	NANCE REPORT OF RECEIPTS AND Depin County Financial Disclosure Law: Minnesota	
ALL INFORMATION ON THIS REPORT IS PUBLIC.	Type or print in black ink.	RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
1. Allen Aighogun for (Name of Committee of Fund)	city council	
2. Allen Alabogun (Treasurer's Name)		(E-mail Address)
1720 c 0th Ct Henr M.	and soll May 55-401	(E-Hall Address)
3. 2329 5 91h St #422 MI. (Treasurer's Mailing Address for Committee Busin	hess)	n training
21	2-126-10117	Received by Hennepin County
5. Change in Committee or Officer's Name,	Address, Phone. (Attach new "Registration & S	Taxpayer Services
6. No activity since last Report. (Insert Begin	nning and Ending Balance at #9 & #12 below)	OCT 23 2009
6a. No activity with Hennepin County candi	dates, this reporting period. (Complete lines #	#9-#12 as applicable)
		d loans or bills); telmination of Committee Registration
8. TYPE OF REPORT: FILING DA		
PRE-GENERAL: 10/27/2009	á	rough: 10/20/2009
9. BEGINNING CASH BALANCE THIS REPORT	: \$ 689.9 (Insert Ending Cash Balance from Pre-Primary	report)
COLUMN A	COLUMN B	COLUMN C
Activity Reported on Pre-Primary Report	ACTIVITY IN THIS REPORTING PERIOD	
10. ADDITIONS:		
\$ 2056.95	+\$ 440.00	\$ 2496.95 (Insert total of line 10, columns A + B)
(Line 10 from Pre-Primary Report this year.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
11. SUBTRACTIONS:	0.30	0
\$ 1367.04	<u>-\$ 928_96</u>	s 2296
(Line 11 from Pre-Primary Report this year.)	(Insert amount from line 34)	(Insert total of line 11, columns A + B)
12. ENDING CASH BALANCE THIS REPORT:	= \$ 200.95 (Line 9 + line 10(column B) - line 11(colum	nn B)
SUMMARY OF IN-KIND DONATIONS & OUTSTA	· · · · · ·	
COLUMN A Activity Reported on Pre-Primary Report	COLUMN B ACTIVITY IN THIS REPORTING PERIOD	COLUMN C A + B =Total Activity for This Calendar Year
13. In-Kind Donations Received:		
s	+\$	_ \$
(Line 13 from Pre-Primary Report this year.)	(Insert total from line 36)	(Insert total of line 13, columns A + B)
14. Goods/Services Given to Others:	0	_
<u>\$</u>	-\$ <i>O</i>	<u> </u>
(Line 14 from Pre-Primary Report this year.)	(Insert total from line 39)	(Insert total of line 14, columns A + B)
15. Current Balance of Outstanding Loans Rece	eivable (loaned to others)>	\$
		(Insert total Current Balance from line 45)
SUMMARY OF OUTSTANDING DEBT:		
16. Current Balance of Outstanding Loans Payable	(loaned to you)>	\$ (Incomplete Support Park Park Park Park Park Park Park Park
(Amount from Last Report: \$		(Insert total Current Balance from line 42)
17. Current Balance of Outstanding Unpaid Bills/Ad (Amount from Last Report: \$)	dvance of Credit>	(Insert total Amount Owed from line 46)
g saldant nom Edoctroport. g		(moste total ranoual Owed from the 40)
		rson knows contains false information or who knowingly omits
required information is guilty of a gross misdemeano I, (Print Name) Alen Aleber		EPORT IS COMPLETE, TRUE AND CORRECT.
i, (i microanie) Apoli, 1719001/11	, OLIVER I ITAL ITIO RE	
SIGNATURE OF TREASURER: CLU C		DATE: 10/25/09

FILE THIS REPORT WITH:

	CEIPT AND EXPENDITURES WORKSHEE		
NA	me of committee or fund: <u>Allen</u> A	lybogun for city Co	Wal DATE: 10/25/09
AD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	(Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 20.00	\$ 440.00 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ 0	
22.	New Loans Payable (loaned to you):	\$ (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ (Insert total from line 44)	
24.	Other:	\$	\$ (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 440.00 (TOTAL lines 19 through 24. Tr	ansfer this amount to Line 10, Column B.)
su	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$ 0	\$ (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 906.68 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$	\$ 906.08 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 22.00	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	(Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ (Insert total from line 43)	
33.	Other: <u>Dag Pal</u> fee	\$ 0.88	\$ 22.88 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 928,96 (Total lines 26 through 33. Tran	sfer this amount to Line 11, Column B.)

