CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES – NOT FO  As required by the Hennepin County Financial Disclosure Law: Minnesota S	
ALL INFORMATION ON THIS REPORT IS PUBLIC.  TYPE OR PRINT IN BLACK INK.  TYPE OR PRINT IN BLACK INK.	RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
(Name of Committee or Fund)	
2. (Treasurer's Name)	(F) 0.44)
JECK WILLWAY FINITE YOUR LANG MAN	(E-mail Address)
(Treasurer's Mailing Address for Committee Business)  4. Treasurer's Daytime Phone Number: 952 447 L00	Received by Hennepin County Taxpayer Services
<u> </u>	
5. Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & State	ement of Organization") OCT 29 2009
6. No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below)	LogDB /
6a. No activity with Hennepin County candidates, this reporting period. (Complete lines #9-	#12 as applicable) PM p-2801 DEL
7. Termination of Committee (must have less than \$100.00 cash balance and no unpaid lo	ans or bills); termination of Committee Registration
8. TYPE OF REPORT: FILING DATE: REPORTING PERIOD:	1.000.000
PRE-GENERAL: 10/27/2009 From: 9/2/2009 Throwship of the second of the se	ough: 10/20/2009 port)
COLUMN A COLUMN B  Activity Reported on Pre-Primary Report ACTIVITY IN THIS REPORTING PERIOD	COLUMN C  A + B =Total Activity for This Calendar Year
10. ADDITIONS:	2.0
+\$ 1990 ·	\$ 3065
(Line 10 from Pre-Primary Report this year.) (Insert amount from line 25)	(Insert total of line 10, columns A + B)
11. SUBTRACTIONS:	1411.13
(Line 11 from Pre-Primary Report this year.)  \$\frac{3\ldot \gamma \cdot \gamma}{2\ldot \gamma \cdot \gamma \cdot \gamma}  \text{(Insert amount from line 34)}  \text{.}	\$ (1971-19
ile and have	(Insert total of line 11, columns A + B)
12. ENDING CASH BALANCE THIS REPORT: = \$ 175 10 10 (Column B) - line 11 (column	~ Old 122 FO Od 11 1/22
SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:	
COLUMN A COLUMN B	COLUMN C
Activity Reported on Pre-Primary Report ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
13. In-Kind Donations Received:	
+\$ 1995	s 3060·
(Line 13 from Pre-Primary Report this year.) (Insert total from line 36)	(Insert total of line 13, columns A + B)
14. Goods/Services Given to Others:	1941.10
\$ 3/4 \(\begin{align*} \preceq \\ \preceq \\ \preceq \\ \end{align*} \] (Line 14 from <b>Pre-Primary Report</b> this year.)  (Insert total from line 39)	(Insert total of line 14, columns A + B)
	(insert total of line 14, columns A + B)
15. Current Balance of Outstanding Loans Receivable (loaned to others)>	(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: \$ )	(Insert total Current Balance from line 42)
17. Current Balance of Outstanding Unpaid Bills/Advance of Credit	\$
(Amount from Last Report: \$ )	(Insert total Amount Owed from line 46)
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	IS REPORT IS COMPLETE, TRUE AND CORRECT.
21 1/2	DATE: Oct The 19
SIGNATURE OF TREASURER:	DATE: UUL VIN, UI

FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-600 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152

