## 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, TREASURER (Treasurer's Name) 2835 MEDICINE RIDGE RD PLYMOUTH MN 55441 (Treasurer's Mailing Address for Committee Business) Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization")

Received by Hennepin County

No activity since lost Received Barret. 4. Treasurer's Daytime Phone Number: (763) 566-4570 5. □ 6. □ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) SEP 22 2009 6a. □ No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) 7.  $\square$ Termination of Committee; Termination of Committee registration LOG **TYPE OF REPORT: FILING DATE: REPORTING PERIOD:** PRE-PRIMARY: 9/8/2009 From: 1/1/2009 Through: 9/1/2009 <u>10,</u>097.09 **BEGINNING CASH BALANCE THIS REPORT:** (Insert Ending Cash Balance from last report) **COLUMN C COLUMN B** (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD (Total Activity Reported for This Calendar Year) 6,873.77 6,873.77 10. ADDITIONS: (Insert amount from line 25) (Insert total of line 10, column B) 16,261 16.261.35 11. SUBTRACTIONS: (Insert amount from line 34) (Insert total of line 11, column B) 705.51 ENDING CASH BALANCE THIS REPORT: (line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: COLUMN B COLUMN C (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD (Total Activity Reported for This Calendar Year) In-Kind Donations Received: +\$ (Insert total from line 36) (Insert total of line 13, column B) Goods/Services Given to Others: (Insert total from line 39) (Insert total of line 14, column B) 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) (Amount from Last Report: \$ .00 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit......> (Amount from Last Report: \$ (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, TRE CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT 9/21/05 SIGNATURE OF TREASURER: FILE THIS REPORT WITH: Taxpayer Services Department, Elections Division • A-600 Government Center, Minneapolis, MN 55487-0060 • (612)596-7152

NAME OF COMMITTEE OR FUND: Sar	nuels for Council	DATE: 9/21/09
ADDITIONS: (Income)		
19. Total ITEMIZED Contributions:	\$ 2,875.00 (Insert total from line 35)	
20. Total NON-ITEMIZED Contributions:	<u>\$</u> 3.998.77	\$ 6,873.77 (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:	\$	\$ (Subtotal: lines 21+22+23+24)
25. TOTAL INCOME:	\$ 6 873 77 (TOTAL lines 19 through 24. Tra	nsfer this amount to Line 10, Column
SUBTRACTIONS: (Expenditures)	•	
26. Total ITEMIZED Contributions to Others:	\$ (Insert total from line 38)	•
27. Total NON-ITEMIZED Contributions to Others:	<u>\$</u>	\$ (Subtotal: lines 26 + 27)
8. Total ITEMIZED Operating Expenditures:	\$ <u>13,298.78</u> [4, 48] (Insert lotal from line 37)	
9. Total NON-ITEMIZED Operating Expenditures:	<u>\$ <sup>-2,962.57</sup> / </u> ን>3	\$ 16,261.35 (Subtotal: Lines 28 + 29)
D. Bank service charges, etc., paid by you:	\$	,
4. Alau Damaumania I D	\$	
(loaned to you/repaid to lender)	(Insert total from line 41)	
(loaned to you/repaid to lender)	(Insert total from line 41)  \$ (Insert total from line 43)	
1. New Repayments on Loans Payable: (loaned to you/repaid to lender) 2. New Loans Receivable (loaned to others): 3. Other:	<u>*</u>	\$ (Subtotal: lines 30+31+32+33)

OF Penns Donn 9

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. 

If selected, please submit two versions of Schedule A, one with SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS NAME OF COMMITTEE OR FUND: Samuels for Council DATE: 9/2/109 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 \*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. Attach additional pages as necessary. List contributions here for the current reporting period COLUMN A **COLUMN B COLUMN B1** COLUMN C Date ALPHABETICAL ORDER! Contributor's Description of In-Kind Revd. Total from Contributor Name & Address Previous Total \$ Received Employer\*\* \$ Value of In-Donation AFSCME MN COMM Source For This Year This Period Kind Donation 300 Hardman Av Year to Date AFSCME ME Cash Barrow, Sara 300.00 300.00 Ďŕew Av Mols <u>NW Area Found</u> lCash 150.00 150.00 Self lCash. inpingham Gary 236 Harriet Avs 200.00 200.00 NW Area Found lCash Heidi 250.00 250.00 Larget Cash Lockgidgeal 250.00 250.00 Cash 200.00 200.00 Cash 300.00 . Find same 300.00 Cash berpriller Danie 300.00 300.00 MplsReutter-WaltonCash 125.00 125.00 Subtotal ITEMIZED Monetary Contributions received this period: Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$2,075,00 35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19) \$

