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 PUB RETAIN A COPY OF THIS REPORT FOR YOUR FILES. ame of Committee or Fund (Treasurer's Name) 4. Treasurer's Daytime Phone Number: 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) No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) yed by Hennepin County 6a. 🔲 7. □ Termination of Committee; Termination of Committee registration Taxpayer Services TYPE OF REPORT: FILING DATE: REPORTING PERIOD: Through: 7/31/2012 JAN 25 2013 From: 1/1/2012 2012 PRE-PRIMARY: 8/7/2012 Log 34,862.04 **BEGINNING CASH BALANCE THIS REPORT:** (Insert Ending Cash Balance from last report) > (125/13 **COLUMN B COLUMN C** (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD (Total Activity Reported for This Calendar Year) 10. ADDITIONS: (Insert total of line 10, column B) 11. SUBTRACTIONS: (Insert total of line 11, column B) 12. ENDING CASH BALANCE THIS REPORT: 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) 13. In-Kind Donations Received: 0 Goods/Services Given to Others: (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 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) KAYDENISC CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION . PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 . (612)596-7152

DATE:

SIGNATURE OF TREASURER:

RE	CEIPT AND EXPENDITURES WORKSHEE		
NAI	ME OF COMMITTEE OR FUND: DIANE H	ofstede For CityCom	nu/DATE: 1/22/13
AD	DITIONS: (Income)	J	
19.	Total ITEMIZED Contributions:	\$.OO (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	s 20908 ⁻	\$ 20908 — (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	s -O-	
22.	New Loans Payable (loaned to you):	\$ — O — (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	(Insert total from line 44)	
24.	Other:	s -o-	\$ - 0 - (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 20908 - (TOTAL lines 19 through 24. Tran	nsfer this amount to Line 10, Column B.)
SUI	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$	
27.	Total NON-ITEMIZED Contributions to Others:	<u> </u>	\$ (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 9324 — (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 221-	\$ 9445 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	s — O —	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ — O (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ (Insert total from line 43)	
33.	Other:	\$ -0-	\$
34.	TOTAL EXPENDITURES:	\$ 9445-	

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 Web site. Please check the box and initial the form on 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: DIAME HOPSTEDE FOR CITY COUNCY

NAME OF COMMITTEE OR FUND:

DIANE Hofstede

DATE: /

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 eamed 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.

Subtotal ITEMIZED Monetary Contributions received this period:	6	<i>9</i>
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	₩.	00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	()	00

Subtotal ITEMIZED In-Kind Donations received this period:	\$ 00
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	30 \$
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)	30 \$

SCHEDULE B. OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: DIANE HOTSTEDE FOR CITY COUNCY,

DATE: 1/22/13

You must disclose the name and address of each individual, business or confinitiee 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.

	L-111/AP TIME TO THE TOTAL TO T			List expenditures here for the	es here for the	
				current reporting period	ig period	
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
	ALPHABETICAL ORDER!		Previous Total	Operating	Contributions	Total to Source
Date Paid	Vendor or Recipient Committee Name and Address	Purpose for Expenditure	For This Year	Expenditures	to Others	Year to Date
7/6/12	11/4.5	FRINT		1602-]	1602
(2/16/12	1	Admin		250	1	250-
12/30/12	•	MA1/85400		1532		1532
2/39//	Doughtown Dought / North CAST Or (MOS)	4.45 0	1	-1986	***************************************	-1980
5/1/18	5/1/12 GLBT+ ACACE MOIS MN 53407	12-40le		350-	 -	350
7/6/12	LAWEN der MAC, Mols MN 5 3407	PA	1	929		-886
c//ie//	Mols Labor Regiew Mals 55414	Ad	1	450-		450-
3/1//2	1,112 N. E. Chamber Mols MN 55418	Parade	(250	فببيث	250
3/1/12	12 N.E. FANDENS MK+ MOISSSY13	Al		500-		500
2//2//2	1/2/12 St. ANTHONO West Mols MN 55413	Ach	1	500-	}	500
Subtota	Subtotal ITEMIZED Operating Expenditures this period:			\$ 0224	1	

* プダイン	\$ -0	\$ 9324-	
Subtotal ITEMIZED Operating Expenditures this period:	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 listed on previous page:
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)

NAME OF COMMITTEE OR FUND: DIANE HOTS FEELE FOR CITY DATE: 1/22/13 SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS								
NAME OF COMMITTEE OR FUND: DIANE HOTS FEDERAL DATE: 1/22/13								
You must dis	sclose the total value of god	ods and services given to a ss of \$100 within the year.	nother committee, a	as well as any other	wise non-itemizable and address of the	e cash that, together e recipient and a		
				Goods & Services				
			0011114114	Given in Cu		COLUMNIC		
	Alphabetical Orderl Name & Address of	Description of	COLUMN A Previous Total	COLUMN B	Value of Goods	COLUMN C Recipient Total		
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date		
	-0-	-0-	-0-	-0-	- 0-	-0-		
		··· ··· ·· · · · · · · · · · · · · · ·						
39. Total G	oods and Services given in	this period: (Transfer this	s amount to Line 14	4, Column B)	\$ -0-	-0-		
SCHEDULE	D: NOTES AND LOANS	PAYABLE (Loaned to Yo	u)					
			,		Repaid by You in			
			001111111111111111111111111111111111111		orting Period	002 111111 04		
	Alphabetical Order!		COLUMN A1 Loan Balance	Add New Loan	COLUMN B1 Subtract Loan	COLUMN C1 Current Balance		
Date	Name, Address & Emplo	yer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You		
	DiANE Hotste	de	6195524	-0-	-0-	6/95524		
40. Total N	ew Loans Payable this per	iod: (Transfer this amoun	t to Line 22)	\$ -0-				
41. Total R	epayment of Loans Payabl	e this period: (Transfer thing one Payable: (Transfer the	is amount to Line a	31) 16)	<u> \$ -0 -</u>	\$ 61 955 24		
		RECEIVABLE (Loaned by						
					r Repaid to You in			
	Alphabetical Order!	1	COLUMN A1	Current Rep	orting Period COLUMN B1	COLUMN C1		
	Alphabetical Order:		Loan Balance	Add New Loan	Subtract Loan	Current Balance		
Date	Name, Address & Emplo	yer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You		
	-0-		-0-	-0-	-6-	-0		
		period: (Transfer this amo able this period: (Transfer		\$ 0	\$ -0-			
		oans Receivable: (Transfe			14	\$ -0		
		NCE OF CREDIT (Items o	<u> </u>					
	Aiphabetical Order!	des of Oscillation		id Fac		Current Balance		
Date	Name & Address of Ven	dor of Goods or Services F	Received But Not Pa	aid For	·	Owed by You		
	18/11			<u></u>		1-0-		
46. Current	Balance of Outstanding U	Inpaid Bills/Advance of Cre	edit: (Transfer this a	mount to Line 17)	\$ -0-		
(Make INDEP I, (Print candida in cond	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 / MAD f or Date / A2//3								

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