NAME OF COMMITTEE OR FUND: MIKE	tugger for commi	DATE: 00 26,2009
ADDITIONS: (Income)	6.0	
19. Total ITEMIZED Contributions:	(Insert total from line 35)	
20. Total NON-ITEMIZED Contributions:	<u>\$</u>	\$ 1995. 6 (Subtotal: lines 19 + 20)
21. Income from bank dividends, interest, etc:	<u>s</u> +	
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)	6.0
24. Other:	\$	\$ 1995 (Subtotal: lines 21+22+23+24)
25. TOTAL INCOME:	\$ +455° 1945° (TOTAL lines 19 through 24. Trail	$\mathcal{L},\mathcal{D}$ .nsfer 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:	<u>\$</u>	\$ よしっとう (Subtotal: lines 26 + 27)
28. Total ITEMIZED Operating Expenditures:	\$(Insert total from line 37)	
29. Total NON-ITEMIZED Operating Expenditures:	<u>\$</u>	\$ (Subtotal: Lines 28 + 29)
	\$ &	
0. Bank service charges, etc., paid by you:	<u> </u>	
	\$ (Insert total from line 41)	
New Repayments on Loans Payable:     (loaned to you/repaid to lender)	\$	·
<ol> <li>Bank service charges, etc., paid by you:</li> <li>New Repayments on Loans Payable: (loaned to you/repaid to lender)</li> <li>New Loans Receivable (loaned to others):</li> <li>Other:</li> </ol>	\$ (Insert total from line 41)	\$ (Subtotal: lines 30+31+32+33)

contributor	iportant information: Addresses sub county Elections Division. As a convi- vided if you do not want the address s' addresses and one without.	or contributors to be display	ed on the website.	If selected, please	submit two versi	t. This form is retal check the box and ir ons of Schedule A, (	ned on file in the ultal the form on one with
SCHEDU	JLE A: INCOME FROM CAS	H (MONETARY) CON	TRIBUTIONS and IN-	KIND DONATIO	ONG .		
NAME OF	COMMITTEE OR FUND: 111	Ky John July	MAN COUNTY			DATE: Oct 26,	2011
You must di	eclace the date and amount of anch		· · · · · · · · · · · · · · · · · · ·	,		PATE: VU F 1	7001
government Political Fu	sclose the date and amount of each mo ommittee or fund that made the monetar e of a contributor who is self-employed, , you must list that contributor's occupated ands must itemize contributions of memb t a typed or computer-generated list, all	urat is, does not derive earned ion.) ers that in aggregate in the year	income as owner, partner, or e	employee of a corpora	ation, partnership, o	r other entity, includin	address of the
				Attack additio	nal pages as neces	sary. ons here for the	
					current report	ing period	
Date	ALPHABETICAL ORDER!			COLUMNA	COLUMN B	COLUMN B1	COLUMN C
Rovd.	Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received This Period	\$ Value of In- Kind Donation	Total from Source Year to Date
/-t.	See Attached	C.0.01.3					Tour to Date
	See Attricked	IN COME.	TAUM CON			, .	
·							
	-						
***************************************							
				<del> </del>		-	
						,	
. m.m.m							
Subtot	al ITEMIZED Monetary Contribution	s received this period:	<u></u>				
Subtot	al ITEMIZED Monetary Contribution	s received this period listed	OR provious source	· · · · · · · · · · · · · · · · · · ·	\$		
5. TOTAL	ITEMIZED CONTRIBUTIONS RE	CEIVED THIS PERIOD: (Tr	ansfer this amount to 1 in-	. 40\	\$		
		•	- India amount to Line	9 19]	\$ 1995		
Subtot	al ITEMIZED In-Kind Donations rec	eived this period:				1 *	7
Subtot	al ITEMIZED In-Kind Donations rec	eived this period listed on p	revious page:			\$	
Subtot	al NON-ITEMIZED In-Kind Donation	ns Received This Period:				\$	ł .
o. IUIAL	. IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Transfer	this amount to Line 13, Co	olumn B)		\$ 1995. 0	1
F Report P	age 3 rev 8 05		Page 3			T# / 7 73	i
			•	•			8/15/05

