CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

<u>All</u>	INFORMATION ON THIS REPORT IS PUBLIC.	TYPE OR PRINT IN BLACK INK.	RETAIN A COPY OF 1	THIS REPORT FOR YOUR FILES.
1.	Friends for Lisa Goodman (Name of Committee or Fund)			
2.	John Cairns	<u>k</u>	ressds0@yahoo.com	
3.	(Treasurer's Name) 17 Xerxes Ave S Minneapolis, MN 55405		(E-mail Address)	
	(Treasurer's Mailing Address for Committee Busines	•		
4.	Treasurer's Daytime Phone Number: 612.3	84.8190	<u> </u>	
5.	Change in Committee or Officer's Name, Addre	ss, Phone. (Attach new "Registration & Stateme	ent of Organization")	
6.	No activity since last Report. (Insert Beginning a	and Ending Balance at #9 & #12 below)		
6a.	No activity with 383B.041058 candidates, thi	s reporting period. (Complete lines #9-#12 as a	applicable)	
7.	Termination of Committee - All debts must be pa If your committee is a state committee, please com		00. Termination of committee regis	stration.
8.		February 2, 2015	Paraivad	by Hennepin Count
	REPORTING PERIOD: (check one)		Tav	payer Services
	2014 Candidates on the ballot		ιαλί	payer oct vidoo
	And Political Funds or Committees Candidates NOT on the ballot in 201		Through: 12/31/2014 Through: 12/31/2014	AN 29 2015
		Φ 00 000 07	Log	DB
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ 89,863.37 (Insert Ending Cash Balance from last report)	•	DEL 1-29-15
	COLUMN A	, ,	T TWANTERSHOWN	A STATE OF THE STA
	Activity Reported this year,	COLUMN B	COLUMI A + B =Total Activity for	
_	In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	A + B - Total Activity for	This Calendar Tear
10.	ADDITIONS:	+ \$ 19,049.66	\$ 19.049.66	
	(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, colu	ımns A + B)
11	SUBTRACTIONS:			
,	\$	- \$ 13,523.29	\$ 13,523.29	
	(Column C, Line 11 from Last Reporting period.)	(Insert amount from line 34)	(Insert total of line 11, colu	imns A + B)
12.	ENDING CASH BALANCE THIS REPORT:	= \$ 95,389.74 (Line 9 + line 10(column B) - line 11(column	i B)	
	AND AND AN AND DONATIONS & OUTSTANDING			
<u>ŞU</u>	MMARY OF IN-KIND DONATIONS & OUTSTANDING		001184	W 0
	COLUMN A Activity Reported on Last Report	COLUMN B ACTIVITY IN THIS REPORTING PERIOD	COLUM A + B =Total Activity for	
13	In-Kind Donations Received:	MOTIVATION NO.		
10.	•	-\$ 0.00	\$ 0.00	
	\$ 0.00 (Column C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(Insert total of line 13, colu	ımns A + B)
14.	Goods/Services Given to Others	·		
		\$ 0.00	\$ 0.00	
	(Column C, Line 14 from Last Reporting period.)	(Insert total from line 39)	(Insert total of line 14, colu	ımns A + B)
15	Current Balance of Outstanding Loans Receiv	able (loaned to others)>	\$ 0.00	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	(Insert total Current Balan	ce from line 45)
	IMMARY OF OUTSTANDING DEBT:			•
16	Current Balance of Outstanding Loans Payable (Id	paned to you)>	\$ 0.00 (Insert total Current Balan	no from line 42\
	(Amount from Last Report: \$ 0.00)			ice from line 42)
	. Current Balance of Outstanding Unpaid Bills/Adva (Amount from Last Report: \$ 0.00)		\$ 0.00 (Insert total Amount Owed	
18	CERTIFICATION: Any person who signs and certifies	to be true a report or statement which the perso	n knows contains false information	or who knowingly omits
	required information is guilty of a gross misdemeanor. I, (Print Name) John Cairns	, CERTIFY THAT THIS REPORT (S COMPLETE, TRUE AND CO	ORRECT.
	- / BL/	70		
SI	GNATURE OF TREASURER:		DATE: 1/27/15	

FILE THIS REPORT WITH:

