CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058 ALL INFORMATION ON THIS REPORT IS PUBLIC TYPE OR PRINT IN BLACK INK. RETAIN A COPY OF THIS REPORT FOR YOUR FILES **EBERHARDY FOR WARD 9** (Name of Committee or Fund) TODD J. EBERHARDY (Treasurer's Name) (E-mail Address) 3663 SNELLING AVENUE S. MINNEAPOLIS MN 55406 (Treasurer's Mailing Address for Committee Business) Treasurer's Daytime Phone Number: (612) 250-8880 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) 6a. 🔲 No activity with 383B.041-.058 candidates, this reporting period. (Complete lines #9-#12 as applicable) 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 contact our office regarding termination. **2012 ANNUAL REPORT** DUE Thursday, January 31st, 2013 Received by Hennepin Coul REPORTING PERIOD: (check one) Taxpayer Services 2012 Candidates on the ballot And Political Funds or Committees: Through: 12/31/2012 From: 10/24/2012 MAR 20 2013 Candidates NOT on the ballot in 2012: From: 1/1/2012 Through: 12/31/2012 BEGINNING CASH BALANCE THIS REPORT: \$ 225.54 (Insert Ending Cash Balance from last report) **COLUMN A** Activity Reported this year, COLUMN B COLUMN C In previous reporting periods **ACTIVITY IN THIS REPORTING PERIOD** A + B =Total Activity for This Calendar Year 10. ADDITIONS: (Column C, Line 10 from Last Reporting period.) (Insert amount from line 25) (Insert total of line 10, columns A + B) 11. SUBTRACTIONS: (Column C, Line 11 from Last Reporting period.) (Insert amount from line 34) (Insert total of line 11, columns A + B) ENDING CASH BALANCE THIS REPORT: (Line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: **COLUMN A COLUMN B COLUMN C** Activity Reported on Last Report **ACTIVITY IN THIS REPORTING PERIOD** A + B =Total Activity for This Calendar Year 13. In-Kind Donations Received: (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: (Column C, Line 14 from Last Reporting period.) (Insert total from line 39) (Insert total of line 14, columns A + B) (Insert total Current Balance from line 45) **SUMMARY OF OUTSTANDING DEBT:** 16. Current Balance of Outstanding Loans Payable (loaned to you)..... \$ (Amount from Last Report: \$ .00 ) (Insert total Current Balance from line 42) 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit......> (Amount from Last Report: \$ 150.00 (Insert total Amount Owed from line 46) 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. I, (Print Name) \_\_\_TODD J. EBERHARDY CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. SIGNATURE OF TREASURER:

FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION - PSI\_012 OVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

## NAME OF COMMITTEE OR FUND: \_\_\_\_\_ DATE: \_\_\_\_\_ ADDITIONS: (Income) 19. Total ITEMIZED Contributions: (Insert total from line 35) 20. Total NON-ITEMIZED Contributions: (Subtotal: lines 19 + 20) 21. Income from bank dividends, interest, etc: 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: (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) 27. Total NON-ITEMIZED Contributions to Others: (Subtotal: lines 26 + 27) 28. Total ITEMIZED Operating Expenditures: (Insert total from line 37) 29. Total NON-ITEMIZED Operating Expenditures: (Subtotal: Lines 28 + 29) 30. Bank service charges, etc., paid by you: 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: \_\_\_\_\_ (Subtotal: lines 30+31+32+33) 34. TOTAL EXPENDITURES:

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

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

	DULE A: INCOME FROM CAS	SH (MONETARY) CO	NTRIBUTIONS and IN-	KIND DONATIO	ONS		
NAME C	F COMMITTEE OR FUND:		<del></del>			OATE:	<del></del>
You must ndividual	disclose the date and amount of each mo committee or fund that made the moneta	netary contribution or donation or contribution or Donation in	on In Kind within the year that, in an Kind, and the employer of the inc	aggregate from any collividual contributor.	ontributor, exceeds	\$100 *, the name and	d address of the
(**In the c	ase of a contributor who is self-employed, int, you must list that contributor's occupat	, that is, does not derive earn	ned income as owner, partner, or e	mployee of a corpora	ition, partnership, o	r other entity, includin	g a branch of
	Funds must itemize contributions of memb		year, exceed \$50.	,			
	mit a typed or computer-generated list, all			A. Attach additio	nal pages as neces	sary.	
						ions here for the	
					current report		
				COLUMN A	COLUMN B	COLUMN B1	COLUMN C Total from
Date	ALPHABETICAL ORDER!	Contributor's	Description of In-Kind	Previous Total	\$ Received	\$ Value of In-	Source
Rcvd.	Contributor Name & Address	Employer**	Donation	For This Year	This Period	Kind Donation	Year to Date
				<del> </del>			
	·			·			
Subt	otal ITEMIZED Monetary Contribution	ne received this period:			\$	$\neg$	
	otal ITEMIZED Monetary Contribution	_ <del></del>	ted on previous page:		\$	-	
	AL ITEMIZED CONTRIBUTIONS RE	•		10)	\$	_	
. 101.	TE TEMPED CONTRIBUTIONS RE	OEIVED THIS I ENIOD.	Transfer tills altiount to Link		Ι Ψ		
Subt	otal ITEMIZED In-Kind Donations red	eived this period:	<u>.                                    </u>			\$	1
	otal ITEMIZED In-Kind Donations rec	•	n previous page:			\$	1
	otal NON-ITEMIZED In-Kind Donation		<u> </u>			\$	1 .
	AL IN-KIND DONATIONS RECEIVED					\$	4

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

NAME OF C	COMMITTEE OR FUND:	·		D	ATE:	
You must di excess of \$	isclose the name and address of each individual, business or 100 within the year, and the amount, date and specific purpos	committee to whom expendituse of the expenditure.	ures/contributions	have been made	, in an aggregate a	mount in
If you subm	it a typed or computer-generated list, all items must be in the	same order as they appear or	n Schedule B.			
	tional pages as necessary.	, , , , , , , , , , , , , , , , , , , ,				
				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
					i -	
	·					
<u>.</u>						
		·				
Subtotal ITEMIZED Operating Expenditures this period: \$					7.	
Subtotal ITEMIZED Operating Expenditures this period listed on previous page: \$						
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28) \$						
Subtotal ITEMIZED Contributions to Others this period:						]
Subtota	al ITEMIZED Contributions to Others this period listed on prev	ious page:		· · · · · · · · · · · · · · · · · · ·	\$	1
38. TOTAL	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (	Transfer this amount to Lin	e 26)		\$	]

	•	iacii auditioliai pages	•	·	, , ,		
NAME OF C	OMMITTEE OR FUND:			DATE: _		_	
You must dis together with		ods and services given to a sin excess of \$100 within					
					s + Cash = \$100+ irrent Period		
	Alphabetical Orderl		COLUMN A	COLUMN B	COLUMN B1	COLUMN C	
	Name & Address of	Description of	Previous Total		Value of Goods	Recipient Total	
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date	
39. Total Go	pods and Services given in	this period: (Transfer this	s amount to Line 1	4, Column B)	\$		
SCHEDULE	D: NOTES AND LOANS	PAYABLE (Loaned to Yo	u)				
				Current Rep	r Repaid by You in corting Period		
	Alphabetical Orderl		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1	
			Loan Balance	Add New Loan	Subtract Loan	Current Balance	
Date	Name, Address & Emplo	yer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You	
40 Total Ne	ew Loans Pavable this peri	od: (Transfer this amoun	nt to Line 22)	\$			
		e this period: (Transfer th		T	\$		
		oans Payable: (Transfer ti			Ι Ψ	\$	
SCHEDULE	E: NOTES AND LOANS I	RECEIVABLE (Loaned by	y You)	Loane Given by	or Repaid to You in	Т	
					porting Period		
····	Alphabetical Order!	,	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1	
			Loan Balance	Add New Loan	Subtract Loan	Current Balance	
Date	Name, Address & Emplo	yer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You	
43 Total No	nu Loona Panaiunhla thin t	period: (Transfer this amo	ount to Line 22\	¢			
		able this period: (Transfer		\$ ne 23)	\$		
		pans Receivable: (Transfe			1,4	\$	
SCHEDULE		NCE OF CREDIT (Items of	or services receive	ed but not paid)			
Date	Alphabetical Order! Name & Address of Vene	phabetical Order! me & Address of Vendor of Goods or Services Received But Not Paid For			Owed by You		
46. Current	urrent Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)				\$		
	Freasurer is to sign this statement ONLY IF INDEPENDENT EXPENDITURES WERE MADE.  e notations on Schedules B or C where Independent Expenditures are itemized.)						
l, (Print I candida	tes and reported in this rep	SWORN STATEMENT  port were made WITHOUT  lest or suggestion of any	the authorization	or expressed or i		or in cooperatio	
	re of Treasurer	octor organization of all	, Januarde, Januar	Da	_		