## SCHEDULE A INCOME FROM CASH

DATE RECEIVED	CONTRIBUTOR	DESCRIPTION OF IN KIND DONATION	PREVIOUS TOTAL	RECEIVED THIS PERIOD
2-Sep	KEVIN McGUIRE			
11-Sep	PLUMBERS LOCAL 15			50 300
11-Sep	CASEY REYNOLDS			100
12-Sep	MN REPUBLICAN PARTY			300
2-Oct	MARCIA SWANSON			50
3-Oct	JAMES WELTER			100
3-Oct	GREGORY WALSH			100
14-Oct	LARRY LUDEMAN			50
14-Oct	JESSE PALMER			100
14-Oct	ANNA LARSON			30
14-Oct	PIPEFITTERS LOCAL 539			300
16-Oct	JAMES COOK			75
16-Oct	FREDRIC MARCUS			100
16-Oct	SPRINKLER FITTERS LOCAL 417			300

1995.

## SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES NAME OF COMMITTEE OR FUND: mike troopen City Council 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 **COLUMN A COLUMN B** ALPHABETICAL ORDERI **COLUMN B1** COLUMN C Date Paid Vendor or Recipient Committee Name and Address Previous Total Operating Contributions Purpose for Expenditure **Total to Source** For This Year Expenditures to Others mediA exoners Year to Date BUSS. CANCU 204.77 20477 3-67-4 Mike typein CA COLORY Y (1511) 1 C UNKIL 1 AWN SIANUM 1454-97 2626.50 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:

Subtotal ITEMIZED Contributions to Others this period listed on previous page:

