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. SAMUELS FOR COUNCIL (Name of Committee or Fund) LAWRENCE P. MAROFSKY Imarofsky@gmail.com (Treasurer's Name) (E-mail Address) 2835 Medicine Ridge Road, Plymouth, MN 55441 (Treasurer's Mailing Address for Committee Business) Received by Hennepin County 4. Treasurer's Daytime Phone Number: 763-566-4570 Taxpayer Services 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) JAN 21 2011 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 registrates. 7. If your committee is a state committee, please contact our office regarding termination. DUE Monday, January 31st, 2011 2010 ANNUAL REPORT REPORTING PERIOD: (check one) 2010 Candidates on the ballot And Political Funds or Committees: From: 10/20/2010 Through: 12/31/2010 Candidates NOT on the ballot in 2010: From: 1/1/2010 Through: 12/31/2010 BEGINNING CASH BALANCE THIS REPORT: \$ 66.59 (Insert Ending Cash Balance from last report) **COLUMN A COLUMN C** Activity Reported this year, **COLUMN B** In previous reporting periods. ACTIVITY IN THIS REPORTING PERIOD A + B =Total Activity for This Calendar Year 10. ADDITIONS: \$ 0.00 + \$ 4.002.25 \$ 4,002.25 (Column C, Line 10 from Last Reporting period.) (Insert total of line 10, columns A + B) (Insert amount from line 25) 11. SUBTRACTIONS: \$ 0.00 - \$ 1.178.74 \$ 1,178,74 (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: = \$ 2,890.10 (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 IN THIS REPORTING PERIOD** Activity Reported on Last Report A + B =Total Activity for This Calendar Year 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) Goods/Services Given to Others: \$ 0.00 -\$0 \$ 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 (loaned to others) .......> (Insert total Current Balance from line 45) **SUMMARY OF OUTSTANDING DEBT:** 16. Current Balance of Outstanding Loans Payable (loaned to you).....> \$ 0.00 (Amount from Last Report: \$ (Insert total Current Balance from line 42) 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit.....> (Amount from Last Report: \$ 509.89 ) (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) Lawrence P. Marofsky , CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. SIGNATURE OF TREASURER: DATE: 1/11/2011

### RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NA	ME OF COMMITTEE OR FUND: <u>SAMUELS FOR</u>	RCOUNCIL	DATE:
AD	DITIONS: (income)		
19.	Total ITEMIZED Contributions:	\$ 0.00 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 4,002.25	\$ 4,002.25 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ 0.00	
22.	New Loans Payable (loaned to you):	\$ 0.00 (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0.00 (Insert total from line 44)	
24.	Other:	\$ 0.00	\$ 0.00 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 4,002.25 (TOTAL lines 19 through 24. T	ransfer this amount to Line 10, Column B.)
su	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ 0.00 (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$ 0.00	\$ 0.00 (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 1,138.74 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 40.00	\$ 1,178.74 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 0.00	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 0.00 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ 0.00 (Insert total from line 43)	
33.	Other: <u>0</u>	\$ 0.00	\$ 0.00 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 1,178.74 (Total lines 26 through 33. Trai	nsfer this amount to Line 11, Column B.)

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line provided if you do not want the address of contributors to be displayed on the website. contributors' addresses and one without.

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

NAME OF COMMITTEE OR FUND; SAMUELS FOR COUNCIL

DATE: 1/11/2011

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.

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

le A. Attach additional pages as necessary.

						 ,	 		 	
			COLUMN C	Total from Source	Year to Date					
-	ns here for the	ig period	COLUMN B1	\$ Value of In-	Kind Donation					
Auaca additional pages as necessary.	List contributions here for the	current reporting period	COLUMN B	\$ Received	This Period					
			COLUMN A	Previous Total	For This Year					
as mey appear on schedule A.				Description of In-Kind	Donation					
ils illust be ill the saine older s				Contributor's	Employer**					
II you subtille a typed of computer-generated list, all terns most be in the same order as they appear on schedule A.				ALPHABETICAL ORDER!	Contributor Name & Address					
i you subtill a				Date	Rcvd.					

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 0.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 0.00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 0.00

Subtotal ITEMIZED In-Kind Donations received this period:	\$ 0.00
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$ 0.00
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$ 0.00
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$ 0.00

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County Elections Division. If selected, please submit two versions of Schedule A, one with the line provided if you do not want the address of contributors to be displayed on the website. contributors' addresses and one without.

