CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

| ALL INFORMATION ON THIS REPORT IS PUBLIC. | Type or print in Black ink. | RETAIN A COPY OF THIS REPORT FOR YOUR FILES. |
|--|---|--|
| Volunteers for Elizabeth Glidden | | |
| (Name of Committee or Fund) 2. Nicole Beers | n | pettit@msn.com |
| (Treasurer's Name) | | (E-mail Address) |
| 3. 319 Wyoming Street West, St. Paul MN 55 | | |
| (Treasurer's Mailing Address for Committee Busi | • | |
| 4. Treasurer's Daytime Phone Number: 812 | 2.678.4107 | Received by Hennepin County |
| | dress, Phone. (Attach new "Registration & Statem | ent of Organization") Taxpayer Services |
| 6. U No activity since last Report, (Insert Beginnin | · · · · · · · · · · · · · · · · · · · | man a a a a a a a a a a a a a a a a a a |
| 6a. No activity with 383B.041058 candidates, | this reporting period. (Complete lines #9-#12 as a | applicable) FEB 0.1 2011 |
| 7. Termination of Committee - All debts must be | paid and Ending Balance can be no more than \$1 | 00. Termination of committee registration. |
| | contact our office regarding termination. /, January 31 st , 2011 | PM 1.31.11 DEL 2.01.11 |
| | , candary of , 2011 | |
| REPORTING PERIOD: (check one) 2010 Candidates on the ballot And Political Funds or Committee Candidates NOT on the ballot in 2 | | Through: 12/31/2010 Through: 12/31/2010 |
| 9. BEGINNING CASH BALANCE THIS REPORT: | \$ 5,719.23 (Insert Ending Cash Balance from last report) | |
| COLUMN A | (moon and and additional form) | |
| Activity Reported this year, | COLUMN B | COLUMN C |
| In previous reporting periods. 10. ADDITIONS: | ACTIVITY IN THIS REPORTING PERIOD | A + B =Total Activity for This Calendar Year |
| \$ 0.00 | + \$ 429.00 | \$_429.00 |
| (Column C, Line 10 from Last Reporting period.) | (Insert amount from line 25) | (Insert total of line 10, columns A + B) |
| 11. SUBTRACTIONS: | / | • |
| \$ 0.00 | <u>- \$ 1,633.90 \(\)</u> | \$ 1,633.90 |
| (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: | = \$ 4,514.33 (Line 9 + line 10(column B) - line 11(column | R) |
| SUMMARY OF IN-KIND DONATIONS & OUTSTANDIN | | |
| COLUMN A | COLUMN B | COLUMN C |
| Activity Reported on Last Report | ACTIVITY IN THIS REPORTING PERIOD | A + B =Total Activity for This Calendar Year |
| 13. In-Kind Donations Received: | | |
| \$ 0.00 | +\$ 0.00 | \$ 0.00 |
| (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: | | |
| \$ 0.00 (Column C, Line 14 from Last Reporting period.) | -\$ 0.00 | \$ 0.00 |
| , | (Insert total from line 39) | (Insert total of line 14, columns A + B) |
| 15. Current Balance of Outstanding Loans Received | vable (loaned to others)> | \$ 0.00 (Insert total Current Balance from line 45) |
| SUMMARY OF OUTSTANDING DEBT: | | |
| Current Balance of Outstanding Loans Payable (I (Amount from Last Report: \$ 0.00) | loaned to you)> | \$ 0.00 (Insert total Current Balance from line 42) |
| Current Balance of Outstanding Unpaid Bills/Adva (Amount from Last Report: \$ 0.00) | ance of Credit> | \$ 0.00 (Insert total Amount Owed from line 46) |
| CERTIFICATION: Any person who signs and certifier required information is guilty of a gross misdemeanor. I, (Print Name) | | knows contains false information or who knowingly omits S COMPLETE, TRUE AND CORRECT. |
| SIGNATURE OF TREASURER: Will P | lus | DATE: 1/31/11 |
| | FILE THIS REPORT WITH: | |

