CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

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ALL	INFORMATION ON THIS REPORT IS PUBLIC.	TYPE OR PRINT IN BLACK INK.	RETAIN A C	OPY OF THIS REPORT FOR YOUR FILES.
1.	Kendal Killian For City	Council	$\mathcal{O}^{\prime\prime}$	
2.	Research Attach	5	Retain I Alter	~aweama, l. com
	(Treasurer's Name)	41	(E-mail Address)	- Marian
3.	(Treasurer's Mailing Address for Committee Busin	Minneagolis MW SS	1 68	
4.	Treasurer's Daytime Phone Number: <u>ColZ</u>	3847470		
5 .	Change in Committee or Officer's Name, Add	dress, Phone. (Attach new "Registration & Stater	nent of Organization")	
6.	☐ No activity since last Report. (Insert Beginnin	g and Ending Balance at #9 & #12 below)		•
6a.	☐ No activity with 383B.041058 candidates, t	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 commi	ittee registration.
	If your committee is a state committee, please of			
8.	2014 ANNUAL REPORT DUE Monday	<u>r, February 2, 2015</u>	200 0, 1	- Handing County
	REPORTING PERIOD: (check one)			red by Hennepin County
	2014 Candidates on the ballot			Taxpayer Services
	And Political Funds or Committee Candidates NOT on the ballot in 20		Through: 12/31/2014 Through: 12/31/2014	MAR 2.2 2016
		77-1	Tillough. 12/01/2014	MAR 22 ZUID
9.	BEGINNING CASH BALANCE THIS REPORT:	<u> </u>	Log _	DB
	COLUMN A	(Insert Ending Cash Balance from last report)	PM .	DEL
	Activity Reported this year,	COLUMN B	CC	DLUMN C
	In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD		vity for This Calendar Year
10.	ADDITIONS:			
	\$	+\$	\$	10
	(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line	10, columns A + B)
11.	SUBTRACTIONS:		•	
	\$ (Column C, Line 11 from Last Reporting period.)	- \$ (Insert amount from line 34)	(Insert total of line	11, columns A + B)
	Codemic of the firm and East reporting period.	(macri amount nom inte 54)	(moent total of line	rr, columns A · bj
12.	ENDING CASH BALANCE THIS REPORT:	(Line 9 + line 10(column B) - line 11(column	n R)	
0.113	AMARY OF IN VIND DONATIONS & OUTSTANDIN			
<u> 501</u>	MMARY OF IN-KIND DONATIONS & OUTSTANDIN			
	COLUMN A Activity Reported on Last Report	COLUMN B ACTIVITY IN THIS REPORTING PERIOD		DLUMN C vity for This Calendar Year
13	In-Kind Donations Received:	AOTATI IN THIS NEI ORTHOT ERIOD	_ A · B = I otal Activ	VILY 101 TITIS CAICHGAI TEAL
13.	A. A	. •	Φ.	
	(Column C, Line 13 from Last Reporting period.)	+ \$ (Insert total from line 36)	<u>⊅</u> (Insert total of line	13, columns A + B)
14.	Goods/Services Given to Others:	,	•	,
1-7.	e	·	\$	
	(Column C, Line 14 from Last Reporting period.)	(Insert total from line 39)		14, columns A + B)
15.	。 Current Balance of Outstanding Loans Recei	vable (loaned to others)>	\$	
		((32,132,133,134,134,134,134,134,134,134,134,134	(Insert total Curren	t Balance from line 45)
SUN	MMARY OF OUTSTANDING DEBT:		0.1	
	Current Balance of Outstanding Loans Payable ((Amount from Last Report: \$)	loaned to you)>	\$ 1579,	11 t Balance from line 42)
17	•	anne of Credit	¢	
17.	Current Balance of Outstanding Unpaid Bills/Adv (Amount from Last Report: \$)	ance or credit	্য (Insert total Amour	nt Owed from line 46)
18.	CERTIFICATION: Any person who signs and certifice required information is guilty of a gross misdemeanor. I, (Print Name)			
SIGI	NATURE OF TREASURER:	mn	DATE:	77/701/-

FILE THIS REPORT WITH:

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)

