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. **EBERHARDY FOR WARD 9** (Name of Committee or Fund) TODD J. EBERHARDY (Treasurer's Name) (E-mail Address) 3663 SNELLING AVENUE S, MINNEAPOLIS MN 55406 (Treasurer's Mailing Address for Committee Business) Treasurer's Daytime Phone Number: (612) 250-8880 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") 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. **2012 ANNUAL REPORT** DUE Thursday, January 31st, 2013 Received by Hennepin Coul REPORTING PERIOD: (check one) Taxpayer Services 2012 Candidates on the ballot And Political Funds or Committees: From: 10/24/2012 Through: 12/31/2012 MAR 20 2013 Candidates NOT on the ballot in 2012: From: 1/1/2012 Through: 12/31/2012 **BEGINNING CASH BALANCE THIS REPORT:** \$ 225.54 DB (Insert Ending Cash Balance from last report) **COLUMN A** Activity Reported this year, COLUMN B COLUMN C In previous reporting periods **ACTIVITY IN THIS REPORTING PERIOD** A + B = Total Activity for This Calendar Year 10. ADDITIONS: 00 (Column C, Line 10 from Last Reporting period.) (Insert amount from line 25) (Insert total of line 10, columns A + B) 11. SUBTRACTIONS: \$.00 (Column C, Line 11 from Last Reporting period.) (Insert amount from line 34) (Insert total of line 11, columns A + B) 12. ENDING CASH BALANCE THIS REPORT: line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: **COLUMN A COLUMN B COLUMN C** Activity Reported on Last Report **ACTIVITY IN THIS REPORTING PERIOD** =Total Activity for This Calendar Year 13. In-Kind Donations Received: (Column C, Line 13 from Last Reporting period.) (Insert total of line 13, columns A + B) (Insert total from line 36) 14. Goods/Services Given to Others: (Column C, Line 14 from Last Reporting period.) (Insert total from line 39) (Insert total of line 14, columns A + B) (Insert total Current Balance from line 45) SUMMARY OF OUTSTANDING DEBT: 16. Current Balance of Outstanding Loans Payable (loaned to you)......> (Amount from Last Report: \$.00) (Insert total Current Balance from line 42) 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit......> (Amount from Last Report: \$ 150.00 (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) ____TODD J. EBERHARDY CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. SIGNATURE OF TREASURER: FILE THIS REPORT WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION-PSL 012 COVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY NAME OF COMMITTEE OR FUND: _____ DATE: _ ADDITIONS: (Income) 19. Total ITEMIZED Contributions: (Insert total from line 35) 20. Total NON-ITEMIZED Contributions: (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: (TOTAL lines 19 through 24. Transfer 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: (Subtotal: lines 26 + 27) 28. Total ITEMIZED Operating Expenditures: (Insert total from line 37) 29. Total NON-ITEMIZED Operating Expenditures: (Subtotal: Lines 28 + 29) 30. Bank service charges, etc., paid by you: 31. 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) 33. Other: _____ (Subtotal: lines 30+31+32+33)

34. TOTAL EXPENDITURES:

(Total lines 26 through 33. Transfer this amount to Line 11, 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 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

DATE	- 17 * 00 PG - Fr
	of each monetary contribution or donation in Kind within the year that in accordant from one contributor accorde 6400 8 41-
	in accordant description
	todt room oht eidtig
	r donation in Kind
	etary contribution o
UND:	nount of each mon
MMITTEE OR FU	se the date and an
NAME OF COI	You must disclos

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 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.

_									 	,
		COLUMN C	Total from Source	Year to Date						
List contributions here for the	ig period	COLUMN B1	\$ Value of In-	Kind Donation						
List contributio	current reportir	COLUMN B COLUMN B1	\$ Received	This Period						
		COLUMN A	Previous Total	For This Year						
			Description of In-Kind	Donation		j				
			Contributor's	Employer**						
			ALPHABETICAL ORDER!	Contributor Name & Address						
			Date	Rcvd.						

Subtotal ITEMIZED Monetary Contributions received this period:	€\$
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	€
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	6

Subtotal ITEMIZED In-Kind Donations received this period:	ns received this period:	\$
Subtotal ITEMIZED In-Kind Donations	Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	€
Subtotal NON-ITEMIZED In-Kind Donati	onations Received This Period:	\$
36. TOTAL IN-KIND DONATIONS RECEI	36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$

1/2/13

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND:

DATE

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.

\$	\$	\$
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)

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	• • • •	iacii auditional pages	•	•	, ,	
NAME OF C	COMMITTEE OR FUND: _			DATE: _		_
You must di together with		ods and services given to a s in excess of \$100 within the				
•				Goods & Services	· ·	
	Alphabetical Orderi		COLUMN A	COLUMN B	rrent Period 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 G	oods and Services given i	 n this period: (Transfer thi s	 s amount to Line 1	4, Column B)	\$	
SCHEDULE	D: NOTES AND LOANS	PAYABLE (Loaned to Yo	u)			
				Current Rep	r Repaid by You in orting Period	
	Alphabetical Order!		Loan Balance	Add New Loan	COLUMN B1 Subtract Loan	COLUMN C1 Current Balance
Date	Name, Address & Emplo	pyer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
						
40. Total N	ew Loans Payable this per	iod: (Transfer this amoun	t to Line 22)	\$		
41. Total R	epayment of Loans Payab	le this period: (Transfer th	is amount to Line		\$	
42. Current	Balance of Outstanding L	oans Payable: (Transfer th	nis amount to Line	16)		\$
SCHEDULE	E: NOTES AND LOANS	RECEIVABLE (Loaned by	/ You)			
				Current Rep	r Repaid to You in orting Period	
Date	Alphabetical Order! Name, Address & Emple	oyer of Recipient of Loan	COLUMN A1 Loan Balance Last Report	Add New Loan \$ Given	COLUMN B1 Subtract Loan \$ Repaid	COLUMN C1 Current Balance Owed to You
						·
43 Total N	ev Loops Possivable this	noriod: /Transfor this amo	vent to Line 32\	l œ		
		period: (Transfer this amo /able this period: (Transfer		\$ ne 23)	\$	
		oans Receivable: (Transfe			1.4	\$
		NCE OF CREDIT (Items of		<u>.</u>		
····	Alphabetical Order!					Current Balance
Date		dor of Goods or Services F	Received But Not Pa	aid For		Owed by You
46. Current	Balance of Outstanding L	Inpaid Bills/Advance of Cre	edit: (Transfer this	amount to Line 17	<u> </u>	\$
		atement ONLY IF INDEPE or C where Independent Ex			DE.	
l, (Print			, hereby certify the	hat all independent	expenditures made	on behalf of othe
		port were made WITHOUT uest or suggestion of any				
<u>Signatu</u>	re of Treasurer			Đa	te	