CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

| 7. | · · · · · · · · · · · · · · · · · · · | | |
|-----|--|--|--|
| ALL | INFORMATION ON THIS REPORT IS PUBLIC. | TYPE OR PRINT IN BLACK INK. | RETAIN A COPY OF THIS REPORT FOR YOUR FILES. |
| 1. | Neighbors for Perry (Name of Committee or Fund) | | |
| 2. | John Finlayson | <u></u> | Johnwfinlayson@aol.com |
| 2 | (Treasurer's Name) 3109 W. 50th St., #140, Minneapolis, MN 554 | 110 | (E-mail Address) |
| ٥. | (Treasurer's Mailing Address for Committee Busine | | |
| 4. | Treasurer's Daytime Phone Number: 612- | 925-9376 | |
| 5. | Change in Committee or Officer's Name, Addr | | ment of Organization"\ |
| | □ No activity since last Report. (Insert Beginning | | nent of organization / |
| 6a. | _ | • | annlicable) |
| | | | |
| 7. | Termination of Committee - All debts must be p If your committee is a state committee, please or | | Too. Termination of committee registration. |
| 8. | • | February 2, 2015 | |
| | REPORTING PERIOD: (check one) | | The state of the s |
| | 2014 Candidates on the ballot | | The Control of the Co |
| | And Political Funds or Committees | The state of the s | Through: 12/31/2014 |
| | | 14: From: 1/1/2014 | Through: 12/31/2014 |
| 9. | BEGINNING CASH BALANCE THIS REPORT: | \$ 645.70 | |
| • | • | (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: | 0.000 | |
| | \$ (Column C, Line 10 from Last Reporting period.) | 1,500.00 (Insert amount from line 25) | \$ 1,500.00 (Insert total of line 10, columns A + B) |
| | | (misert amount nom tine 23) | (insert total of line 10, columns A 1 b) |
| 11. | SUBTRACTIONS: | -\$ 798.17 | \$ 798.17 |
| | (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: | \$ 1,347.53 | • |
| 12. | ENDING CHOILDADANGE (INC.) | (Line 9 + line 10(column B) - line 11(column | nn B) |
| SUI | MMARY OF IN-KIND DONATIONS & OUTSTANDING | 3 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) |
| 4- | · · · · · · · · · · · · · · · · · · · | • | e e |
| 15. | Current Balance of Outstanding Loans Receiv | rable (loaned to others) | (Insert total Current Balance from line 45) |
| SH | MMARY OF OUTSTANDING DEBT: | · · · · · · · · · · · · · · · · · · · | |
| | Current Balance of Outstanding Loans Payable (I | oaned to you)> | \$ 46,965.00 |
| | (Amount from Last Report: \$ 45,465.00) | | (Insert total Current Balance from line 42) |
| 17. | Current Balance of Outstanding Unpaid Bills/Adva | ance of Credit> | \$ (least batch a server Count from line 46) |
| | (Amount from Last Report: \$) | | (Insert total Amount Owed from line 46) |
| 18. | CERTIFICATION: Any person who signs and certifier required information is guilty of a gross nisdemeanor. | s to be true a report or statement which the pers | on knows contains false information or who knowingly omits |
| | I, (Print Name) | _, GERTIFY THAT THIS REPORT IS COM | PLETE, TRUE AND CORRECT |
| SIG | NATURE OF TREASURER: | 1-1 | DATE: \$1/25/2015 |
| 310 | NATURE OF INCHORER. | FILE THIS REPORT WITH: | 11/20 / 000 |
| | TAXPAYER SERVICES DEPARTMENT, ELECTIONS [| , , , | MINNEAPOLIS , MN 55487-0012 • (612)596-7152 |
| | \ / | V | U V |

Received by Hennepin County
Elections Division

JAN 26 2015

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY NAME OF COMMITTEE OR FUND: Neighbors for Perry DATE: 1-24-15 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): \$ 1500.00 (Insert total from line 40) 23. New Repayments on Loans Receivable: (Insert total from line 44) (loaned to others/repaid to you) \$ 1,500.00 24. Other: (Subtotal: lines 21+22+23+24) 25. TOTAL INCOME: \$ 1,500.00 (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: \$ 798.17 (Insert total from line 37) 29. Total NON-ITEMIZED Operating Expenditures: \$ 798.17 (Subtotal: Lines 28 + 29) 30. Bank service charges, etc., paid by you: 31. New Repayments on Loans Payable: (Insert total from line 41) (loaned to you/repaid to lender) 32. New Loans Receivable (loaned to others): (Insert total from line 43) 33. Other: (Subtotal: lines 30+31+32+33)