Subtotal ITEMIZED Monetary Contributions received this period: Subtotal ITEMIZED Monetary Contributions received this period: Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	Hennepin Co the line prov	portant information: Addresses sub bunty Elections Division. As a conve ided if you do not want the address ' addresses and one without.	enience, Hennepin County also	o displays Schedule A on th	e Hennepin County	web site. Please cl	seck the box and in	itial the form on
NAME OF COMMITTEE OR FUND: Alen Aighogun for city (Wind) To 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, 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, 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, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual contributor accurate to the individual contributor accurate to the individual contributor accurate properties of the individual contributor.	SCHEDU	LE A: INCOME FROM CAS	H (MONETARY) CONT	RIBUTIONS and IN-	KIND DONATIO	ONS		
You must disclose the date and amount of each monetary contribution or donation in Kind within the vear 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, 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, exceeds \$100 °, the name and address of the individual contributor, exceed \$100 °, the name and address of the individual contributor, exceed \$100 °, the name and address of the individual contributor, exceed \$100 °, the name and address of the individual contributor, exceed \$100 °, the name and address of the individual contributor, exceed \$100 °, the name and address of the individual contributor, exceed \$100 °, the name and address of the individual contributor or the contributor of the contributor or exceed \$100 °, the name and address of the individual contributor or the contributor or the contributor or exceed \$100 °, the name and address of the individual contributor, or employee of a corporation, partnership, or other entity, including a branch of good and the employer of the individual contributions pages as necessary.							TE: 10/25/	109
("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 litemize 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. List contributions here for the current reporting period COLUMN A COLUMN B COLUMN C COLUMN B COLUM	You must disc individual, co	close the date and amount of each mor mmittee or fund that made the monetar	netary contribution or donation in	Kind within the year that, in a	aggregate from any co	ontributor, exceeds \$	100 *, the name and	address of the
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 contributions here for the current reporting period COLUMN A COLUMN B COLUMN B1 COLUMN CO	(**In the case	of a contributor who is self-employed,	that is, does not derive earned in			ition, partnership, or	other entity, including	g a branch of
COLUMN A COLUMN B COLUMN C			=	, exceed \$50.				•
COLUMN A COLUMN B COLUMN C COLUMN B COLUMN C COLUMN B COLUMN C COLUMN B COLUMN C COLUMN B COLUMN B COLUMN C COLUMN B COLUMN B COLUMN B COLUMN B COLUMN C COLUMN C COLUMN C COLUMN B COLUMN C C	lf you submit	a typed or computer-generated list, all	items must be in the same order	as they appear on Schedule	A. Attach addition	nal pages as necessa	ary.	
Date ALPHABETICAL ORDER! Contributor's Employer* Description of In-Kind Donation For This Year This Period Kind Donation Nind Donation For This Year This Period Kind Donation Nind Nind Nind Nind Nind Nind Nind Nin								
Date ALPHABETICAL ORDER! Contributor's Employer** Rovd. Contributor Name & Address Previous Total For This Year This Period This Per					COLUMN A	COLUMN B	COLUMN B1	
9/3/09 Allen Asbegum TCF Bank \$100.00 \$20.00 \$120.00 \$	Rcvd.	Contributor Name & Address				1 + 1		Source
9/36/09 Stella Arghogen South Metro Human Services #100.00 \$200.00 \$300 00 \$1/00 \$1/00 \$1/00 00 \$1/00					\$ 100.00	1		
9/17/09 Thomas Aghavedo Taxi Driver — 100000 \$10000 25000 10/2/0000 25000 10/2/0000 250000 10/2/00000 10/2/00000 10/2/00000 10/2/00000 10/2/00000 10/2/00000 10/2/000000 10/2/0000000000	9/36/09	S'tella Aighogun	South Matro Human Services		\$ 100.00	\$ 200.00		\$70000
Subtotal ITEMIZED Monetary Contributions received this period: Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 320.00 Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	9/17/09	Thomas Aghayedo	Tayi Driver		_	\$100.00		10
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 0	10/2/09	Tony Exong	Doctor		\$150°	\$ 10000		250 ⁵⁵
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 0		•						
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 0								
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 0								
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Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 0								
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 0	Subtota	I ITEMIZED Monetary Contribution	as received this period:			\$ 270 (20)	1	
		· · · · · · · · · · · · · · · · · · ·		on previous page:			_	
					∋ 19)		•	
Subtotal ITEMIZED In-Kind Donations received this period:	Subtota	ILITEMIZED In-Kind Donations rec	eived this period:			***************************************	e ==	7
Subtotal ITEMIZED In-Kind Donations received this period. Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:				evious page:			 	