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

RE	CEIPT AND EXPENDITURES WORKSHEE	T FOR THIS REPORTING I	PERIOD ONLY	
NA	ME OF COMMITTEE OR FUND: Friends for Lisa	Goodman	DATE: <u>1/28/15</u>	
AD	DITIONS: (Income)			
19.	Total ITEMIZED Contributions:	\$ 12,250.00 (Insert total from line 35)		
20.	Total NON-ITEMIZED Contributions:	\$ 6,750.00	\$ 19,000.00 (Subtotal: lines 19 + 20)	
21.	Income from bank dividends, interest, etc:	\$ 49.66		
22.	New Loans Payable (loaned to you):	\$ 0.00 (Insert total from line 40)	•	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0.00 (Insert total from line 44)		
24.	Other: 0	\$ 0.00	\$ 49.66 (Subtotal: lines 21+22+23+24)	
25.	TOTAL INCOME:	\$ 19,049.66 (TOTAL lines 19 through 24. T	ransfer this amount to Line 10, Column B.)	
su	BTRACTIONS: (Expenditures)			
26.	Total ITEMIZED Contributions to Others:	\$ 1,270.00 (Insert total from line 38)		
27.	Total NON-ITEMIZED Contributions to Others:	\$ 0.00	\$ 1,270.00 (Subtotal: lines 26 + 27)	
28.	Total ITEMIZED Operating Expenditures:	\$ 12,163.69 (Insert total from line 37)		
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 89.60	\$ 12,253.29 (Subtotal: Lines 28 + 29)	
30.	Bank service charges, etc., paid by you:	\$ 0.00		
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 0.00 (Insert total from line 41)		
32.	New Loans Receivable (loaned to others):	\$ 0.00 (Insert total from line 43)		
33.	Other: 0	\$ 0.00	\$ 0.00 (Subtotal: lines 30+31+32+33)	

34. TOTAL EXPENDITURES:

\$ 13,523.29 (Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

	ULE A: INCOME FROM CAS COMMITTEE OR FUND: Friends f	-				ATE: 1/28/15	
	lisclose the date and amount of each mo		tion to Kind within the consthat in	agarogoto from one or		-	addrage of the in
r fund tha	t made the monetary contribution or Dona	ation In Kind, and the empl	oyer of the individual contributor.				
	se of a contributor who is self-employed,	that is, does not derive ea	rned income as owner, partner, or e	employee of a corpora	ition, partnership, o	r other entity, including	g a branch of gov
	ntributor's occupation.) unds must itemize contributions of memb	ers that, in aggregate in the	e vear, exceed \$50.				
	nit a typed or computer-generated list, all		_	A. Attach addition	nal pages as neces	sary.	
,						ons here for the	
_		-		COLUMN A	current report	ing period COLUMN B1	COLUMN C
				OCLORITA	OGEGIAN D	00201111121	Total from
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	Source Year to Date
	See attached						
-							
			· ·				
						-	
Cubt	otal ITEMIZED Monetary Contributio	ne received this period:	<u></u>		\$ 12,250.00		
	otal ITEMIZED Monetary Contributio		isted on previous page:		\$		
	AL ITEMIZED CONTRIBUTIONS RE			e 19)	\$ 12,250.00		
. 101.							_
	otal ITEMIZED In-Kind Donations red					\$ 0.00	
	otal ITEMIZED In-Kind Donations red					\$ 0.00	4
	otal NON-ITEMIZED In-Kind Donation					\$ 0.00	4
R TOT	AL IN-KIND DONATIONS RECEIVE	D THIS PERIOD: (Tran	sfer this amount to Line 13. C	olumn B)		\$ 0.00	i

Friends for Lisa Goodman 2014 Finance Report Schedule A - alt.