Subtotal ITEMIZED In-Kind Donations received this period:	
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$
Subtotal NON-ITEMIZED In-Kind Donations Received This Redded	\$
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line	\$
CF Report Page 3 rev 8 05	13, 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. 

If selected, please submit two versions of Schedule A, one with 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: 9/21/02 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 \*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. Attach additional pages as necessary. List contributions here for the current reporting period **COLUMN A COLUMN B COLUMN B1** COLUMN C Total from Date ALPHABETICAL ORDER! Contributor's Description of In-Kind **Previous Total** \$ Received \$ Value of in-Rcvd. Contributor Name & Address Source Employer\*\* Donation For This Year This Period Kind Donation Year to Date dibaw Bharles EC Investment 300.00 300,00 pp. David 724 Jave Av N Mpls St Mary's UofM 200.00 200.00 U MN State Council itical Fund #30037 300.00 300.00 Subtotal ITEMIZED Monetary Contributions received this period: 800.00 Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$2,075.00 35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19) **42.875.00** Subtotal ITEMIZED In-Kind Donations received this period: Subtotal ITEMIZED In-Kind Donations received this period listed on previous page: \$ Subtotal NON-ITEMIZED In-Kind Donations Received This Period: \$ 36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B) \$ CF Report Page 3 rev 8 05 Page 3 20f 2 8/15/05

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

۸.	īΔ	٨.	<b>1</b> 1	OF	CON	ARAIT	TEE	OR	듸	IND
١١	1	uν	1 =	UΓ	COL	VIIVII	1100	$\cup$ r	т.	ノバリレン

Samue	٦	_	fox	Cause	٠.	3
Janue			101	COUIL	- 1	- 1

DATE: 9/21/02

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.

varied	AT&T/5020 Ash Grove Rd/Springfield			List expenditures here for the current reporting period		
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	ALPHABETICAL ORDERI  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
varied	AT&T 5020 Ash Grove Rd. Springfield, IL	telephone		1,096.06		1,096.06
3-4/2009	Cooperative Printing Solutions PO Box 9438, Lockbox 2667, Mpls, MN	Printing		3,535.80		3,585.89
5/4/09	DEL. 255 E. Plato Blvd. Mpls. MN	list		250.00		250.00
2/9/09 1/6/09	Goodmunson, Megal 2718 Newton Avenue, Minneapolis, MN	Supplies		548.94		548.94
	impact Frinting	Printing		2,152.50		2,152.50
i .	NOTTH NEWS	Administration		1,000.00		1,000.00
\$ 45 4 0 9	1620 Central Av NE #101 Mpls MN	Advertising		418.80	<u> </u>	418.80
8/47699	ህፀነኛ <sup>ከ</sup> ፎ የርልዩ ይ <sup>ከ</sup> St., Minneapolis, MN	Advertising		1,417.50		1,417.50
	I	Advertising		100.00		100.00
varied	phillips, Kelly #550 Hillside Ave N., Mpls, MN	Supplies/Admin		2,288.14		2,218.14

Subtotal ITEMIZED Operating Expenditures this period:	\$12,807.74
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)	\$ 