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

| NA | ME OF COMMITTEE OR FUND: Volunteers for E | Elizabeth Glidden | DATE: 1/31/2011 |
|-----|--|---|--|
| AD | DITIONS: (Income) | | |
| 19. | Total ITEMIZED Contributions: | \$ 0.00 (Insert total from line 35) | |
| 20. | Total NON-ITEMIZED Contributions: | \$ 429.99 | \$ 0.00 (Subtotal: lines 19 + 20) |
| 21. | Income from bank dividends, interest, etc: | \$ 0.00 | |
| 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: <u>0.00</u> | \$ 0.00 | \$ 0.00 (Subtotal: lines 21+22+23+24) |
| 25. | TOTAL INCOME: | \$ 429.00 (TOTAL lines 19 through 24. T | ransfer this amount to Line 10, Column B.) |
| su | BTRACTIONS: (Expenditures) | | |
| 26. | Total ITEMIZED Contributions to Others: | \$ 0.00 (Insert total from line 38) | |
| 27. | Total NON-ITEMIZED Contributions to Others: | \$ 0.00 | \$ 0.00 (Subtotal: lines 26 + 27) |
| 28. | Total ITEMIZED Operating Expenditures: | \$ 1.633.90 (Insert total from line 37) | |
| 29. | Total NON-ITEMIZED Operating Expenditures: | \$ 0.00 | \$ 1.633.90 (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: 0.00 | \$ 0.00 | \$ 0.00 (Subtotal: lines 30+31+32+33) |
| 34. | TOTAL EXPENDITURES: | \$ 1,633.90 (Total lines 26 through 33. Trai | nsfer this amount to Line 11, Column B.) |

| Hennepin (the line pro | County Elections Division. As a conve | enience, Hennepin Count | y also displays Schedule A on th | e Hennepin County | web site. Please | check the box and in | itial the form on |
|--|---|---|--|--|---|--------------------------|----------------------|
| SCHED | ULE A: INCOME FROM CAS | COME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS EE OR FUND: Voluteers for Elizabeth Gildden DATE: 1/31/2011 the 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 fund that made the monetary contribution or Donation in Kind, and the employer of the individual contributor. Author who is self-employed, that is, does not derive aemed income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of the tourner thereproperated is the partner of the transfer of the transfer of the transfer of the current propring period contributor's cocupation.) BETICAL ORDER! Contributor's Employer** Description of in-Kind Donation Donation | | | | | |
| SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS NAME OF COMMITTEE OR FUND: Voluteers for Elizabeth Glidden Tou 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. If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A. Attach additional pages as necessary. List contributions here for the current reporting period COLUMN A COLUMN B COLUMN B COLUMN B Total from Source Date ALPHABETICAL ORDER! Contributor's Description of In-Kind Previous Total \$ Received \$ Value of In-Source | | | | | | | |
| individual, c (**In the ca: governmen *Political Fu | committee or fund that made the monetar se of a contributor who is self-employed, t, you must list that contributor's occupati unds must itemize contributions of memb | ry contribution or Donation of that is, does not derive ear ion.) ers that, in aggregate in the | In Kind, and the employer of the inc ned income as owner, partner, or e year, exceed \$50. | lividual contributor. employee of a corpora | ition, partnership, o | r other entity, includin | |
| | | | | | List contribut | ons here for the | |
| | | | | COLUMN | | | |
| Date Rcvd. | | | • | Previous Total | \$ Received | \$ Value of In- | Total from Source |
| w -1 | | | | | | | |
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| - | | | | | | | |
| | | | | e 19) | | - | |
| Subto | tal ITEMIZED In-Kind Donations rec | eived this period: | | | | <u> </u> | 7 |
| | | | on previous page: | | | | - |
| | | ···· | | | | | 1 |
| | | | | olumn B) | *************************************** | \$ 0.00 | 1 |

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

| NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden | DATE: 1/31/2011 |
|---|-----------------|
|---|-----------------|