Date	fname	lname	employeer	fname2		employeer 2	amoun
12/18/2014	Scott	Bader	StevenScott Management	Kerry	Bader	Edina Realty	250
12/12/2014		Baier	Pizza Luce				250
12/20/2014	Scott	Benson	Briol & Associates				250
12/1/2014	Andrew	Berton	Self				150
12/20/2014		Borman	Maslon Law				250
12/12/2014	Peter	Brown	Self				250
12/18/2014	Barb	Davis	Coldwell Banker Burnet				250
12/30/2014	Eric	Dayton	North Corp				250
12/18/2014	Lisa	Denzer	LI Ventures, LLC	Pat	Denzer		250
12/12/2014	Mr & Mrs Jo	Farrell	retired				250
12/14/2014	Fire Fighters	Association					250
12/15/2014	Kieran	Folliard	Kieran's				250
12/18/2014	Stephen	Frenz	JAS Properties	Jennifer	Frenz		250
12/20/2014	Sue	Greenberg	614 Companies	Bob	Greenb	614 Companio	250
12/20/2014	RJ	Hafiz	VP Dejavu	Brenda	Hafiz	Carmines of V	500
12/20/2014	Steward	Hafiz	Sneaky Petes	Tiffany	Hafiz	Sneaky Petes	500
12/20/2014	Peter	Hafiz	Minneapolis Entertainment Inc				250
12/20/2014	Leslie	Hafiz	Minneapolis Entertainment Inc				250
12/20/2014	Eleanor	Hafiz	book-keeper Dejavu				250
12/20/2014	Madison	Hafiz - Ziton	PJ Hafiz Club				250
12/18/2014	Gary	Hallberg	Bar 19			-	250
12/18/2014	Bill	Hillsman	Northwoods Adverising				250
12/18/2014	Thomas	Hoch	Hennepin Theater Trust				250
12/26/2014	Al	Hofstede	North State VCP Lobby # 8904				250
12/30/2014	Jonathan	Holtzman	Village Green		-		250
12/20/2014	Mr & Mrs P	Jaffe	Alatus Partners				500
12/14/2014	Jeannie	Joas	JB Hudson				250
12/29/2014	Kevin	Johnson	Stoel Rives				200
12/20/2014	Irvan	Kessler	Alatus Partners	Barbara	Anderso	on	500
12/18/2014	James	Kriz	self				250
12/18/2014	Kathleen	Lamb	McGrann Shea Carnival Straughn & Li	amb Lob	bist #773	32	250
12/18/2014	Jeffrey	Laux	self				150
12/15/2014	Kelly	Lindquist	Art Space				200
12/20/2014		Lux	Alatus Partners	Jodi	Lux		500
12/18/2014		McGrann	McGrann Shea Carnival Straughn & L	amb lobb	ist # 15!	54	250
12/30/2014	Brian	Melendez	Fagre & Benson				150
12/16/2014		Moor	Timberwolves				200
	Tim & Mary	Murray	Murray's				250
12/18/2014	Charlie	Nauen	Lockridge, Grindel, Nauen				250
12/18/2014		Nelson	Sanrda Nelson Advertising				150
12/18/2014		Rerat	Base Management, LLC				250
12/15/2014	Julee	Rimarcik		John			200
12/18/2014	Lee	Sheehy	McKnight Foundation				200
12/18/2014	Ken	Sorensen	Mortenson Constrution	Susan			200
12/18/2014	Kam & Sara	Talebi	CRAVE				250
12/12/2014	Mary	Vaughan	retired				250
12/18/2014	Olga	Viso	Walker Art Center				200

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)

NAME OF C	COMMITTEE OR FUND: Friends for Lisa Goodman			D	ATE: <u>1/28/15</u>	
the year, an	sclose the name and address of each individual, business of the amount, date and specific purpose of the expenditure	·.		have been made	, in an aggregate a	amount in excess of \$1
•	it a typed or computer-generated list, all items must be in th	ie same order as they appear o	n Schedule B.			
Attach addit	ional pages as necessary.					
-				List expenditu current reporti	res here for the ing period	
			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
	See attached					
Subtoto	al ITEMIZED Operating Expenditures this period:			\$ 12,163.69		
	al ITEMIZED Operating Expenditures this period listed on p	revious page:	-	\$ 12,103.03	_	
	ITEMIZED OPERATING EXPENDITURES THIS PERIOD) 28)	\$ 12,163.69		
Subtots	al ITEMIZED Contributions to Others this period:				\$ 1,270.00	٦ .
	at ITEMIZED Contributions to Others this period listed on pr	revious page:			\$	_
	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD		ne 26)		\$ 1,270.00	