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

34. TOTAL EXPENDITURES:

CHEDI	JLE A: INCOME FROM CAS	H (MONETARY) CO	ONTRIBUTIONS and IN-I	KIND DONATIO	DNS		
IAME OF	COMMITTEE OR FUND:		,		C	ATE:	
ommittee of the case of the constitution of th	sclose the date and amount of each mo or fund that made the monetary contribut se of a contributor who is self-employed, tributor's occupation.) ands must itemize contributions of memb	tion or Donation In Kind, an that is, does not derive ear ers that, in aggregate in the	d the employer of the individual co med income as owner, partner, or o e year, exceed \$50.	ntributor. employee of a corpora	ation, partnership, d	or other entity, including	
you subm	it a typed or computer-generated list, all	items must be in the same	order as they appear on Schedule	A. Attach addition	onal pages as nece		1
					List contribut	ions here for the	
		 		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
ate cvd.	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	Total from Source Year to Date
	-						
		•					-
							
	No. of the Control of						
						,	
		-		1			•
Subtotal ITEMIZED Monetary Contributions received this period: \$					\$		
	Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$			\$	_		
5. TOTA	L ITEMIZED CONTRIBUTIONS RE	CEIVED THIS PERIOD:	(Transfer this amount to Lin	e 19)	\$		
Subto	tal ITEMIZED In-Kind Donations red	reived this period:				\$	7
Subtotal ITEMIZED In-Kind Donations received this period: Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:					\$	+	
Subtotal NON-ITEMIZED In-Kind Donations Received this period listed on previous page. Subtotal NON-ITEMIZED In-Kind Donations Received This Period:					\$	†	
3. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)				\$	1		

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND:					DATE:		
	isclose the name and address of each individual, business or c id the amount, date and specific purpose of the expenditure.	ommittee to whom exp	penditures/contributions	have been made	e, in an aggregate	amount in excess	of \$100 within
If you subm	it a typed or computer-generated list, all items must be in the s	ame order as they app	ear on Schedule B.				
Attach addi	tional pages as necessary.						
				List expenditu current reporti	res here for the		
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C	1
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	
	·						
	,						
							_
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) \$							
Subtot	al ITEMIZED Contributions to Others this period:				\$	7	
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)						7	

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MAME OF (COMMITTEE OR FUND: _			DATÉ: _		
You must d goods and s	E C: GOODS AND SERVICE isclose the total value of go services, is in excess of \$10 ervices given.	ods and services given to	another committee, ust also disclose the	as well as any othe date, name and ac	erwise non-itemizab Idress of the recipie	le cash that, together vent and a description of
- ·			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
9. Total G	Goods and Services given in	this period: (Transfer this	s amount to Line 1	4, Column B)	\$	
CHEDULE	E D: NOTES AND LOANS	PAYABLE (Loaned to Yo	u)			
					r Repaid by You in porting Period	
	Alphabetical Orderl		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
		···	Loan Balance	Add New Loan	Subtract Loan	Current Balance
ate	Name, Address & Emplo	yer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
11/201	3 Kendal Kills	an	1529,99			1529,99
∩ Total N	lew Loans Payable this per	od: (Transfer this amoun	nt to Line 22)	\$		
	Repayment of Loans Payabl			<u> </u>	\$	
	t Balance of Outstanding Lo					\$1579.99
SCHEDULE	E E: NOTES AND LOANS I	RECEIVABLE (Loaned by	y You)			
	·			1	or Repaid to You in porting Period	
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Emplo	yer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Owed to You
3 Total N	lew Loans Receivable this	period: (Transfer this amo	ount to Line 32)	\$		
	Repayment of Loans Receiv			, ·	\$	
	t Balance of Outstanding Lo	, ,			<u> </u>	\$
	E F: UNPAID BILLS/ADVA					
	Alphabetical Order!					Current Balance
Date	Name & Address of Ven	dor of Goods or Services F	Received But Not Pa	aid For		Owed by You
				<u>. </u>		
46. Curren	t Balance of Outstanding U	npaid Bills/Advance of Cre	edit: (Transfer this	amount to Line 17)	\$
47. The Tr (Make	reasurer is to sign this sta notations on Schedules B of	tement ONLY IF INDEPE or C where Independent Ex	NDENT EXPENDIT penditures are item	TURES WERE MAD nized.)	DE.	
INDEPENDENT EXPENDITURE: SWORN STATEMENT I, (Print Name), hereby certify that all independent expenditures made on behalf of other and reported in this report were made WITHOUT the authorization or expressed or implied consent of, or in cooperation or in co						on behalf of other cand eration or in concert
	he request or suggestion ure of Treasurer	ot any candidate, candid	late's campaign co	mmittee or agent. Da		
oignati	are or recasuler					