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. Colvin Roy for City Council (Ward 12) | | |
| (Name of Committee or Fund) | er. | cracraft33@gmail.com |
| Sheila Cracraft Fehler (Treasurer's Name) | | (E-mail Address) |
| 4116 32nd Avenue South, Minneapolis, MN (Treasurer's Mailing Address for Committee But | 1 55406 siness) | |
| 4. Treasurer's Daytime Phone Number: 6 | 12-724-6284 | <u> </u> |
| 5. Change in Committee or Officer's Name, A | ddress, Phone. (Attach new "Registration & Stateme | nt of Organization") |
| 6. No activity since last Report. (Insert Beginn | ing and Ending Balance at #9 & #12 below) | |
| 6a. No activity with 383B.041058 candidates | , this reporting period. (Complete lines #9-#12 as a | pplicable) |
| 7. Termination of Committee - All debts must b | e paid and Ending Balance can be no more than \$10 | Termination of committee registration. |
| If your committee is a state committee, please | | Received by Hennepin Council |
| 8. 2014 ANNUAL REPORT DUE Mond | ay, February 2, 2015 | Taxpayer Services |
| REPORTING PERIOD: (check one) | | ************************************** |
| 2014 Candidates on the ballot And Political Funds or Committe Condidates NOT on the ballot in | | Through: 12/31/2014 FEB 0 8 2015 Through: 12/31/2014 |
| | 2014: FIOIII. 1/1/2014 | 11110uyii. 12/01/2014 DB |
| 9. BEGINNING CASH BALANCE THIS REPORT | r: \$ 4555.23 | PM 22 VUEL |
| | (Insert Ending Cash Balance from last report) | |
| COLUMN A Activity Reported <u>this year,</u> | COLUMN B | COLUMN C |
| In previous reporting periods. | ACTIVITY IN THIS REPORTING PERIOD | A + B =Total Activity for This Calendar Year |
| 10. ADDITIONS: | | |
| \$ | 4 \$ 0.00 | \$ 0.00 |
| (Column C, Line 10 from Last Reporting period.) | (Insert amount from line 25) | (Insert total of line 10, columns A + B) |
| 11. SUBTRACTIONS: | WIA | # 000 44 |
| \$ (Column C, Line 11 from Last Reporting period.) | 633.44 (Insert amount from line 34) | \$ 633.44 (Insert total of line 11, columns A + B) |
| (Column C, Line 11 noin Last Reporting pends.) | | (macretata os mo 11, ocidina 27 - 5) |
| 12. ENDING CASH BALANCE THIS REPORT: | \$ 3,921.79 (Line 9 + line 10(column B) - line 11(column | B) |
| SUMMARY OF IN-KIND DONATIONS & OUTSTAND | | |
| | COLUMN B | COLUMN C |
| COLUMN A Activity Reported on Last Report | ACTIVITY IN THIS REPORTING PERIOD | A + B =Total Activity for This Calendar Year |
| 13. In-Kind Donations Received: | | - |
| ¢ | +\$ | \$ |
| (Column C, Line 13 from Last Reporting period.) | (Insert total from line 36) | (Insert total of line 13, columns A + B) |
| 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) |
| 15. Current Balance of Outstanding Loans Red | eivable (loaned to others)> | \$ (Insert total Current Balance from line 45) |
| · · · · · · | | (msert total current balance from line 45) |
| SUMMARY OF OUTSTANDING DEBT: 16. Current Balance of Outstanding Loans Payable (Appart for last Paratic Payable) | e (loaned to you)> | \$(Insert total Current Balance from line 42) |
| (Amount from Last Report: \$) | duana of Coodif | |
| 17. Current Balance of Outstanding Unpaid Bills/A (Amount from Last Report: \$) | · . | \$ (Insert total Amount Owed from line 46) |
| 18. CERTIFICATION: Any person who signs and cert required information is guilty of a gross misdemeand 1, (Print Name) Sheila Cracraft Fehler | or. | knows contains false information or who knowingly omits REPORT IS COMPLETE, TRUE AND CORRECT. |
| SIGNATURE OF TREASURER CANANA | 2 FORM | DATE: 1/30/15 |

FILE THIS REPORT WITH:

| KE | CEIPT AND EXPENDITURES WORKSHEE | I FOR THIS REPORTING | PERIOD ONL! |
|-----|--|--|---|
| NΑ | ME OF COMMITTEE OR FUND: Colvin Roy for C | ity Council (Ward 12) | DATE: <u>1/30/15</u> |
| ΑD | DITIONS: (Income) | | |
| 19. | Total ITEMIZED Contributions: | \$ 0.00 (Insert total from line 35) | |
| 20. | Total NON-ITEMIZED Contributions: | \$ 0.00 | \$ 0.00 (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: | \$ | \$ 0.00 (Subtotal: lines 21+22+23+24) |
| 25. | TOTAL INCOME: | \$ 0.00 (TOTAL lines 19 through 24. | Transfer this amount to Line 10, Column B.) |
| SU | BTRACTIONS: (Expenditures) | | |
| 26. | Total ITEMIZED Contributions to Others: | \$ (Insert total from line 38) | |
| 27. | Total NON-ITEMIZED Contributions to Others: | \$ 560.00 | \$ 560.00 (Subtotal: lines 26 + 27) |
| 28. | Total ITEMIZED Operating Expenditures: | \$ (Insert total from line 37) | |
| 29. | Total NON-ITEMIZED Operating Expenditures: | \$ 45.44 | \$ 45.44 (Subtotal: Lines 28 + 29) |
| 30. | Bank service charges, etc., paid by you: | \$ 28.00 | |
| 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: | \$ | \$ 28.00 (Subtotal: lines 30+31+32+33) |