Page	3

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)

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SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

	EL D. OF LIVATING EXPERDITORES AND CORT	MIDUTIONS WINDE TO	DITIER COMIN	III I EEO		
NAME OF C	COMMITTEE OR FUND: Allen Aighagun	for city counci		DA	ATE: 10/25/	109
You must di of \$100 with	isclose the name and address of each individual, business or chin the year, and the amount, date and specific purpose of the	committee to whom expenditu expenditure.	res/contributions	have been made,	in an aggregate a	mount in excess
If you subm	it a typed or computer-generated list, all items must be in the :	same order as they appear on	Schedule B.			
Attach addit	tional pages as necessary.					
				List expenditur current reporti		
			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
09/04/09	Brian Adamoiren 6705 narcissus W. N. Maple Grove, 55311	Campanga Consultry	\$700-00	9700.00		A1400.00
10/05/09	Fed ex 5 8 shelling Aves St. Roul, MN 55105	compan flyes		B206.08		
		- V				

			,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		4	
	al ITEMIZED Operating Expenditures this period:			\$ 906.08]	
	at ITEMIZED Operating Expenditures this period listed on prev			\$ C		
37. TOTAL	. ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (T	ransfer this amount to Line	28)	\$ 906.08		
Subtota	al ITEMIZED Contributions to Others this period:				\$ 6	
Subtota	al ITEMIZED Contributions to Others this period listed on previ	ious page:			\$ 0	
38. TOTAL	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line	e 26)		\$ 3	

	JLES C, D, E, and F (A	uacii additional page:	s II IICCESSALY I	or Schedules C	, D, E, and F)	
NAME OF	COMMITTEE OR FUND: _	Allen Alghogu	n fer city	Como DATE:	10/25/09	
SCHEDUL You must with the go	LE C: GOODS AND SERVIC disclose the total value of go cods and services, is in exce n of the goods or services gi	CES GIVEN TO OTHERS bods and services given to a less of \$100 within the year.	another committee.	as well as any othe	envise non-itemizah	ele cash that, togeth ne recipient and a
	· · · · · · · · · · · · · · · · · · ·		T	Conda & Conda	a i Cash - 0400 :	1
				Goods & Service	s + Cash = \$100+ irrent 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	s amount to Line 1	14, Column B)	\$	
SCHEDUL	E D: NOTES AND LOANS	PAYABLE (Loaned to Yo	u)		<u> </u>	<u> </u>
					r Repaid by You in porting Period	
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Emplo	yer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
					V / COPAIU	Owed by roa
40. Total I	New Loans Payable this per	iod: (Transfer this amoun	to Line 22)	\$		0
41. 10tal 1	Repayment of Loans Payabl nt Balance of Outstanding Lo	e this period: (I ransfer thi	s amount to Line	31)	\$	Ø
72. Canor	to Delation of Catalanding Li	Jans rayable. (Translet til	is amount to Line	10)		\$ 0
SCHEDUL	E E: NOTES AND LOANS	RECEIVABLE (Loaned by	You)			
			ī .	I I aana Oh aa b		
				Current Rep	r Repaid to You in orting Period	
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Emplo	ver of Recipient of Loan	Loan Balance Last Report	Add New Loan	Subtract Loan	
		yer or recipient of Loan		€ € 6.400		Current Balance
			Last Nepolt	\$ Given	\$ Repaid	Current Balance Owed to You
				\$ Given	\$ Repaid	
43. Total N	New Loans Receivable this p	period: (Transfer this amo	unt to Line 32)	\$ 6	\$ Repaid	Owed to You
43. Total N	New Loans Receivable this p	able this period: (Transfer	unt to Line 32) this amount to Lir	\$ G		Owed to You
43. Total N	New Loans Receivable this p	able this period: (Transfer	unt to Line 32) this amount to Lir	\$ G	O	Owed to You
43. Total N 44. Total F 45. Curren	New Loans Receivable this p	able this period: (Transfer pans Receivable: (Transfer	unt to Line 32) this amount to Lir this amount to Li	\$ G ne 23) ne 15)	O	Owed to You
43. Total N 44. Total F 45. Curren SCHEDULI	New Loans Receivable this page of the Repayment of Loans Receivable Balance of Outstanding Loans Receivable F: UNPAID BILLS/ADVAID Alphabetical Order!	able this period: (Transfer pans Receivable: (Transfer NCE OF CREDIT (Items or	unt to Line 32) this amount to Lir this amount to Li r services received	\$ G ne 23) ne 15) d but not paid)	O	Owed to You
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