## CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES.

ALL.	As required by the HeI	nnepin County Financial Disclosure Law: Minnesota Sta	atutes 383B.041-383B.058	HIS REPORT FOR YOUR FILES.
1.	Neighbors for Cam Gordon			
	(Name of Committee or Fund)			
2.	Arthur LaRue		aplarue@bitstream.net	
3.	(Treasurer's Name) 630 Cedar Ave S #1106, Minneapolis, MN_554	54	(E-mail Address)	y Hennepin County
-	(Treasurer's Mailing Address for Committee Business)	_	Toyns	ayer Services
4.	Treasurer's Daytime Phone Number: 612-376-	0885	ιακρο	Tyel Colvies
<b>5</b> .	Change in Committee or Officer's Name, Address	, Phone. (Attach new "Registration & Statement of	f Organization")	G 17 2009
6.	No activity since last Report. (Insert Beginning and	d Ending Balance at #9 & #12 below)		
6a.	No activity with 383B.041058 candidates, this r	eporting period. (Complete lines #9-#12 as applic	table) Log	DB /
7.	Termination of Committee - All debts must be paid	and Ending Balance can be no more than \$100. To	ermination of committee repair tion.	Yo1DEL
	If your committee is a state committee, please contact	at our office regarding termination.	1 171	
8.	2008 ANNUAL REPORT DUE Monday,	February 2, 2009		Mb.
	REPORTING PERIOD; (check one)			Ombilde
	2008 Candidates on the ballot			OWLIN
	And Political Funds or Committees:	From: 10/22/2008	Through: 12/31/2008	F.Co.
	X Candidates NOT on the ballot in 2008	: From: 1/1/2008	Through: 12/31/2008	
_	SPORTING ASSURANCE STATE OF THE	4 0400		
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ -24.96 (Insert Ending Cash Balance from last report)	<del>_</del>	
	COLUMN A	(mount change dash balance nom last report)		
	Activity Reported this year,	COLUMN B	COLUMN	
	In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This	Calendar Year
10.	ADDITIONS:			
	\$ (6) \tag{6}	+ \$ 2064.59	\$ 2064.59	
	(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, columns	A + B)
11.	SUBTRACTIONS:			•
	S (Column C. Line 4144 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- \$ 1854.99	\$ 1854.99	
	(Column C, Line 11 from Last Reporting period.)	(Insert amount from line 34)	(Insert total of line 11, columns	A + B)
12.	ENDING CASH BALANCE THIS REPORT:	= \$ 184.64		
		(Line 9 + line 10(column B) - line 11(column l	B)	
SUA	MMARY OF IN-KIND DONATIONS & OUTSTANDING LO	DANS RECEIVABLE:		
	COLUMN A	COLUMN B	COLUMN	
	Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This	
13.	In-Kind Donations Received:			
	\$	+\$ 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:			
	\$	\$ 0.00	\$ 0.00	
	(Column C, Line 14 from Last Reporting period.)	(Insert total from line 39)	(Insert total of line 14, columns	A + B)
15.	Current Balance of Outstanding Loans Receivable	le (loaned to others)>	\$ 0.00	
			(Insert total Current Balance fro	m line 45)
SUM	MMARY OF OUTSTANDING DEBT:			
	Current Balance of Outstanding Loans Payable (loan	ned to you)>	\$ 188.00	
	(Amount from Last Report: \$ 263.00 )	• •	(Insert total Current Balance fro	m line 42)
17.	Current Balance of Outstanding Unpaid Bills/Advance	e of Credit>	\$ 157.98	
	(Amount from Last Report: \$ 868.20 ) 56 102	7.18 08 8-1709	(Insert total Amount Owed from	line 46)
18.	CERTIFICATION: Any person who signs and certifies to be		vs contains false information or who know	ingly omits required
	information is guilty of a gross misdemeanor.			may orma rodelled
	I, (Print Name) Arthur P. LaRue	, CERTIFY THAT THIS RE	PORT IS COMPLETE, TRUE AND C	ORRECT.
SIGN	NATURE OF TREASURER: AMM & Sol	0,00	DATE: August 12, 2009	
	aug. w	FILE THIS DEPORT WITH	DATE. August 12, 2003	