1 of 2

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

1AME OF C	COMMITTEE OR FUND:				-1.1.	~
Samuels	s for Council			DA	TE: 9/21/	27
excess of \$	isclose the name and address of each individual, business or o 100 within the year, and the amount, date and specific purpose	e of the expenditure.		have been made, l	in an aggregate a	mount in
•	it a typed or computer-generated list, all items must be in the s	same order as they appear or	Schedule B.		. •	
Attach addit	tional pages as necessary.			List expenditur		
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	ALPHABETICAL ORDERI 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
730/09	Postmaster	Postage		350.00		350.0
/15/09	2788 Promouth Ave, Mpls, MN	Advertising		250.00		250.0
/25/09	Web Mentality 3003 Shelling Ave., Roseville, MN	Advertising		1,080.00		1,080.0
				•		
1						
						÷
· · · · · · · · · · · · · · · · · · ·						
					,	
Subto	otal ITEMIZED Operating Expenditures this period:			\$ 1,680.0	<u>d</u>	
Subto	otal ITEMIZED Operating Expenditures this period listed on pre	vious page:		\$12,807.7	4	
37. TOTA	AL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (	Transfer this amount to Lir	ıe 28)	\$14,487.74		

2 of 2

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)

ŧ					. B. 271.27)	
	ULES C, D, E, and F (A				5, D, E, and F) <u>9/21/09</u>	
NAME OF	COMMITTEE OR FUND: _	COUNTE S TO	V COUNCIT	DAIE.		<del>_</del>
You must together w	LE C: GOODS AND SERVIC disclose the total value of go with the goods and services, i cription of the goods or servi	ods and services given to s in excess of \$100 with	o another committee	, as well as any oth st also disclose the	erwise non-itemiza date, name and add	ble cash that, dress of the recipier
					es + Cash = \$100+ urrent Period	
	Alphabetical Orderl		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
	Name & Address of	Description of	Previous Total	Cook Civon	Value of Goods & Services	Recipient Total Year to Date
Date	Recipient	Goods and Services	for This Year	Cash Given	a services	
39. Total	I Goods and Services given in	l this period: (Transfer ti	nis amount to Line	14, Column B)	\$	
	E D: NOTES AND LOANS				•	
SCHEDOL	E D. NOTES AND LOANS.	MINDER (FORMER 19)		T	Deneid by Voy in	<del></del>
					r Repaid by You in corting Period	
	Alphabetical Orderl		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
			Loan Balance	Add New Loan	Subtract Loan \$ Repaid	Current Balance Owed by You
Date	Name, Address & Employ	yer of Lender	Last Report	\$ Received	a Kepalu	Owed by Tou
<del></del> -						
in Total N	New Loans Payable this perio	nd: (Transfer this amou	nt to Line 22)	S	-	
11. Total F	Repayment of Loans Payable	this period: (Transfer t	his amount to Line	31)	\$	
42. Currer	nt Balance of Outstanding Lo	ans Payable: (Transfer	this amount to Line	16)		\$
SCHEDULI	E E: NOTES AND LOANS R	ECEIVABLE (Loaned b	y You)	•		
				Loans Given by C	r Repaid to You in orting Period	
	Alphabetical Orderl		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
			Loan Balance	Add New Loan	Subtract Loan	Current Balance Owed to You
Date	Name, Address & Employ	er of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You
3. Total N	lew Loans Receivable this po tepayment of Loans Receiva	eriod: (Transfer this am	ount to Line 32) r this amount to Lir	\$ 	\$	
4, 10tal K	tepayment of Loans Receivant Balance of Outstanding Loans	ens Receivable: (Transfe	or this amount to Li	ne 15)		\$
	F: UNPAID BILLS/ADVAN					
				•		Current Balance
Pate	Alphabetical Order! Name & Address of Vendo	or of Goods or Services	Received But Not Pa	id For		Owed by You
-0.0						
6. Curren	t Balance of Outstanding Un	paid Bills/Advance of Cre	edit: (Transfer this a	mount to Line 17)		\$
7 The Tr	easurer is to sign this state notations on Schedules B or	ement ONLY IF INDEPE	NDENT EXPENDIT	URES WERE MAD		
1 (0.4.4	ENDENT EXPENDITURE: S Name) ates and reported in this repo		, hereby certify th	at all independent s	expenditures made	on behalf of other
candida or in ca	ates and reported in this repo concert with, or at the reque	et or suggestion of any	rne authorization ( candidate, candid	ate's campaign co	mmittee or agent	