	TOF RECEIPTS AND EXPENDITURES – by the Hennepin County Financial Disclosure Law: Minnesota	
ALL INFORMATION ON THIS REPORT IS PUBLIC.	TYPE OR PRINT IN BLACK INK.	RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
1. REICH FOR WARD 1	· · · · · · · · · · · · · · · · · · ·	-
(Name of Committee or Fund) 2. <u>LESLIE WATSON</u> (Treasurer's Name)		1 estie 38 @ comcast.net (E-mail Address)
3. 3504 ARCHITECT AVENUE NE MIN		Received by Hennepin County
(Treasurer's Mailing Address for Comm	,	Taxpayer Services
Treasurer's Daytime Phone Number:		, -
5.	s Name, Address, Phone. (Attach new "Registration & St	tatement of Organization") OCT 28 2009
6. No activity since last Report. (In	sert Beginning and Ending Balance at #9 & #12 below)	* * * * * * * * * * * * * * * * * * *
6a. 🔲 No activity with Hennepin Coun	ty candidates, this reporting period. (Complete lines #	9-#12 as applicable) Log DB
7. Termination of Committee (must	have less than \$100.00 cash balance and no unpaid	PM 10-27-10DEL loans or bills); termination of Committee Registration
8. TYPE OF REPORT: FIL	ING DATE: REPORTING PERIOD:	:
PRE-GENERAL: 10/2	27/2009 From: 9/2/2009 Th	nrough: 10/20/2009
9. BEGINNING CASH BALANCE THIS F	REPORT: \$ 5,462.93 (Insert Ending Cash Balance from Pre-Primary	report)
COLUMN A	COLUMN B	COLUMN C
Activity Reported on Pre-Primary Report		
		. 8
10. ADDITIONS:	16 16 25 00	· 17 68594
\$ 15,060.41 (Line 10 from Pre-Primary Report this y	year.) (Insert amount from line 25)	(Insert total of line 10, columns A + B)
	(mastranisant nam ma zey	(moore total of line 10, coldina A - B)
11. SUBTRACTIONS: \$ 9,597. 4 8	-\$ 3263.52	\$ 17 96100
(Line 11 from Pre-Primary Report this)		(Insert total of line 11, columns A + B)
	11-11141	(
12. ENDING CASH BALANCE THIS REP	(Line 9 + line 10(column B) - line 11(colum	
		nn 0)
SUMMARY OF IN-KIND DONATIONS & C	OUTSTANDING LOANS RECEIVABLE:	
COLUMN A Activity Reported on Pre-Primary Report	COLUMN B ACTIVITY IN THIS REPORTING PERIOD	COLUMN C A + B =Total Activity for This Calendar Year
13. In-Kind Donations Received:	Ja Fit	
\$	+s 1205	s 120ºº
(Line 13 from Pre-Primary Report this y		(Insert total of line 13, columns A + B)
14. Goods/Services Given to Others:		
\$	-\$	8
(Line 14 from Pre-Primary Report this y	year.) (Insert total from line 39)	(Insert total of line 14, columns A + B)
15. Current Balance of Outstanding Loa	ans Receivable (loaned to others)>	s Ø
		(Insert total Current Balance from line 45)
SUMMARY OF OUTSTANDING DEBT:		
	Payable (loaned to you)>	s
(Amount from Last Report: \$.00)	(Insert total Current Balance from line 42)
17. Current Balance of Outstanding Unpaid	d Bills/Advance of Credit>	\$O
(Amount from Last Report: \$.00)	(Insert total Amount Owed from line 46)
18. CERTIFICATION: Any person who sign	s and certifies to be true a report or statement which the ne	rson knows contains false information or who knowingly omits
required information is guilty of a gross mis	sdemeanor.	• •
I, (Print Name) <u>LESLIE WATSON</u>	, CERTIFY THA	AT THIS REPORT IS COMPLETE, TRUE AND
CORRECT.	12 11/0/-	
SIGNATURE OF TREASURER: "SIGNATURE OF TREASURER: "SIGNATURE" OF TREASURER OF	u vo rieco	DATE: 10-27-09

FILE THIS REPORT WITH:

NAME OF COMMITTEE OR FUND: POICH	. 1	DATE: 10-21-09
ADDITIONS: (Income)		
19. Total ITEMIZED Contributions:	\$ 720 ⁹⁶ (Insert total from line 35)	
20. Total NON-ITEMIZED Contributions:	s 1305°°	\$ 2525° (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:	<u>s</u> 0	\$ (Subtotal: lines 21+22+23+24)
25. TOTAL INCOME:	\$ 252500 (TOTAL lines 19 through 24. Tra	ansfer 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:	<u>s</u>	\$ (Subtotal: lines 26 + 27)
28. Total ITEMIZED Operating Expenditures:	\$ 32.43.52 (Insert total from line 37)	
29. Total NON-ITEMIZED Operating Expenditures:	<u> </u>	\$ 3243 ⁵² (Subtotal: Lines 28 + 29)
30. Bank service charges, etc., paid by you:	s 20°°	
 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)	a
33. Other:	<u>s</u> O_	\$ 20°°° (Subtotal: lines 30+31+32+33)
34. TOTAL EXPENDITURES:	\$ 326357 (Total lines 26 through 33. Transf	fer this amount to Line 11, Column B.)

Hennepin Cou the line provid contributors'	ortant information: Addresses submitt unty Elections Division. As a convenie ded if you do not want the address of a addresses and one without.	ence, Hennepin County also contributors to be displayed	on the website.	If selected, please :	ed site. Please the submit two versions	ex ine dox and mi	iai ine ionii on
	E A: INCOME FROM CASH OMMITTEE OR FUND: Reich	(MONETARY) CONT	RIBUTIONS and IN-K	IND DONATIO		re: <u>10-21</u>	-09
individual, con (**In the case government, y *Political Fund	close the date and amount of each monet nmittee or fund that made the monetary of of a contributor who is self-employed, that you must list that contributor's occupation distributions of members a typed or computer-generated list, all ite	contribution or Donation in Kine at is, does not derive earned in .) a that, in aggregate in the year	d, and the employer of the indincome as owner, partner, or er , exceed \$50.	ividual contributor. mployee of a corporat	ion, partnership, or o	ther entity, including	
					List contribution current reporting		
				COLUMNA	COLUMN B	COLUMN B1	COLUMN C
Date Rovd.	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
9-20-09	Dunnwald, Tom	Retersone Dynumber		90	25		1/500
	Fire Fireles Assn J. Phyls.			·	300	*	30000
9-20-09		Plyment Church Nethbodyed Fordation		100	7.5		12500
	Muls. Prof. Employer Mason	0			150		5000
9-20-09	O Neal John	Retired		100	1,00		3000
9-20-09	Peterson, Sonja	Returon & annual	(90	20	,	11000
,							
	,				<u> </u>		
Subto	tal ITEMIZED Monetary Contributions	s received this period:	State of the state		\$ 770	7	
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$							
35. TOTA	LITEMIZED CONTRIBUTIONS REC	EIVED THIS PERIOD: (Tr	ansfer this amount to Ur	ne 19)	\$ 720-] .	
Subto	tal ITEMIZED In-Kind Donations rece	eived this period:				T \$	1
	tal ITEMIZED In-Kind Donations rece		revious page:		······································	\$	
Subto	tal NON-ITEMIZED In-Kind Donation	s Received This Period:			***************************************	\$	
36. TOTA	L IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Transfer	this amount to Line 13, (Column B)	***************************************	\$ 12000	J

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF CO	DMMITTEE OR FUND:					
Reid	h for Ward		************	DAT	re: 10-2	7-09
excess of \$1	close the name and address of each individual, business or cor 00 within the year, and the amount, date and specific purpose of t a typed or computer-generated list, all items must be in the sar ional pages as necessary.	of the expenditure.		nave been made, ir	n an aggregate	amount in
				List expenditure current reportin		
	~		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
9-20-09	Cub Foods, 2850 26th Are S. Myds 55496	fundinaser costs	111:84	32.32		144.16
9-20-09	Impact Printing, 1067 Rice St. St. Paul	Campaign mailrog	884.81	3072-15	•	3956.96
9-20-09	Minis, Labor Review, 312 Central Pro Mysis	Hel		139.05		139.05
				ļ		,
						•
1						-
Subtot	tal ITEMIZED Operating Expenditures this period:	A COLUMN A C		\$ 3243.52	1	•
Subtotal ITEMIZED Operating Expenditures this period listed on previous page: \$ 1997					1	
	LITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Tr		e 28)	\$ 3243.57]	
Subtot	tal ITEMIZED Contributions to Others this period:		**************************************		\$	<u> </u>
Subtot	tal ITEMIZED Contributions to Others this period listed on previous		*			5
38. TOTA	L ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (1	Fransfer this amount to Li	ne 26)		\$ (<u>5</u>