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

NAI	ME OF COMMITTEE OR FUND: Neighbors for C	am Gordon	DATE: 8/12/09
AD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions: (Insert total from line 35)	\$ 0	
20.	Total NON-ITEMIZED Contributions:	\$ 2064.59 (Subtotal: lines 19 + 20)	<u>\$ 2064.59</u>
21.	Income from bank dividends, interest, etc:	\$ 0	
22.	New Loans Payable (loaned to you): (Insert total from line 40)	\$ 0	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0 (Insert total from line 44)	
24.	Other:	\$ 0 (Subtotal: lines 21+22+23+24)	<u>\$ 0</u>
25.	TOTAL INCOME: (TOTAL lines 19 through 24. Transfer this amount to	\$ 2064.59 b Line 10, Column B.)	
SU	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others: (Insert total from line 38)	\$ 0	
27.	Total NON-ITEMIZED Contributions to Others:	\$ 0 (Subtotal: lines 26 + 27)	<u>\$_0</u>
28.	Total ITEMIZED Operating Expenditures: (Insert total from line 37)	\$ 1620.58	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 81.00 (Subtotal: Lines 28 + 29)	\$ 1701.58
30.	Bank service charges, etc., paid by you:	\$ 78.41	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 75.00 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others): (Insert total from line 43)	<u>\$ 0</u>	
33.	Other:	\$ 0 (Subtotal: lines 30+31+32+33)	<u>\$ 153.41</u>
34.	TOTAL EXPENDITURES: (Total lines 26 through 33. Transfer this amount to I	\$ 1854.99 Line 11, Column B.)	

Date ALPHABETICAL ORDER! Contributor's Employer** Description of In-Kind Previous Total For This Year This Period This Period This Period Source Year to Date of In-Kind Donation Total from Source Year to Date of In-Kind Donation Total from Source Year to Date of In-Kind Donation Total from Source Year to Date of In-Kind Donation This Period	Hennepin the line p	Important information: Addresses sub County Elections Division. As a conv rovided if you do not want the address ors' addresses and one without.	enience, Hennepin County	also displays Schedule A on th	e Hennepin County	web site. Please	check the box and in	itial the form on
rou must disclose the date and amount of each monetary contribution or donation in Kind within the year that, in aggregate from any contribution, exceeds \$100°, the name and address of the individual contributor.  "In the case of a contributor with a self-employer, that is, does not derive earned income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of povernment, you must list that contributors or secupation.)  Postical Funds must list that contributors or cocupation.  For povernment, you must list that contributors or cocupation.  For povernment, you must list that contributors or cocupation.  For povernment, you must list that contributors or cocupation.  For povernment, you must list that contributors or cocupation.  For povernment, you must list that contributors or cocupation.  For povernment, you must list that contributors or cocupation.  For povernment, you must list that contributors or cocupation.  For povernment, you must list that contributors or cocupation.  For this pages as necessary.  List contributions here for the current reporting period cocupation.  COLUMN A COLUMN B COLUMN B1	SCHEE	ULE A: INCOME FROM CAS	SH (MONETARY) CO	NTRIBUTIONS and IN-	KIND DONATIO	ONS		
Individual, committee or fund that made the monetary contribution or Donation in Kind, and the employer of the individual contributor, partnership, or other entity, including a branch of government, you must list that contributor so occupation.)  If 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 contributors occupation.)  If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A.  Altech additional pages as necessary.  List contributions here for the current reporting period  COLUMN B. COLUMN	NAME O	F COMMITTEE OR FUND: Neighbor	s for Cam Gordon				OATE: 08/12/09	
List contributions here for the current reporting period   COLUMN B   COLUM	ndividual, **In the ca governme Political F	committee or fund that made the moneta ase of a contributor who is self-employed, nt, you must list that contributor's occupat unds must itemize contributions of memb	ry contribution or Donation I that is, does not derive ear- tion.) ters that, in aggregate in the	n Kind, and the employer of the inc ned income as owner, partner, or e year, exceed \$50.	dividual contributor. Employee of a corpora	ition, partnership, o	r other entity, includin	
ALPHABETICAL ORDER! Contributor Name & Address Contributor Name & National Operation Name & National Name & Nation	you subi	int a typed of compact generated ust, on	The state of the s	order as arey appear on concease	/ /			η
Date ALPHABETICAL ORDERI Contributor's Employer**  Contributor Name & Address  Contributor's Employer**  Description of In-Kind Donation  Previous Total For This Year  This Period  S Value of In-Kind Donation  For This Year  This Period  S Value of In-Kind Donation  For This Year  This Period  S Value of In-Kind Donation  Source  Year to Da  Subtotal ITEMIZED Monetary Contributions received this period:  Subtotal ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)  Subtotal ITEMIZED In-Kind Donations received this period:  Subtotal INDN-ITEMIZED In-Kind Donations Received This Period:								
AlphaBetrical Orders Contributor Name & Address  Contribut					COLUMN A	COLUMN B	COLUMN B1	COLUMN C
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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:  \$0.00  Subtotal NON-ITEMIZED In-Kind Donations Received This Period:  \$0.00	Subt	otal ITEMIZED Monetary Contributio	ns received this period:			\$0.00		
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Subtotal NON-ITEMIZED In-Kind Donations Received This Period: \$0.00	Subi	otal ITEMIZED In-Kind Donations re-	ceived this period listed o	n previous page:		-	\$0.00	
RS TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13 Column R) \$0.00		<del> ·     · · · · ·   · · · · · · · · · · </del>	\$0.00					
20. 10 INF III-MAD DOIAN HORS INFO-FINO I FINOD. (Hamsler rais amount to Fine 15) doising by	36. TOT	AL IN-KIND DONATIONS RECEIVE	\$0.00					