Friends for Lisa Goodman 2014 Finance Report Schedule B

Date	Name/Vendor	Adress	Activity/Purpose	amount
1/21/2014	Animal Humane Society	845 Meadow Ln N Golden Valley, MN 55422	Visibility - event	-800
10/30/2014	Animal Humane Society	845 Meadow Ln N Golden Valley, MN 55422	Event sponsorship	-1400
3/31/2014	BMNA	Post Office Box 16437 Minneapolis, MN 55416	Event sponsorship	-150
8/8/2014	Brasserie Zentral	505 Marquette Ave Minneapolis, MN 55402	Event - visibility	-125
4/21/2014	Bryn Mawr Bu d le	505 Cedar Lake Rd Minneapolis, MN 55405	Advertising	-310
12/3/2014	Do-Good Business Mailing	2300 Kennedy Street Northeast, Minneapolis, MN 5541	Mailing	-1308.8
4/28/2014	Friends for Loring Park	P.O. Box 52074 Minneapolis, MN 55403	Contribution to others	-120
2/20/2014	Hennepin Theater Trust	615 Hennepin Avenue, Suite 140 Minneapolis, MN 5540	Event sponsorship	-435
5/27/2014	Hennepin Theater Trust	615 Hennepin Avenue, Suite 140 Minneapolis, MN 5540	Event sponsorship	-1000
12/17/2014	Impact Printing	1067 Rice Street, Saint Paul, MN 55117	Printing	-1495.74
9/17/2014	Ivey Awards	615 Hennepin Avenue, Suite 140 Minneapolis, MN 5540	Event visibility	-250
10/28/2014	Kandi Apple & Honey	PO Box 285 Willmar MN 56220	Campaign Supplies - food	-150
2/18/2014	Latte Da	345 13th Avenue NE, Minneapolis, MN 55413	Event visibility	-170
3/10/2014	Latte Da	345 13th Avenue NE, Minneapolis, MN 55413	Event sponsorship	-300
1/13/2014	Lisa Goodman	17 Xerxes Ave S Minneapolis, MN 55405	Reimbursement	-1096.82
7/10/2014	Lisa Goodman	17 Xerxes Ave S Minneapolis, MN 55405	Reimbursement	-866
12/2/2014	Lisa Goodman	17 Xerxes Ave S Minneapolis, MN 55405	Reimbursement	-249.26
12/30/2014	Lisa Goodman	17 Xerxes Ave S Minneapolis, MN 55405	Reimbursement	-850
2/24/2014	Marion for County Commissioner	2407 Girard Ave S Minneapolis, MN 55405	Contribution to others	-250
3/18/2014	Mark for Mayor		Contribution to others	-100
11/18/2014	мстс	1501 Hennepin Avenue, Minneapolis, MN 55403	Contribution to others	-450
6/2/2014	Minneapolis City Council DFL	350 S 4th St Minneapolis, MN 55415	Contribution to others	-100
12/17/2014	Normandy Hotel	405 South 8th Street, Minneapolis, MN 55404	Event - food	-200
1/21/2014	Patrick Sadler	4213 Columbus Ave Minneapolis, MN 55408	Reimbursement	-260.27
7/30/2014	Samuels for Schools	1542 Hillside Ave N Minneapolis, MN 554	Contribution to others	-100
1/21/2014	Star Tribune	425 Portland Ave Minneapolis, MN 55488	Subscription	-286
6/23/2014	Walker Art Center	1750 Hennepin Avenue, Minneapolis, MN 55403	Event sponsorship	-310.8
6/13/2014	Winning Women	2610 University Ave W St. Paul, MN 55114	Contribution to others	-150
4/11/2014	Women Candidate Development	550 Rice St St. Paul, MN 55103	Event sponsorship	-150

Contributions to others	Total	1270
Operating Expenses	Total	12163.69
non-itemized	Total	89.6

