### CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law. Minnesota Statutes 383B.041-383B.058 TYPE OR PRINT IN BLACK INK RETAIN A COPY OF THIS REPORT FOR YOUR FILES. ALL INFORMATION ON THIS REPORT IS PUBLIC Neighbors for Amy Arcand (Name of Committee or Fund) Brenda Diethelm-Okita dieth001@umn.edu (Treasurer's Name) (E-mail Address) Received by Hennepin County 3536 21st Ave. S., Minneapolis, MN 55407 (Treasurer's Mailing Address for Committee Business) Taxpayer Services 4. Treasurer's Daytime Phone Number: 651-226-4189 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization & 2009) No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) ŊΒ Log No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applipple) 6a. □ 7. III Termination of Committee; Termination of Committee registration REPORTING PERIOD: **TYPE OF REPORT:** FILING DATE: Through: 9/1/2009 PRE-PRIMARY: 9/8/2009 From: 1/1/2009 \$ 3,297.27 BEGINNING CASH BALANCE THIS REPORT: (Insert Ending Cash Balance from last report) **COLUMN C COLUMN B ACTIVITY IN THIS REPORTING PERIOD.** (Total Activity Reported for This Calendar Year) (Column A not applicable for this report) + \$ 3.410.00 3,410.00 10. ADDITIONS: (Insert amount from line 25) (Insert total of line 10, column B) \$ 5,875.39 **-** \$ 5,875.39 SUBTRACTIONS: (Insert amount from line 34) (Insert total of line 11, column B) = \$ 831.88 ENDING CASH BALANCE THIS REPORT: (line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: **COLUMN B** COLUMN C (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD (Total Activity Reported for This Calendar Year) +\$ 0.00 \$ 0.00 13. In-Kind Donations Received: (Insert total of line 13, column B) (Insert total from line 36) Goods/Services Given to Others: - \$ 0.00 (Insert total of line 14, column B) (Insert total from line 39) 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) ......> (Insert total Current Balance from line 42) (Amount from Last Report: \$ 0.00 ) \$ 0.00 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit ......> (Insert total Amount Owed from line 46) (Amount from Last Report: \$ 0.00 ) 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. CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. Dicting on - OK I, (Print Name) BYCOLC SIGNATURE OF TREASURER:

FILE THIS REPORT WITH:

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

## RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY DATE: 9-3-2009 NAME OF COMMITTEE OR FUND: Neighbors for Amy Arcand ADDITIONS: (Income) \$\_1,400.00 19. Total ITEMIZED Contributions: (Insert total from line 35) \$ 3,410,00 20. Total NON-ITEMIZED Contributions: \$ 2,01<u>0.00</u> (Subtotal: lines 19 + 20) 21. Income from bank dividends, interest, etc: \$ 0.00 \$ 0.00 22. New Loans Payable (loaned to you): (Insert total from line 40) \$ 0.00 23. New Repayments on Loans Receivable: (Insert total from line 44) (loaned to others/repaid to you) 24. Other: \_\_\_\_\_ \$ 0.00 (Subtotal: lines 21+22+23+24) \$ 3,410.00 25. TOTAL INCOME: (TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.) **SUBTRACTIONS: (Expenditures)** 26. Total ITEMIZED Contributions to Others: (Insert total from line 38) \$ 0.00 27. Total NON-ITEMIZED Contributions to Others: \$ 0.00 (Subtotal: lines 26 + 27) \$ 5,140.23 28. Total ITEMIZED Operating Expenditures: (Insert total from line 37) \$ 5,875,39 29. Total NON-ITEMIZED Operating Expenditures: \$ 735.16 (Subtotal: Lines 28 + 29) <u>\$ 0.00</u> 30. Bank service charges, etc., paid by you: \$ 0.00 31. New Repayments on Loans Payable: (Insert total from line 41) (loaned to you/repaid to lender) 32. New Loans Receivable (loaned to others):

#### 34. TOTAL EXPENDITURES:

33. Other: \_\_

\$ 0.00

(Insert total from line 43)

(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

(Subtotal: lines 30+31+32+33)

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

	AL 2.11	DATE: 0.2.0000
NAME OF COMMITTEE OR FUND:	Neighbors for Amy Arcand	DATE: 9-3-2009

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.)

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.

-					current report		
				COLUMN A	COLUMN B	COLUMN B1	COLUMN C Total from
Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received This Period	\$ Value of In- Kind Donation	Source Year to Date
1/20/09	Brock, Jack	self-employed		0.00	200.00		200.00
	5550 Rowland Rd.						
	Minnetonka, MN 55343						
2/1/09	Kenney, Sally	Univ. of Minn.		0.00	300.00		300.00
	4810 Pleasant St. Mpls, MN 55419						
1/27/09	Staehle, Brian	Maximum Graphics		0.00	300.00		300.00
	4310 151 <sup>st</sup> Ave NW,						
	Andover MN 55304						
1/27/09	Staehel, Cynthia	retired		0.00	300.00		300.00
	4310 151st Ave NW,						
	Andover MN 55304						
2/17/09	Women Winning	PAC MN registration #		0.00	300.00		300.00
	2324 University Ave W. Suite 120B, St. Paul, MN 55114	40268					

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 1,400.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 1,400.00

Subtotal ITEMIZED In-Kind Donations received this period:	\$ 0.00	

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

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: <u>Neighbors for Amy Arcand</u>	NAME OF	COMMITTEE	OR FUND:	Neighbors fo	r Amy	Arcand
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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.