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

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 expenditures here for the current reporting period		
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	ALPHABETICAL ORDERI 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
01/09/08	Bridge Community News, 2600 East Franklin Ave, Minneapolis, MN, 55406	ad	0	869.2		869.2
04/11/08	Bridge Community News, 2600 East Franklin Ave, Minneapolis, MN, 55406	ad	869.2	350		1219.2
08/22/08	Bridge Community News, 2600 East Franklin Ave, Minneapolis, MN, 55406	ad	1219.2	35.6		1254.8
11/26/08	Bridge Community News, 2600 East Franklin Ave, Minneapolis, MN, 55406	ad	1254.8	183.2		1438
12/05/08	Shafer & Feld, 2933 North 2 <sup>nd</sup> St, Minneapolis, MN, 55411	printing	0	182.58	,,_,_	182.58
<del></del>						

Subtotal ITEMIZED Operating Expenditures this period:	\$1,620.58
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$0.00
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$1,620.58

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)	\$0.00

SCHEDULI	ES C, D, E, and F (At	tach additional pages	if necessary fo	or Schedules C,	D, E, and F)	
NAME OF COMMITTEE OR FUND: Neighbors for Cam Gordon DATE: 08/12/09						
You must dis together with		ods and services given to a s in excess of \$100 within t				
				Goods & Service:	s + Cash = \$100+	
				Given in Cu		
	Alphabetical Orderl Name & Address of	Description of	COLUMN A Previous Total	COLUMN B	COLUMN B1 Value of Goods	COLUMN C Recipient Total
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
20 Total Co		Ahia nasiadi /Tanada Ahi		4 Column Pl	\$0.00	
		this period: (Transfer this PAYABLE (Loaned to You		4, Column B)	\$0.00	<u> </u>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>		1	Loans Given to o	r Repaid by You in	
	•			Current Rep	orting Period	
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Emplo	oyer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Owed by You
08/31/06	Cam Gordon, 914 E Terrace, Mpls, 55406: City of Minneapolis		188		!	188
08/27/07	Arthur LaRue, 630 Cedar Ave S #1106, Mpls, 55454: Washington County		75		75	0
40. Total Ne	w Loans Payable this per	iod: (Transfer this amoun	t to Line 22)	\$0.00		
41. Total Re	payment of Loans Payab	le this period: (Transfer thi oans Payable: (Transfer th	is amount to Line	31)	\$75.00	\$188.00
		RECEIVABLE (Loaned by			or Repaid to You in	
				Current Rep	porting Period	
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1 Current Balance
Date	Name, Address & Employer of Recipient of Loan		Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Owed to You
40 Taiol No						
		period: (Transfer this amo able this period: (Transfer		\$ ne 23)	\$	<del> </del>
		oans Receivable: (Transfe			1 -	\$
SCHEDULE	F: UNPAID BILLS/ADVA	NCE OF CREDIT (Items of	or services receive	ed but not paid)		
Date	Alphabetical Orderl Name & Address of Vendor of Goods or Services Received But Not Paid For					Current Balance Owed by You
10/30/01	Kim Middendorf, 1957 Sheridan, St Paul, MN, 55116					157.98
46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)						
47. The Tre	easurer is to sign this st	Inpaid Bills/Advance of Cre atement ONLY IF INDEPE or C where Independent Ex	NDENT EXPENDIT	URES WERE MAD	· •	\$157.98
I, (Print I candida	tes and reported in this re	SWORN STATEMENT  port were made WITHOUT  uest or suggestion of any	the authorization		mplied consent of	, or in cooperation
Signatu	re of Treasurer			Da	te	