

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.

1. (Name of Committee or Fund) Neighbors for Amy Arcand
2. (Treasurer's Name) Brenda Diethelm-Okita (E-mail Address) dieth001@umn.edu
3. (Treasurer's Mailing Address for Committee Business) 3536 21st Ave S., Minneapolis MN 55407
4. Treasurer's Daytime Phone Number: 651-226-4189
5. Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization")
6. 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)
7. ☒ 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.

8. **2015 ANNUAL REPORT** DUE Monday, February 1, 2016

REPORTING PERIOD: (check one)

2015 Candidates on the ballot

And Political Funds or Committees:

Candidates NOT on the ballot in 2015:

From: 10/21/2015

Through: 12/31/2015

From: 1/1/2015

Through: 12/31/2015

Received by Hennepin County
Taxpayer Services

JAN 20 2016

Log
PM

DB
DEL

9. BEGINNING CASH BALANCE THIS REPORT: \$ 232.33
(Insert Ending Cash Balance from last report)

COLUMN A

Activity Reported this year.

in previous reporting periods.

COLUMN B

ACTIVITY IN THIS REPORTING PERIOD

A + B = Total Activity for This Calendar Year

10. ADDITIONS:

\$ 0

(Column C, Line 10 from Last Reporting period.)

+ \$ 0

(Insert amount from line 25)

\$

(Insert total of line 10, columns A + B)

11. SUBTRACTIONS:

\$ 0

(Column C, Line 11 from Last Reporting period.)

- \$ 232.33

(Insert amount from line 34)

\$

(Insert total of line 11, columns A + B)

12. ENDING CASH BALANCE THIS REPORT: = \$ 0

(Line 9 + line 10(column B) - line 11(column B))

SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

COLUMN A

Activity Reported on Last Report

COLUMN B

ACTIVITY IN THIS REPORTING PERIOD

COLUMN C

A + B = Total Activity for This Calendar Year

13. In-Kind Donations Received:

\$ 0

(Column C, Line 13 from Last Reporting period.)

+ \$ 0

(Insert total from line 36)

\$ 0

(Insert total of line 13, columns A + B)

14. Goods/Services Given to Others:

\$ 0

(Column C, Line 14 from Last Reporting period.)

- \$ 0

(Insert total from line 39)

\$ 0

(Insert total of line 14, columns A + B)

15. Current Balance of Outstanding Loans Receivable (loaned to others) >

\$ 0

(Insert total Current Balance from line 45)

SUMMARY OF OUTSTANDING DEBT:

16. Current Balance of Outstanding Loans Payable (loaned to you) >

\$ 0

(Insert total Current Balance from line 42)

(Amount from Last Report: \$)

17. Current Balance of Outstanding Unpaid Bills/Advance of Credit >

\$ 0

(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.

I, (Print Name) Brenda Diethelm-Okita, CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER: B. Diethelm-Okita

File this report with:

DATE: 20-January-2016

Hennepin County Elections Division PSL 012 Government Center, Minneapolis, MN 55487-0012 (612)596-7152

36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)

SCHEDULES C, D, E, and F (Attach additional pages if necessary for Schedules C, D, E, and F)NAME OF COMMITTEE OR FUND: Neighbors for Amy ArcandDATE: 20-January-2016**SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS**

You must disclose the total value of goods and services given to another committee, as well as any otherwise non-itemizable cash that, together with the goods and services, is in excess of \$100 within the year. You must also disclose the date, name and address of the recipient and a description of the goods or services given.

				Goods & Services + Cash = \$100+ Given in Current Period		
	Alphabetical Order! Name & Address of Recipient	Description of Goods and Services	COLUMN A Previous Total for This Year	COLUMN B Cash Given	COLUMN B1 Value of Goods & Services	COLUMN C Recipient Total Year to Date
Date						
39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)				\$		0

SCHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You)

		Loans Given to or Repaid by You in Current Reporting Period			
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
40. Total New Loans Payable this period: (Transfer this amount to Line 22)			\$		0
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)			\$		0
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)				\$	0

SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)

		Loans Given by or Repaid to You in Current Reporting Period			
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
43. Total New Loans Receivable this period: (Transfer this amount to Line 32)			\$		0
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)			\$		0
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)				\$	0

SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)

Date	Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For	Current Balance Owed by You
46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)		\$ 0

47. The Treasurer is to sign this statement ONLY IF INDEPENDENT EXPENDITURES WERE MADE.
(Make notations on Schedules B or C where Independent Expenditures are itemized.)

INDEPENDENT EXPENDITURE: SWORN STATEMENT

I, (Print Name) _____, hereby certify that all independent expenditures made on behalf of other candidates and reported in this report were made **WITHOUT** the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, candidate's campaign committee or agent.

Signature of Treasurer _____ Date _____