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

NAME OF COMMITTEE OR FUND: SAMUELS FOR COUNCIL

DATE: 1/11/2011

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 committee or fund that made the monetary contribution or Donation In Kind, and the employer 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.

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

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 0.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 0.00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 0.00

Subtotal ITEMIZED In-Kind Donations received this period:	\$ 0.00
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$ 0,00
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$ 0.00
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$ 0.00

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

NAME OF COMMITTEE OR FUND: SAMUELS FOR COUNCIL

DATE: 1/11/2011

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 expenditur	List expenditures here for the	
				current reporting period	ng period	
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Daid	ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address	Dumose for Expenditure	Previous Total	Operating Expenditures	Contributions to Others	Total to Source
10/6/10	ATT	Phone	0.00	140.75	00.00	140.75
2/2/10	Flaire Print Communications	printing	0.00	124.71	0.00	124.71
2/2/10	Jose Valez	Services	0.00	204.43	00.0	204.43
2/3/10	Terra Carrol	Graphic Design	0.00	300.00	0.00	300.00
12/15/10	Don Samules	Fundraising supplies	0.00	368.85	00.00	368.85
***************************************				A CONTRACTOR AND A CONT	Printing the print	

Subtotal ITEMIZED Operating Expenditures this period:	\$ 1,138.74
ZED Operating	\$ 0.00
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 1,138.74

Subtotal ITEMIZED Contributions to Others this period:	\$ 0.00
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$ 0.00
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$ 0.00

SCHE	DULES C, D, E, and F (At	tach additional pages	s if necessary f	or Schedules C	, D, E, and F)	
NAME	OF COMMITTEE OR FUND: SE	amuels for Council		DATE:	1/11/01	_
You mu	DULE C: GOODS AND SERVIC ust disclose the total value of go e goods and services, is in exce tion of the goods or services giv	ods and services given to a ss of \$100 within the year.	another committee, You must also dis	as well as any othe close the date, nan	erwise non-itemizab ne and address of tr	le cash that, togeth ne recipient and a
<del></del>				Goods & Service	s + Cash = \$100+	
			001378814		urrent Period	
	Alphabetical Order! Name & Address of	Description of	COLUMN A Previous Total	COLUMN B	Value of Goods	Recipient Total
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
39. To	tal Goods and Services given in	this period: (Transfer this	s amount to Line 1	4 Column B)	\$	
	DULE D: NOTES AND LOANS			14, Colalini Dj	Ψ	I
				Loans Given to c	or Repaid by You in	]
,				Current Rep	porting Period	
	Alphabetical Order!		COLUMN A1	Add New Loan	COLUMN B1	COLUMN C1
Date	Name, Address & Emplo	yer of Lender	Loan Balance Last Report	\$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
	tal New Loans Payable this peri tal Repayment of Loans Payabl			\$ 34\	¢.	
	rrent Balance of Outstanding Lo				\$	\$
SCHED	OULE E: NOTES AND LOANS	RECEIVABLE (Loaned by	You)	Loans Given by	or Repaid to You in	
	Alababattan Ontan		001115514		porting Period	001111111111111111111111111111111111111
Date	Alphabetical Order!  Name, Address & Emplo	yer of Recipient of Loan	COLUMN A1 Loan Balance Last Report	Add New Loan \$ Given	COLUMN B1 Subtract Loan \$ Repaid	COLUMN C1 Current Balance Owed to You
43 Tot	tal New Loans Receivable this p	period: (Transfer this amo	unt to Line 32)	\$		
	tal Repayment of Loans Receive			1	\$	
45. Cu	rrent Balance of Outstanding Lo	oans Receivable: (Transfei	r this amount to L	ine 15)		\$
SCHED	ULE F: UNPAID BILLS/ADVA	NCE OF CREDIT (Items o	r services receive	d but not paid)		
Date	Alphabetical Order! Name & Address of Vend	dor of Goods or Services R	teceived But Not Pa	aid For		Current Balance Owed by You
46. Cu	rrent Balance of Outstanding U	npaid Bills/Advance of Cred	dit: (Transfer this a	mount to Line 17		\$
	e Treasurer is to sign this star ake notations on Schedules B o				)E.	
I, (F car	DEPENDENT EXPENDITURE: Print Name)	ort were made WITHOUT t	he authorization o	or expressed or im		
	concert with, or at the requesinature of Treasurer	i or suggestion or any ca	nuiuate, candidati	e's campaign com Dai	_	
<u> </u>	HEIGHT OF FECTORIES			Dat	. <del></del>	