\$ 798.17

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

34. TOTAL EXPENDITURES:

| Division. As | formation: Addresses submitted on S a convenience, Hennepin County als ontributors to be displayed on the we | o displays Schedule A on th | e Hennepin County web site | . Please check the | box and initial the | form on the line pro | vided if you do not | |
|--|--|---------------------------------|------------------------------------|---------------------------------|---|----------------------------------|--------------------------------------|----------|
| SCHEDU | LE A: INCOME FROM CASH | I (MONETARY) CONT | RIBUTIONS and IN- | KIND DONATIO | NS | | | e e |
| NAME OF C | COMMITTEE OR FUND: Neighbor | s for Perry | | | D | ATE: <u>1-24-15</u> | | |
| committee or (**In the case | close the date and amount of each mone fund that made the monetary contribution of a contributor who is self-employed, the | on or Donation In Kind, and the | e employer of the individual co | ntributor. | | | | |
| | ibutor's occupation.) ds must itemize contributions of membe | rs that in aggregate in the ver | ar exceed \$50 | | | | | |
| | a typed or computer-generated list, all it | , 55 5 | • | A. Attach addition | onal pages as neces | ssary. | | |
| | | | | | List contributi | ons here for the | | |
| | | | | COLUMN A | COLUMN B | COLUMN B1 | COLUMN C | |
| 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 | Total from Source Year to Date | |
| 11000. | | | 5011311011 | | 111111111111111111111111111111111111111 | | | |
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| Subtata | al ITEMIZED Monetary Contributions | rapoivad this pariod: | | | 1\$ | ٦ | | |
| | al ITEMIZED Monetary Contributions | • | on previous page: | | \$ | - | - | |
| | ITEMIZED CONTRIBUTIONS REC | <u> </u> | | e 19) | \$ | _ | | |
| | | | | | | <u> </u> | ٦ | |
| Subtotal ITEMIZED In-Kind Donations received this period: Subtotal ITEMIZED In-Kind Donations received this period listed on previous page: | | | | | \$ | 1. | | |
| - | al NON-ITEMIZED In-Kind Donations rece | <u> </u> | revious page. | | | \$ | | |
| | IN-KIND DONATIONS RECEIVED | | this amount to Line 13, Co | olumn B) | | \$ | | |
| | | - | | | | • | | |

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

| NAME OF COMMITTEE OR FUND: Neighbors for Perry DATE: 1-24-15 | | |
|--|----------|--------|
| | | ٠. |
| 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 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 |
| 3/10/14 | Jen Borger - reimbursement | Email | | 300.00 | | 300.00 |
| 5/2/14 | UPS Store | PO Box Rental | | 480.00 | | 480.00 |
| 12/6/14 | Marshal Onsrud | Domain Name | | 18.17 | | 18.17 |
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| | Subtotal ITEMIZED Operating Expenditures this period: | \$ 798.17 |
|---|--|-----------|
| [| Subtotal ITEMIZED Operating Expenditures this period listed on previous page: | \$ |
| | 37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28) | \$ 798.17 |

| 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) | \$ |

| You must dis | C: GOODS AND SERVICE sclose the total value of good ervices, is in excess of \$10 vices given. | ods and services given to | another committee, ist also disclose the | as well as any othe date, name and ad | erwise non-itemizab Idress of the recipie | le cash that, together went and a description of t |
|-----------------------------|---|-----------------------------|---|--|--|--|
| | | | | | s + Cash = \$100+ | |
| | Alphabetical Order! | | 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 G | oods and Services given in | this period: (Transfer this | amount to Line 1 | 4, Column B) | \$ | |
| SCHEDULE | D: NOTES AND LOANS F | PAYABLE (Loaned to You | u) | | | |
| | | | | | r Repaid by You in porting Period | |
| | Alphabetical Order! | | COLUMN A1 | COLUMN B | COLUMN B1 | COLUMN C1 |
| | | - shall - d do the first | Loan Balance | Add New Loan | Subtract Loan | Current Balance |
| Date | Name, Address & Emplo | yer of Lender | Last Report | \$ Received | \$ Repaid | Owed by You |
| 5/2/14 | Matt Perry, 4205 Colfax | Ave. S., Mpls PC-MD | 45,465.00 | 1,500.00 | | 46,965.00 |
| 40. Total No | ew Loans Payable this peri | od: (Transfer this amoun | t to Line 22) | \$ 1,500.00 | | |
| | epayment of Loans Payable | | | | \$ | |
| | Balance of Outstanding Lo | | | | 1 . | \$ 46,965.00 |
| | E: NOTES AND LOANS F | | | | | |
| | | | | Loans Given by o | or Repaid to 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 & Emplo | yer of Recipient of Loan | Last Report | \$ Given | \$ Repaid | Owed to You |
| | | | | | | |
| 43. Total N | ew Loans Receivable this p | period: (Transfer this amo | ount to Line 32) | \$ | | |
| | epayment of Loans Receive | | | ne 23) | \$ | |
| | Balance of Outstanding Lo | | | | | \$ |
| SCHEDULE | F: UNPAID BILLS/ADVAI | NCE OF CREDIT (Items of | r services receive | d but not paid) | | |
| | Alababatical Ouded | | | | | Current Balance |
| Data | Alphabetical Order! | dor of Goods or Services F | Pacaivad But Not P | aid Ear | | Owed by You |
| Date | Name & Address of Vend | doi of Goods of Services r | Received But Not Pa | alu Poi | | Owed by You |
| | | | *** | | ··· | |
| 46. Current | Balance of Outstanding U | npaid Bills/Advance of Cre | dit: (Transfer this | amount to Line 17 |) | \$ |
| | easurer is to sign this sta notations on Schedules B o | | | | DE. | |
| l, (Print and rep | INDEPENDENT EXPENDITURE: SWORN STATEMENT I, (Print Name), hereby certify that all independent expenditures made on behalf of other can and reported in this report were made WITHOUT the authorization or expressed or implied consent of, or in cooperation or in concert | | | | | |
| | or at the request or suggestion of any candidate, candidate's campaign committee or agent. | | | | | |
| Signature of Treasurer Date | | | | | | · |
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DATE: <u>1-24-15</u>

NAME OF COMMITTEE OR FUND: Neighbors for Perry