\$

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

\$

	OF COMMITTEE OR FUND: _			DAT	E:	<del></del>
You mus together	JLE C: GOODS AND SERVI t disclose the total value of go with the goods and services, scription of the goods or serv	oods and services given t is in excess of \$100 with	o another committe	e, as well as any o st also disclose th	therwise non-itemiza e date, name and ad	able cash that, idress of the recip
	-				ces + Cash = \$100+ Current Period	
	- Alphabetical Orderl		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 Tota Year to Date
			_			
30 Total	Goods and Services given in	this period: /Transfer th	le amount to line	(4 Column R)	\$	
	LE D: NOTES AND LOANS I			14, COIDINI B)	1 9	
	LE D. NOTES AND EDANS	-ATABLE (Loaned to 1)	- I	Leans Gives to	os Donoid by Voy in	<del></del>
				Current Re	or Repaid by You in eporting Period	
	Alphabetical Orderi		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
)ate	Name, Address & Employ	ver of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
0. Total I	New Loans Payable this perio	d: (Transfer this amoun	it to Line 22)	\$		
2 Currer	Repayment of Loans Payable nt Balance of Outstanding Loa	inis period: (Transfer in	is amount to Line :	31) 46)	\$	\$
	E E: NOTES AND LOANS R	, ,	,			
	Alphahatical Order		COLUMNIA		orting Period	00111111101
	Alphabetical Orderi		COLUMN A1	Current Rep	column B1	COLUMN C1
ate	Alphabetical Orderi Name, Address & Employe	er of Recipient of Loan		Current Rep	orting Period	COLUMN C1 Current Balance Owed to You
ate		er of Recipient of Loan	Loan Balance	Current Rep COLUMN B Add New Loan	corting Period COLUMN B1 Subtract Loan	Current Balance
3. Total N	Name, Address & Employe	riod: (Transfer this amo	Loan Balance Last Report	Current Rep COLUMN B Add New Loan \$ Given	corting Period COLUMN B1 Subtract Loan	Current Balance
3. Total N	Name, Address & Employer lew Loans Receivable this perepayment of Loans Receivable	riod: (Transfer this amo	Loan Balance Last Report  unt to Line 32) this amount to Line	Current Rep COLUMN B Add New Loan \$ Given	corting Period  COLUMN B1  Subtract Loan \$ Repaid	Current Balance Owed to You
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3. Total N 3. Total R 5. Current	Name, Address & Employer lew Loans Receivable this per repayment of Loans Receivable Balance of Outstanding Loan F: UNPAID BILLS/ADVANCE	riod: (Transfer this amo le this period: (Transfer ns Receivable: (Transfer	Loan Balance Last Report  unt to Line 32) this amount to Line this amount to Line	Current Rep COLUMN B Add New Loan \$ Given  \$ 4 23)	corting Period  COLUMN B1  Subtract Loan \$ Repaid	Current Balance Owed to You
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3. Total N I. Total R 5. Current CHEDULE	Name, Address & Employer lew Loans Receivable this per repayment of Loans Receivable Balance of Outstanding Loan F: UNPAID BILLS/ADVANO Alphabetical Orderl Name & Address of Vendor	riod: (Transfer this amou le this period: (Transfer ns Receivable: (Transfer CE OF CREDIT (Items or of Goods or Services Re	Loan Balance Last Report  unt to Line 32) this amount to Line this amount to Line services received	Current Rep COLUMN B Add New Loan \$ Given  \$ 3 23) 10 15) but not paid)	corting Period  COLUMN B1  Subtract Loan \$ Repaid	Current Balance Owed to You  \$ Current Balance
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B. Total N I. Total R B. Current CHEDULE tite Current	Name, Address & Employer lew Loans Receivable this per repayment of Loans Receivable Balance of Outstanding Loan F: UNPAID BILLS/ADVANO Alphabetical Orderl Name & Address of Vendor	riod: (Transfer this amounte this period: (Transfer this period: (Transfer this Receivable: (Transfer	Loan Balance Last Report  unt to Line 32) this amount to Line this amount to Line services received eccived But Not Palc it: (Transfer this am DENT EXPENDITU	Current Rep COLUMN B Add New Loan \$ Given  \$ a 23) a 15) but not paid) d For  nount to Line 17) RES WERE MADI	corting Period  COLUMN B1  Subtract Loan \$ Repaid	Current Balance Owed to You  \$ Current Balance Owed by You
B. Total N B. Total R B. Current CHEDULE The Tre (Make r INDEPE	Name, Address & Employer  lew Loans Receivable this perepayment of Loans Receivable Balance of Outstanding Loans  F: UNPAID BILLS/ADVANC  Alphabetical Orderl Name & Address of Vendor  Balance of Outstanding Unpaid  easurer is to sign this statementations on Schedules B or Center (STENDENT EXPENDITURE: SYNAME)	riod: (Transfer this amorale this period: (Transfer this period: (Transfer this Receivable: (Transfer	Loan Balance Last Report  unt to Line 32) this amount to Line this amount to Line services received eceived But Not Palc eceived But No	Current Rep COLUMN B Add New Loan \$ Given  \$ a 23) the 15) but not paid) d For  nount to Line 17) RES WERE MADI ed.)	corting Period  COLUMN B1  Subtract Loan \$ Repald  \$	Current Balance Owed to You  \$ Current Balance Owed by You
4. Total R 5. Current CHEDULE ate 6. Current (Make r INDEPE I, (Print ) candida	Name, Address & Employer  lew Loans Receivable this per lepayment of Loans Receivable Balance of Outstanding Loan  F: UNPAID BILLS/ADVANO  Alphabetical Orderl Name & Address of Vendor  Balance of Outstanding Unpair  easurer is to sign this statementations on Schedules B or Center of Ce	riod: (Transfer this amore ite this period: (Transfer this period: (Transfer this Receivable: (Transfe	Loan Balance Last Report  unt to Line 32) this amount to Line this amount to Line services received eceived But Not Palo eceived But Not Palo eceived But Not Palo enditures are itemiz thereby certify that he authorization or	Current Rep COLUMN B Add New Loan \$ Given  \$ 323) to 15) but not paid) d For  nount to Line 17) RES WERE MADD ed.) all independent electors and an expressed or im	corting Period  COLUMN B1  Subtract Loan \$ Repald  \$ Repaid  \$ plied consent of, o	Current Balance Owed to You  \$ Current Balance Owed by You