

# 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. Volunteers for Elizabeth Glidden  
(Name of Committee or Fund)
2. Nicole Pettit npettit@msn.com  
(Treasurer's Name) (E-mail Address)
3. 319 Wyoming Street West, St Paul MN 55107  
(Treasurer's Mailing Address for Committee Business)
4. Treasurer's Daytime Phone Number: 612-678-4107

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

FEB 04 2016

9. **BEGINNING CASH BALANCE THIS REPORT:** \$ 7,501.69  
(Insert Ending Cash Balance from last report)

**COLUMN A**

Activity Reported this year,  
In previous reporting periods.

**COLUMN B**

**ACTIVITY IN THIS REPORTING PERIOD**

**COLUMN C**

**A + B = Total Activity for This Calendar Year**

- |   |  |  |
|---|--|--|
| 10. <b>ADDITIONS:</b><br>\$<br>(Column C, Line 10 from Last Reporting period.)    | + \$ 175.00<br>(Insert amount from line 25)                              | \$<br>(Insert total of line 10, columns A + B) |
| 11. <b>SUBTRACTIONS:</b><br>\$<br>(Column C, Line 11 from Last Reporting period.) | - \$ 2,867.34<br>(Insert amount from line 34)                            | \$<br>(Insert total of line 11, columns A + B) |
| 12. <b>ENDING CASH BALANCE THIS REPORT:</b>                                       | <u>= \$ 4,784.35</u><br>(Line 9 + line 10(column B) - line 11(column B)) |  |

**SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:**

- |  |   |   |
|--|---|---|
| <b>COLUMN A</b><br>Activity Reported on Last Report  | <b>COLUMN B</b><br><b>ACTIVITY IN THIS REPORTING PERIOD</b> | <b>COLUMN C</b><br><b>A + B = Total Activity for This Calendar Year</b> |
| 13. <b>In-Kind Donations Received:</b><br>\$ 0.00<br>(Column C, Line 13 from Last Reporting period.)     | + \$ 0.00<br>(Insert total from line 36)                    | \$ 0.00<br>(Insert total of line 13, columns A + B)                     |
| 14. <b>Goods/Services Given to Others:</b><br>\$ 0.00<br>(Column C, Line 14 from Last Reporting period.) | - \$ 0.00<br>(Insert total from line 39)                    | \$ 0.00<br>(Insert total of line 14, columns A + B)                     |
| 15. <b>Current Balance of Outstanding Loans Receivable</b> (loaned to others).....>                      |   | \$ 0.00<br>(Insert total Current Balance from line 45)                  |

**SUMMARY OF OUTSTANDING DEBT:**

- |  |  |
|--|--|
| 16. Current Balance of Outstanding Loans Payable (loaned to you) .....><br>(Amount from Last Report: \$ 0.00 ) | \$ 0.00<br>(Insert total Current Balance from line 42) |
| 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit.....><br>(Amount from Last Report: \$ 0.00 ) | \$ 0.00<br>(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) Nicole Pettit CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER:

DATE: 2/1/16

FILE THIS REPORT WITH:

HENNEPIN COUNTY ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152



Schedule B: Operating Expenditures and Contributions Made to Other Committees  
Name of Committee or Fund: Volunteers for Elizabeth Glidden

Date: 2/1/2016

Date	Vendor or Recipient	Address	City	State	Purpose for Expenditure	Previous Total for This Year	Operating Expenditure	Contribution to Other	Total to Source Year to Date
8/2/2015	Centro de Trubajadores	2511 East Franklin Avenue	Mpls	MN	55406 2015 Worker's Gala				
1/15/2015	Unidos en Lucha	4006 Blaisdell Avenue	Mpls	MN	55409 Supplies	\$0.00	\$450.58		\$450.58
1/30/2015	Elizabeth Glidden	4006 Blaisdell Avenue	Mpls	MN	55409 Web Hosting	\$450.58	\$150.72		\$601.30
2/15/2015	Elizabeth Glidden	4006 Blaisdell Avenue	Mpls	MN	55409 Supplies	\$601.30	\$379.72		\$981.02
5/8/2016	Elizabeth Glidden	4006 Blaisdell Avenue	Mpls	MN	55409 Supplies	\$981.02	\$378.23		\$1,359.25
6/7/2015	Elizabeth Glidden	4006 Blaisdell Avenue	Mpls	MN	55409 Supplies	\$1,359.25	\$20.00		\$1,379.25
7/22/2015	Elizabeth Glidden	4006 Blaisdell Avenue	Mpls	MN	55409 Supplies	\$1,379.25	\$382.80		\$1,762.05
8/2/2015	Elizabeth Glidden	4006 Blaisdell Avenue	Mpls	MN	55409 Staff Appreciation	\$1,762.05	\$69.42		\$1,831.47
12/16/2015	Elizabeth Glidden	4006 Blaisdell Avenue	Mpls	MN	55409 Supplies	\$1,831.47	\$156.58		\$1,988.05
	Minneapolis Spokesman								
8/1/2015	Recorder	3744 4th Avenue South	Mpls	MN	55408 Event Sponsorship	\$0.00	\$200.00		\$200.00
12/6/2015	Take Action MN	705 Raymond Avenue #100	St Paul	MN	55114 Event Sponsorship	0	\$250.00		\$250.00
							\$2,438.05		

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden DATE: 2/16/2015

**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!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date
39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)					\$ 0.00	

**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
Date	Name, Address & Employer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
40. Total New Loans Payable this period: (Transfer this amount to Line 22)			\$ 0.00		
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)				\$ 0.00	
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)			\$ 0.00		
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)				\$ 0.00	
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)					\$ 0.00

**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
		0.00
		0.00
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) Nicole Pettit, 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

*Nicole Pettit*

Date

2/1/16