34. TOTAL EXPENDITURES:

\$ 633.44 (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 the line provided if you do not want the If selected, please submit two versions of Schedule A, one with contributors' addresses and one without. address of contributors to be displayed on the website.

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

NAME OF COMMITTEE OR FUND: Colvin Roy for City Council (Ward 12)

DATE: 1/30/15

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 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.

| | | | | - | 1 in a contact | one board the | |
|--------------|--|--------------------------------|---|---------------------------------|----------------------------|--|------------------------|
| | | | | | current reporting period | List contributions here for the current reporting period | |
| | | | | COLUMN A | COLUMN B | COLUMN B1 | COLUMN C |
| | | | | | | | Total from |
| Date Royd | ALPHABETICAL ORDER! Contributor Name & Address | Contributor's | Description of In-Kind Donation | Previous Total For This Year | \$ Received This Period | \$ Value of In- Kind Donation | Source Year to Date |
| | | | | | | | |
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| Subtots | Subtotal ITEMIZED Monetary Contributions received this period: | s received this period: | | | 8 | | |
| Subtota | Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: | s received this period listed | on previous page: | | ₩ | | |
| 35. TOTAL | TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19) | SEIVED THIS PERIOD: (TR | ansfer this amount to Lin | e 19) | \$ 0.00 | <u> </u> | |
| | | | | | | | Г |
| Subtot | Subtotal ITEMIZED In-Kind Donations received this period: | eived this period: | | | | ક્ક | |
| Subtot | Subtotal ITEMIZED In-Kind Donations received this period | eived this period listed on pr | listed on previous page: | | | s | · |
| Subtot | Subtotal NON-ITEMIZED In-Kind Donations Received This | ns Received This Period: | | | | \$ | |
| 36. TOTAL | 36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: | | (Transfer this amount to Line 13, Column B) | olumn B) | | \$ 0.00 | |

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

DATE: 1/30/15

NAME OF COMMITTEE OR FUND: Colvin Roy for City Council (Ward 12)

OF COMMISSINE ON FOND. COMMISSION OF CONTROL (VVAIL 12)

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.

| | | | | List expenditures here for the current reporting period | es here for the | |
|-----------|--|-------------------------|----------|---|-----------------|-----------------|
| | | | COLUMN A | COLUMN B | COLUMN B1 | COLUMN C |
| | ALPHABETICAL ORDER! | | | Operating Contributions | Contributions | Total to Source |
| Date Paid | Vendor or Recipient Committee Name and Address | Purpose for Expenditure | | Expenditures | to Others | Year to Date |
| | | | | | | |
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| 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) | \$ 0.00 | |
| | | 1 |
| 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) | | \$ 0.00 |

