CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058 RETAIN A COPY OF THIS REPORT FOR YOUR FILES. TYPE OR PRINT IN BLACK INK ALL INFORMATION ON THIS REPORT IS PUBLIC WHITE WORKING MANS PARTY (Name of Committee or Fund) to (9) excite. com LARRY LEININGER (Treasurer's Name) 1320 7th St SE Minneapolis, MN 55414 Received by Hennepin County (Treasurer's Mailing Address for Committee Business) Taxpayer Services Treasurer's Daytime Phone Number: \_\_\_ AUG 19 2014 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") 5. □ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) Log No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) 6a. □ Termination of Committee; Termination of Committee registration 7. □ **FILING DATE:** REPORTING PERIOD: TYPE OF REPORT: From: 1/1/2014 Through: 7/29/2014 8/5/2014 2014 PRE-PRIMARY: .00 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) 10. ADDITIONS: (Insert amount from line 25) (Insert total of line 10, column B) - \$ 11. SUBTRACTIONS: (Insert total of line 11, column B) (Insert amount from line 34) = \$ ENDING CASH BALANCE THIS REPORT: (line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: COLUMN C COLUMN B **ACTIVITY IN THIS REPORTING PERIOD** (Total Activity Reported for This Calendar Year) (Column A not applicable for this report) In-Kind Donations Received: (Insert total of line 13, column B) (Insert total from line 36) Goods/Services Given to Others: (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) Current Balance of Outstanding Unpaid Bills/Advance of Credit.....> (Insert total Amount Owed from line 46) (Amount from Last Report: \$ 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 I, (Print Name) \_LARRY LEININGER CORRECT.

FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

SIGNATURE OF TREASURER,

KE	CEIPT AND EXPENDITURES WORKSHEI	ET FOR THIS REPORTING PE	KIOD ONLY
NA	ME OF COMMITTEE OR FUND: White W	odung Mans Parky	DATE:
ΑD	DIT!ONS: (Income)	/	
19.	Total ITEMIZED Contributions:	(Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ O	\$ (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ <i>O</i>	
22.	New Loans Payable (loaned to you):	\$ (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 6 (Insert total from line 44)	
24.	Other:	<u>\$</u>	\$ (Subtotat: lines 21+22+23+24)
25.	TOTAL INCOME:	\$	sfer 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:	\$	\$ (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	<u>s</u>	\$ (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 0	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	(Insert total from line 41)	
32.	New Łoans Receivable (loaned to others):	\$ (Insert total from line 43)	
33.	Other:	\$ <i>O</i>	\$ (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$	er this amount to Line 11 Column B.)

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

NAME OF COMMITTEE OR FUNDEUDA THE WORKING MEN

DATE 8-17-2014

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.)

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

Attach additional pages as necessary. If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A.

Year to Date COLUMN C Total from Source \$ Value of In-Kind Donation List contributions here for the **COLUMN B1** current reporting period COLUMN B \$ Received This Period Previous Total For This Year COLUMN A Description of In-Kind Donation Contributor's Employer\*\* Contributor Name & Address ALPHABETICAL ORDER! Date Rcvd.

Subtotal ITEMIZED Monetary Contributions received this period:	↔	0
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	↔	0
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$	0

Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:  Subtotal NON-ITEMIZED In-Kind Donations Received This Period:  \$\int \text{O}\$  36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: <b>(Transfer this amount to Line 13, Column B)</b> \$\int \text{O}\$	Subtotal ITEMIZED In-Kind Donations received this period:	↔	2	
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:  36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: <b>(Transfer this amount to Line 13, Column B)</b>	Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$	2	
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$	0	
	36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	₩	$\mathcal{O}$	, T

## 8/28/12

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND. While Working Mans Pardy

DATE: 8-17-2014

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.

	,	_				<u> </u>		 		
	COLUMN C	Total to Source	Year to Date	0	Ó				· ·	
es here for the	COLUMN B1	Contributions	to Others							
List expenditures here for the current reporting period	COLUMN B	Operating Contributions	Expenditures							
	COLUMN A		For This Year							
			Purpose for Expenditure							
		ALPHABETICAL ORDER!	Vendor or Recipient Committee Name and Address							
			Date Paid							

				0	E	)<
			-	↔	₩.	↔
	$\infty$	0	)		,	
₩.	ક્ર	₩				
Subtotal (TEMIZED Operating Expenditures this period:	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:	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)

	JLES C, D, E, and F (A			or Schedules C,	D, E, and F)	
NAME OF	COMMITTEE OR FUND: _	While Working	May Pars	DATE:	8-17-2 <b>a</b> 19	<u> </u>
SCHEDUL You must of together w	LE C: GOODS AND SERVICE disclose the total value of goith the goods and services, cription of the goods or service.	CES GIVEN TO OTHERS ods and services given to a sin excess of \$100 within the sin excess of \$100	another committee, the year. You must	as well as any other t also disclose the d	erwise non-itemizab late, name and add	le cash that, ress of the recipient
				Goods & Service	s + Cash = \$100+	
		<u></u>			rrent Period	COLUMN C
	Alphabetical Orderl Name & Address of	Description of	COLUMN A Previous Total	COLUMN B	COLUMN B1 Value of Goods	Recipient Total
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
39. Total	Goods and Services given in	this period: (Transfer this	amount to Line 1	4, Column B)	\$	
	E D: NOTES AND LOANS					
				Loans Given to o Current Rep	r Repaid by You in porting Period	
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1 Current Balance
Date	Name, Address & Emplo	yer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Owed by You
40. Total	New Loans Payable this per	od: (Transfer this amoun	t to Line 22)	34\	\$	-
41. Total I	Repayment of Loans Payab nt Balance of Outstanding L	e this period: (Transfer thi	is amount to Line	16)	- ΙΨ	\$
TE. Ourici	Tripolation of Outstanding E	Suno rayable. (Transler at				<u> </u>
SCHEDUL	E E: NOTES AND LOANS	RECEIVABLE (Loaned by	You)			
				Current Rep	or Repaid to You in porting Period	
	Alphabetical Order!		COLUMN A1	COLUMN B	Subtract Loan	COLUMN C1 Current Balance
Date	Name, Address & Emplo	oyer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	\$ Repaid	Owed to You
42 77 11			440 1 100 200	0		
	New Loans Receivable this Repayment of Loans Receiv			\$ ne 23)	\$	
45. Curre	nt Balance of Outstanding L	oans Receivable: (Transfe	r this amount to L	ine 15)		\$ 6
	E F: UNPAID BILLS/ADVA					
Date	Alphabetical Orderl Name & Address of Ven	dor of Goods or Services F	Received But Not P	aid For		Current Balance Owed by You
	7-45-4					
46. Curre	nt Balance of Outstanding U	npaid Bills/Advance of Cre	dit: (Transfer this	amount to Line 17	)	\$ 6
(Make INDE) I, (Prin candie	reasurer is to sign this state notations on Schedules Berendent Expenditure:  at Name) dates and reported in this reconcert with, or at the reconcert	or C where Independent Ex  SWORN STATEMENT  port were made WITHOUT	penditures are iten  , hereby certify the authorization	nized.) hat all independent or expressed or i date's campaign c	expenditures made mplied consent of ommittee or agent	, or in cooperation t.
	ture of Treasurer	y a Lennige	1	Da	te 8-17-2	2014
	U	/				