WAIVIE OI	COMMITTEE OR FUND: <u>F</u>	riends for Lisa Goodman		DATE: <u>1</u>	/28/15	_
You must d goods and	E C: GOODS AND SERVICE isclose the total value of go services, is in excess of \$1 ervices given.	CES GIVEN TO OTHERS pods and services given to a 00 within the year. You mu	another committee, st also disclose the	as well as any othe date, name and ad	rwise non-iternizabl dress of the recipie	e cash that, togeth nt and a description
	-			Goods & Services	s + Cash = \$100+	
				Given in Cu		
	Alphabetical Order!	***	COLUMN A	COLUMN B	COLUMN B1	COLUMN C
	Name & Address of	Description of	Previous Total		Value of Goods	Recipient Total
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
39. Total G	Boods and Services given i	n this period: (Transfer this	s amount to Line 1	4, Column B)	\$ 0.00	
SCHEDULE	E D: NOTES AND LOANS	PAYABLE (Loaned to You	u)			
			·	Lana Chamas	Panaid ky Vay in	1
					r Repaid by You in orting Period	
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
	Alphabetical Order:		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Empl	over of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
	Traine, Fragress & Emp			, , , , , , , , , , , , , , , , , , ,	4 1 12 4 2 11 2	
10 Total N	Jew Loans Pavable this ne	riod: (Transfer this amoun	t to Line 22)	\$ 0.00		
		ple this period: (Transfer thi		<u> </u>	\$ 0.00	
		oans Payable: (Transfer th				\$ 0.00
12. Curren						<u> </u>
	-	RECEIVABLE (Loaned by	You)			
	-	RECEIVABLE (Loaned by	You)	Llaama Charachara	n Danaid to Vovie	
	-	RECEIVABLE (Loaned by	You)		or Repaid to You in	
	E E: NOTES AND LOANS	RECEIVABLE (Loaned by		Current Rep	orting Period	COLLIMN C1
	-	RECEIVABLE (Loaned by	COLUMN A1	Current Rep	column B1	COLUMN C1
SCHEDULE	E E: NOTES AND LOANS Alphabetical Order!			Current Rep COLUMN B Add New Loan	column B1 Subtract Loan	Current Balance
	E E: NOTES AND LOANS Alphabetical Order!	RECEIVABLE (Loaned by	COLUMN A1 Loan Balance	Current Rep	column B1	
SCHEDULE	E E: NOTES AND LOANS Alphabetical Order!		COLUMN A1 Loan Balance	Current Rep COLUMN B Add New Loan	column B1 Subtract Loan	Current Balance
SCHEDULE	E E: NOTES AND LOANS Alphabetical Order!		COLUMN A1 Loan Balance	Current Rep COLUMN B Add New Loan	column B1 Subtract Loan	Current Balance
Oate	Alphabetical Order! Name, Address & Empl	oyer of Recipient of Loan	COLUMN A1 Loan Balance Last Report	Current Rep COLUMN B Add New Loan	column B1 Subtract Loan	Current Balance
Date 13. Total N	Alphabetical Order! Name, Address & Empl		COLUMN A1 Loan Balance Last Report	Current Rep COLUMN B Add New Loan \$ Given	column B1 Subtract Loan	Current Balance
Oate 43. Total N	Alphabetical Order! Name, Address & Emplement of Loans Receivable this Repayment of Loans Receivable and the second seco	oyer of Recipient of Loan period: (Transfer this amo	COLUMN A1 Loan Balance Last Report Dunt to Line 32)	Current Rep COLUMN B Add New Loan \$ Given \$ 0.00 ne 23)	corting Period COLUMN B1 Subtract Loan \$ Repaid	Current Balance
Date 13. Total N 14. Total F 15. Curren	Alphabetical Order! Name, Address & Empl New Loans Receivable this Repayment of Loans Receivat Balance of Outstanding L	oyer of Recipient of Loan period: (Transfer this amovable this period: (Transfer oans Receivable: (Transfe	COLUMN A1 Loan Balance Last Report Dunt to Line 32) this amount to Line 11	Current Rep COLUMN B Add New Loan \$ Given \$ 0.00 ne 23) ine 15)	corting Period COLUMN B1 Subtract Loan \$ Repaid	Current Balance Owed to You
Date 13. Total N 14. Total F 15. Curren	Alphabetical Order! Name, Address & Empl New Loans Receivable this Repayment of Loans Receivable this Balance of Outstanding LEF: UNPAID BILLS/ADVA	oyer of Recipient of Loan period: (Transfer this amovable this period: (Transfer	COLUMN A1 Loan Balance Last Report Dunt to Line 32) this amount to Line 11	Current Rep COLUMN B Add New Loan \$ Given \$ 0.00 ne 23) ine 15)	corting Period COLUMN B1 Subtract Loan \$ Repaid	Current Balance Owed to You \$ 0.00
Date 13. Total N 14. Total F 15. Curren	Alphabetical Order! Name, Address & Empl New Loans Receivable this Repayment of Loans Receivat Balance of Outstanding LEF: UNPAID BILLS/ADVA Alphabetical Order!	oyer of Recipient of Loan period: (Transfer this amovable this period: (Transfer oans Receivable: (Transfe	COLUMN A1 Loan Balance Last Report Dunt to Line 32) This amount to Line this amount to Line services received	Current Rep COLUMN B Add New Loan \$ Given \$ 0.00 ne 23) ine 15) d but not paid)	corting Period COLUMN B1 Subtract Loan \$ Repaid	Current Balance Owed to You

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.)

Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)

INDEPENDENT EXPENDITURE: SWORN STATEMENT

I, (Print Name) John Cairns _____, 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 of suggestion of any candidate, candidate's campaign committee or agent.

\$ 0.00

Signature of Treasurer Date 1/28/15