| | COMMITTEE OR FUND: C | olvin Roy for City Council (\ | Nard 12) | DATE: <u>1</u> | /30/15 | |
|--|---|--|--|---|--|---|
| ou must joods and | LE C: GOODS AND SERVIO disclose the total value of go d services, is in excess of \$1 services given. | oods and services given to a | another committee, st also disclose the | as well as any othe date, name and ad | erwise non-itemizabl dress of the recipie | le cash that, together ent and a description o |
| | | T | | Goods & Service | s + Cash = \$100+ | |
| | | | | | rrent Period | : |
| | Alphabetical Orderl | | 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 |
| O Total | Goods and Services given i | n this posied (Transfer this | amount to Line 1 | 4 Column B) | \$ | |
| | LE D: NOTES AND LOANS | * | | 4, Ooidiiii <i>D</i> | Ψ | |
| | EL B. NOTES AND ESANS | , | , | Loans Given to o | r Repaid by You in | |
| | | | |) | orting Period | |
| | Alphabetical Order! | | COLUMN A1 | COLUMN B | COLUMN B1 | COLUMN C1 |
| | Aiphanetical Order! | | Loan Balance | Add New Loan | Subtract Loan | Current Balance |
| Date | Name, Address & Empl | oyer of Lender | Last Report | \$ Received | \$ Repaid | Owed by You |
| | | | | _ | | |
| 0. Total | New Loans Payable this pe | riod: (Transfer this amoun | t to Line 22) | \$ | | |
| 1. Total | Repayment of Loans Payab | le this period: (Transfer thi | s amount to Line | 31) | \$ | |
| 2. Curre | ent Balance of Outstanding L | oans Payable: (Transfer th | is amount to Line | 16) | | \$ |
| | LE E: NOTES AND LOANS | TEODIVADEE (Edulida Sy | | Current Rep | or Repaid to You in porting Period | |
| | Alphabetical Order! | | COLUMN A1 | COLUMN B | COLUMN B1 | COLUMN C1 |
| | | | Loan Balance | Add New Loan | Subtract Loan | |
| ate | Name, Address & Empl | | | 0.07 | 0.00 | Current Balance |
| | | oyer of Recipient of Loan | Last Report | \$ Given | \$ Repaid | Owed to You |
| | | | | | \$ Repaid | |
| 3. Total | I New Loans Receivable this | period: (Transfer this amo | unt to Line 32) | \$ | | |
| 4. Total | Repayment of Loans Receive | period: (Transfer this amo vable this period: (Transfer | ount to Line 32) | \$ ne 23) | \$ Repaid | Owed to You |
| 4. Total 5. Curre | New Loans Receivable this Repayment of Loans Receivant Balance of Outstanding L | period: (Transfer this amo vable this period: (Transfer oans Receivable: (Transfe | ount to Line 32) this amount to Li r this amount to L | \$ ne 23) ine 15) | | |
| 4. Tota 5. Curre | Repayment of Loans Receivent Balance of Outstanding L | period: (Transfer this amo vable this period: (Transfer oans Receivable: (Transfe | ount to Line 32) this amount to Li r this amount to L | \$ ne 23) ine 15) | | Owed to You |
| 4. Total 5. Curre | Repayment of Loans Receivent Balance of Outstanding L LE F: UNPAID BILLS/ADVA Alphabetical Order! | period: (Transfer this amo vable this period: (Transfer oans Receivable: (Transfe | ount to Line 32) I this amount to Line I this amount to Line I this amount to Line I services receive | \$ ne 23) ine 15) d but not paid) | | Owed to You |
| 4. Total 5. Curre | Repayment of Loans Receivent Balance of Outstanding L LE F: UNPAID BILLS/ADVA Alphabetical Order! | period: (Transfer this amo vable this period: (Transfer oans Receivable: (Transfe ANCE OF CREDIT (Items o | ount to Line 32) I this amount to Line I this amount to Line I this amount to Line I services receive | \$ ne 23) ine 15) d but not paid) | | Owed to You \$ Current Balance |
| 4. Tota 5. Curro CHEDU Date | Repayment of Loans Receivent Balance of Outstanding L LE F: UNPAID BILLS/ADVA Alphabetical Order! | period: (Transfer this amo vable this period: (Transfer oans Receivable: (Transfe ANCE OF CREDIT (Items o | this amount to Line 32) this amount to Line this amount to Line received received But Not Page 1 | \$ ne 23) ine 15) d but not paid) aid For | \$ | Owed to You \$ Current Balance |
| 4. Total 5. Curro 6. CHEDU 6. Curro 7. The | Repayment of Loans Receivent Balance of Outstanding L LE F: UNPAID BILLS/ADVA Alphabetical Order! Name & Address of Ver | period: (Transfer this amovable this period: (Transfer this period: (Transfer this period: (Transfer this period: (Transfer the thing of the thing o | ount to Line 32) I this amount to Line received This amount to Line received The received But Not Particle (Transfer this amount to Line received But Not Particle (Transfer this amount to Line received But Not Particle (Transfer this amount to Line received But Not Particle (Transfer this amount to Line received But Not Particle (Transfer this amount to Line 32) | \$ ne 23) ine 15) d but not paid) aid For amount to Line 17 | \$ | \$ Current Balance Owed by You |
| 4. Total 5. Curre 6. Curre 7. The (Mak | Alphabetical Order! Name & Address of Ver ent Balance of Outstanding L LE F: UNPAID BILLS/ADVA Alphabetical Order! Name & Address of Ver ent Balance of Outstanding L Treasurer is to sign this stree notations on Schedules B | period: (Transfer this amovable this period: (Transfer this amovable this period: (Transfer this amovable: Transfer this amovable: (Transfer this amovable: Transfer this amovable: (Transfer this amovable: Transfer this amovable: (Transfer this am | this amount to Line 32) this amount to Line this amount to Line services received Received But Not Paddit: (Transfer this amount to Line services received But Not Paddit: (Transfer this amou | sne 23) ine 15) d but not paid) aid For amount to Line 17 URES WERE MAE |) DE. | S Current Balance Owed by You |
| GCHEDU Date 16. Curre (Make | Repayment of Loans Receivent Balance of Outstanding L LE F: UNPAID BILLS/ADVA Alphabetical Order! Name & Address of Ver ent Balance of Outstanding U Treasurer is to sign this stree notations on Schedules B | period: (Transfer this amovable this period: (Transfer this period: (Transfer this period: (Transfer this period: (Transfer the thin this period: (Transfer this period) (Transfer this | cunt to Line 32) this amount to Line this amount to Line received received But Not Paragraphic (Transfer this amount to Line received But Not Paragraphic (Tra | sne 23) ine 15) d but not paid) aid For amount to Line 17 URES WERE MAD | \$ DE. expenditures made sent of, or in coop | S Current Balance Owed by You |

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