		1		List expenditures here for the current reporting period		
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	ALPHABETICAL ORDER!  Vendor or Recipient Committee Name and Address	Purpose for Expenditure	Previous Total For This Year	Operating Expenditures	Contributions to Others	Total to Source Year to Date
3/15/09	Arcand, Amy	Vol. food	0.00	568.75		568.75
	3536 21 <sup>st</sup> Ave. S.	postage				
	Minneapolis, MN 55407	house party				
		office supplies				
3/30/2009	Brothers Electric 3447 Cedar Ave. S., Mpls., MN 55407	Phone bank space	7.17	150.00		157.17
3/15/2009	Denison, Dustin	Office supplies		388.39		388.39
	3535 22 <sup>nd</sup> Ave. S., Mpls., MN 55407					
3/6/2009	Huseby, Brian 2444 34 <sup>th</sup> Ave., S. Mpls. MN 55406	Stamps/postage		172.20		172.20
1/7/2009	Impact Printing	Letterhead/post	0	758.20		2039.08
2/6/2009	1067 Rice St.	cards/signs/campaign literature		294.94		
2/26/2009	St. Paul, MN 55117			985.63		
2/9/2009	LA Miler Design	Logo design	0	400.00		400.00
	3018 Alabama Ave. St. Louis Park, MN 55416					
3/3/2009	Northern Sun 2916 E. Lake St., Mpls., MN 55406	T-shirt printing	0	860.00		860.00
2/9/2009	Union House 26796 Felton Ave. Wyoming MN 55092	Roll stickers	0	268.12		268.12
2/10/2009	US Postmaster Minnehaha Office, Mpls.	stamps	0	294.00		294.00

Subtotal ITEMIZED Operating Expenditures this period:	\$ 5140.23
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 5140.23

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	

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	LES C, D, E, and F (At				D, E, and F)	
NAME OF	COMMITTEE OR FUND: _	Neighbors for Am	y Arcand	DATE: _	9-3-2009	_
SCHEDUL You must o	E C: GOODS AND SERVIC disclose the total value of go th the goods and services, dription of the goods or servi	CES GIVEN TO OTHERS ods and services given to a s in excess of \$100 within t	nother committee.	as well as any othe	rwise non-itemizab ate, name and addi	e cash that, less of the recipien
<del></del>				Goods & Services	s + Cash = \$100+	
		<u> </u>	001114411	Given in Current Period  COLUMN B COLUMN B1		COLUMN C
	Alphabetical Order!  Name & Address of	Description of	COLUMN A Previous Total	COLUMN B	Value of Goods	Recipient Total
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
		this posical (Transfer this	amount to Line 1	4 Column B)	\$ 0.00	
39. Total	Goods and Services given i	this period: (Transfer this	amount to Line I	4, Column B)	\$ 0.00	
SCHEDUL	E D: NOTES AND LOANS	PAYABLE (Loaned to You	u)			
			Loans Given to or Repaid by You in			
		0011111111111		orting Period	001111111111111111111111111111111111111	
	Alphabetical Order!		COLUMN A1 Loan Balance	COLUMN B Add New Loan	COLUMN B1 Subtract Loan	COLUMN C1 Current Balance
Date	Name, Address & Empl	over of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
Date	Training Fragilities & Elimpi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
40. Total New Loans Payable this period: (Transfer this amount to Line 22) \$ 0.00 41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31) \$ 0.00						
41. Total	Repayment of Loans Payab nt Balance of Outstanding L	le this period: (Transfer thi	s amount to Line	16)	\$ 0.00	\$ 0.00
	E E: NOTES AND LOANS					
					r Repaid to You in	
	Alphabetical Order!		COLUMN A1	COLUMN B	orting Period COLUMN B1	COLUMN C1
	Alphabetical Order:		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Empl	oyer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You
43. Total New Loans Receivable this period: (Transfer this amount to				\$ 0.00		
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23) \$ 0.00  45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)						\$ 0.00
	.E F: UNPAID BILLS/ADV					\$ 0.00
SCHEDUL	E P. UNPAID BICES/ADVA	THOE OF CHEDIT (Items o				
Alphabetical Order!  Date Name & Address of Vendor of Goods or Services Received But Not Paid For						Current Balance Owed by You
Date	Name & Address of Vel	ndor of Goods or Services F	received but Not Fa	ald Foi		Owed by 10d
			<del></del>			
46. Curre	Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)					
47. <b>The</b> 1	Freasurer is to sign this st e notations on Schedules B	atement ONLY IF INDEPE or C where Independent Ex	NDENT EXPENDIT penditures are item	TURES WERE MAD nized.)	DE.	
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INDE I, (Prid	PENDENT EXPENDITURE  of Name)  dates and reported in this re	eport were made WITHOUT	the authorization	nat all independent or expressed or it	mplied consent of,	or in cooperatio
INDE I, (Pri candi or in	nt Name)	eport were made WITHOUT	the authorization	or expressed or in	mplied consent of, ommittee or agent	or in cooperation

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