NAME (OF COMMITTEE OR FUND: _	Ward!	and DATE: 10-17-09				
You must together	ULE C: GOODS AND SERVIC st disclose the total value of go with the goods and services, escription of the goods or servi	oods and services given is in excess of \$100 with	to another committe	e, as well as any o ist also disclose the	therwise non-itemiz e date, name and ad	able cash that, ddress of the recip	
					ces + Cash = \$100+	•	
	Alphabetical Orderl		COLÚMN A	COLUMN B	COLUMN B1	COLUMN C	
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total	Cash Given	Value of Goods & Services		
OO Tota	Coods and Coods - business	Abd					
39. 10ta	Goods and Services given in	this period: (Transfer tr	is amount to Line	14, Column B)	\$		
SCHEDU	LE D: NOTES AND LOANS F	PAYABLE (Loaned to Y	ou)		•		
					or Repaid by You in porting Period	!	
	Alphabetical Orderl		COLUMN A1	COLUMN B	COLUMN B1 COLUMN C1		
Date	Name, Address & Employ	er of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You	
				VII.000,100	• repaid	Olled by 100	
						-	
	New Loans Payable this perio			\$			
	Repayment of Loans Payable nt Balance of Outstanding Loa				\$	S -	
SCHEDUL	E E: NOTES AND LOANS RI	ECEIVABLE (Loaned by		Loans Given by c Current Rep			
	Alphabetical Order!		COLUMN A1 Loan Balance	COLUMN B Add New Loan	Subtract Loan	COLUMN C1 Current Balance	
ate	Name, Address & Employe	er of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You	
3. Total I	New Loans Receivable this per	iod: (Transfer this amo	unt to Line 32)	\$			
 Total F Currer 	Repayment of Loans Receivab It Balance of Outstanding Loar	le this period: (Transfer	this amount to Lin	9 23) 39 15)	\$	\$	
	F: UNPAID BILLS/ADVANC					3	
	Alphabetical Order!			berrior para)			
	i Ampadeocal Orgeri						
ate	Name & Address of Vendor	of Goods or Services R	eceived But Not Paid	d For		Current Balance Owed by You	
ate		of Goods or Services R	eceived But Not Paid	d For			
	Name & Address of Vendor					Owed by You	
. Curren		iid Bills/Advance of Cred	it: (Transfer this an	nount to Line 17)			
6. Curren 7. The Tr (Make INDEP. I, (Print candida	Name & Address of Vendor t Balance of Outstanding Unpa easurer Is to sign this staten notations on Schedules B or C ENDENT EXPENDITURE: SW. Name) eates and reported in this report	nid Bills/Advance of Cred ment ONLY IF INDEPEN where independent Exp ORN STATEMENT were made WiTHOUT t	it: (Transfer this an DENT EXPENDITU enditures are itemiz , hereby certify that he authorization or	nount to Line 17) RES WERE MADE ed.) all independent expressed or important to the company of th	openditures made o	Owed by You	
7. The Tr (Make INDEP I, (Print candida	Name & Address of Vendor t Balance of Outstanding Unpa easurer is to sign this staten notations on Schedules B or C ENDENT EXPENDITURE: SW	nid Bills/Advance of Cred ment ONLY IF INDEPEN where independent Exp ORN STATEMENT were made WiTHOUT t	it: (Transfer this an DENT EXPENDITU enditures are itemiz , hereby certify that he authorization or	nount to Line 17) RES WERE MADE ed.) all independent expressed or important to the company of th	openditures made o	Owed by You	