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 | | | |
|--|---|---|------------------------------|---|-----------------------------------|---------------------------------------|--|
| Date Paid | ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address | Purpose for Expenditure | Previous Total For This Year | Operating Expenditures | COLUMN B1 Contributions to Others | COLUMN C Total to Source Year to Date | |
| 1/8/10 | Minnesota DFL - 225 East Plato Boulevard St. Paul MN 55107 | 2010 MN DFL Caucus | 0.00 | 1,000.00 | 0.00 | 1,000.00 | |
| 2/12/10 | Elizabeth Glidden - 4006 Blaisdell Avenue South Minneapolis MN 55409 | Reimburse Various Expenses | 0.00 | 258.90 | 0.00 | 258.90 | |
| 5/14/10 | Women Winning - 2324 West University Ave St. Paul MN 55104 | Participation in 2010 annual luncheon | 0.00 | 125.00 | 0.00 | 125.00 | |
| 7/15/10 | Take Action Minnesota - 1821 University Ave West St. Paul MN 55104 | 2009 Annual Dinner Table Sponsorship | 0.00 | 150.00 | 0.00 | 150.00 | |
| 7/15/10 | Take Action Minnesota - 1821 University Ave West St. Paul MN 55104 | 2010 fundraising | 150.00 | 100.00 | 0.00 | \$250.00 | |
| | | | | | | | |
| | | | | | | | |

| Subtotal ITEMIZED Operating Expenditures this period: | \$ 1,633.90 |
|--|-------------|
| Subtotal ITEMIZED Operating Expenditures this period listed on previous page: | \$ 0.00 |
| 37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28) | \$ 1,633.90 |

| Subtotal ITEMIZED Contributions to Others this period: | |
|--|-----------|
| Dubigial Helvitz et Contributions to Others this begod. | \$ 0.00 |
| The state of the s | 1 35 U.UU |
| | 1 4 0.00 |
| | |

| 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) | \$ |

SCHEDULES C, D, E, and F (Attach additional pages if necessary for Schedules C, D, E, and F)

| NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden | DATE: 1/31/2011 |
|---|-----------------|

SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS

You must disclose the total value of goods and services given to another committee, as well as any otherwise non-itemizable cash that, together with the goods and services, is in excess of \$100 within the year. You must also disclose the date, name and address of the recipient and a description of the goods or services given.

| | | | | | es + Cash = \$100+ urrent Period | |
|-----------|----------------------------|-------------------------------|--------------------|---------------|-------------------------------------|-----------------|
| | 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 | Goods and Services given i | n this period: (Transfer this | s amount to Line 1 | I4, Column B) | \$ 0.00 | |

SCHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You)

| | | | | Repaid by You in orting Period | |
|-------------|---|-----------------------------|-----------------------------|---|--------------------------------|
| | Alphabetical Order! | COLUMN A1 | COLUMN B | COLUMN B1 | COLUMN C1 |
| Date | Name, Address & Employer of Lender | Loan Balance Last Report | Add New Loan \$ Received | Subtract Loan \$ Repaid | Current Balance Owed by You |
| | | | | | |
| 40. Total N | New Loans Payable this period: (Transfer this amo | ount to Line 22) | \$ 0.00 | | |
| 41. Total F | Repayment of Loans Payable this period: (Transfe | r this amount to Line | 31) | \$ 0.00 | |
| 42. Curren | t Balance of Outstanding Loans Payable: (Transfe | er this amount to Line | 16) | *************************************** | \$ 0.00 |

SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)

| | | | Loans Given by or Repaid to You in Current Reporting Period | | |
|-----------|--|--------------|--|---------------|-----------------|
| | Alphabetical Order! | COLUMN A1 | COLUMN B | COLUMN B1 | COLUMN C1 |
| | | Loan Balance | Add New Loan | Subtract Loan | Current Balance |
| Date | Name, Address & Employer of Recipient of Loan | Last Report | \$ Given | \$ Repaid | Owed to You |
| | New Loans Receivable this period: (Transfer this amo | | \$ 0.00 | | |
| | Repayment of Loans Receivable this period: (Transfer | | | \$ 0.00 | |
| 45. Curre | Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15) | | | | |

SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)

| Date | Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For | Current Balance Owed by You |
|-------------|---|--------------------------------|
| | | |
| | | |
| 46. Current | Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17) | \$ 0.00 |

| 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) / / Co/e B/E/S , 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 Date /3/// |

AMARIA SI BASSA ERIO BASSE ESPA