of line 13, column B)

Goods/Services Given to Others:

(Insert total from line 39)

(Insert total of line 14, column B)

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

(Insert total Current Balance from line 45)

SUMMARY OF OUTSTANDING DEBT:

Current Balance of Outstanding Loans Payable (loaned to you)

(Amount from Last Report: \$ )

(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)

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. CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. I, (Print Name) \_Joanne Hodgemansioned b

SIGNATURE OF TREASURER:

DATE:

8/1/2017

File this report with:

Hennepin County Elections Division PSL 012 Government Center, Minneapolis, MN 55487-0012 (612)596-7152

NA	ME OF COMMITTEE OR FUND: VoteTiffini2017		DATE: 08/01/2017
ΑD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	§ (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	<u>\$ 1627.25</u>	\$ 1627.25 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	<u>\$ 0</u>	
22.	New Loans Payable (loaned to you):	\$ 0 (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0 (Insert total from line 44)	
24.	Other:	<b>\$</b>	\$ (Subtotal: lines 21+22+23+24)
 25.	TOTAL INCOME:	\$ 1627,25 (TOTAL lines 19 through 24. Tr	ransfer this amount to Line 10, Column B.)
SUI	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	<u>\$</u>	(Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	<u>\$ 1618.34</u>	\$ 1618.34 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	<u>\$ 0</u>	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 0 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ 0 (Insert total from line 43)	
33.	Other:	<u>\$ 0</u>	\$ 0 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 1618.34	nsfer this amount to Line 11, Column B.)

retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin Co	unty 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 websi	te. €
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: Joanne Hodgeman

DATE: 08/01/2017

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.

			_		List contributi	
				COLUMN A	COLUMN B	COL
Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received This Period	\$ Va In-Ki Dona
						<u> </u>
						-
Sub	total ITEMIZED Monetary Contribution	s received this period:			\$0	To
	total ITEMIZED Monetary Contribution	<u> </u>	sted on previous page:		\$0	0
35. TOT	FAL ITEMIZED CONTRIBUTIONS REC	EIVED THIS PERIOD	: (Transfer this amount to Lin	e 19)	\$0	0
Sub	total ITEMIZED In-Kind Donations rec	eived this period:				\$0
	total ITEMIZED In-Kind Donations rec		on previous page:			\$0
Sub	total NON-ITEMIZED In-Kind Donation	s Received This Period	d:			\$0
36. TOT	TAL IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Trans	efer this amount to Line 13, C	olumn B)		\$0

OHEDDEL D. OF ENATING EXPERIDITIONED AND CONTINUOTIONS MADE TO OTHER COLD

NAME OF COMMITTEE OR FUND: VoteTiffini2017

DATE: 08/01/2017

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.

				List expenditu current reporti	
		·	COLUMN A	COLUMN B	COL
	ALPHABETICAL ORDER!		Previous Total	Operating	Cont
Date Paid	Vendor or Recipient Committee Name and Address	Purpose for Expenditure	For This Year	Expenditures	to Ot
•					+
					-
Subtota	al ITEMIZED Operating Expenditures this period:	****		\$0	0
	al ITEMIZED Operating Expenditures this period listed on prev	vious page:		\$0	0
	ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (1		28)	\$0	0
Subtota	al ITEMIZED Contributions to Others this period:	*****			\$0
	al ITEMIZED Contributions to Others this period listed on prev	ious page:			\$0
38. TOTAL	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (	Transfer this amount to Lin	e 26)		\$0

NAME OF COMMITTEE OR FUND: VoteTiffini2017

DATE: 08/01/2017

#### 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	
<u>-</u>	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 ar	nount to Line 14, Co	Jumn B)	\$0	0

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

				r Repaid by 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 Lender	Last Report	\$ Received	\$ Repaid	Owed by You
		-			
40. Total	New Loans Payable this period: (Transfer this amo	unt to Line 22)	\$		
41. Total	Repayment of Loans Payable this period: (Transfer	this amount to Line 31)		\$	
42. Curre	nt Balance of Outstanding Loans Payable: (Transfer	this amount to Line 16)			\$ 0

#### 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
<u> </u>	-	Loan Balance	Add New Loan	Subtract Loan 、	Current Balance
Date	Name, Address & Employer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You
<del></del>					
43. Total N	New Loans Receivable this period: ( <b>Transfer this amo</b> ur	nt to Line 32)	\$		
44. Total F	Repayment of Loans Receivable this period: (Transfer th	is amount to Line 2	3)	\$	
45. Currer	nt Balance of Outstanding Loans Receivable: (Transfer t	his amount to Line 1	15)		\$0

## 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
		<u>.</u>
46. Current I	Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)	\$0

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.)

INDEDENDENT	FXPENDITURE:	CIMODNI CTAT	resaekit

DocuSigned by:

I, (Print Name) Joanne Hodgeman , 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

<u>Date</u>

8/1/2017