## CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058 RETAIN A COPY OF THIS REPORT FOR YOUR FILES. TYPE OR PRINT IN BLACK INK. ALL INFORMATION ON THIS REPORT IS PUBLIC WHITE WORKING MANS PARTY (Name of Committee or Fund) LARRY LEININGER (E-mail Address) (Treasurer's Name) 1320 7th St SE Minneapolis MN 55414 Received by Hennepin County (Treasurer's Mailing Address for Committee Business) Taxpayer Services Treasurer's Daytime Phone Number: (612) 378-0000 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") FEB 03 2014 No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) No activity with 383B.041-.058 candidates, this reporting period. (Complete lines #9-#12 as applicable) 6a. 🔲 Log Termination of Committee - All debts must be paid and Ending Balance can be no more than \$100. Termination of ஒழுர்ரிti If your committee is a state committee, please contact our office regarding termination. DUE Friday, January 31st, 2014 **2013 ANNUAL REPORT** REPORTING PERIOD: (check one) 2013 Candidates on the ballot And Political Funds or Committees: From: 10/24/2012 Through: 12/31/2012 From: 1/1/2012 Through: 12/31/2012 Candidates NOT on the ballot in 2013: **BEGINNING CASH BALANCE THIS REPORT:** (Insert Ending Cash Balance from last report) **COLUMN A COLUMN C** COLUMN B Activity Reported this year, ACTIVITY IN THIS REPORTING PERIOD + B =Total Activity for This Calendar Year In previous reporting periods 10. ADDITIONS: (Insert total of line 10, columns A + B) (Column C, Line 10 from Last Reporting period.) (Insert amount from line 25) 11. SUBTRACTIONS: (Insert total of line 11, columns A + B) (Insert amount from line 34) (Column C, Line 11 from Last Reporting period.) 12. ENDING CASH BALANCE THIS REPORT: (Line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE: COLUMN C **COLUMN B COLUMN A** B =Total Activity for This Calendar Year **ACTIVITY IN THIS REPORTING PERIOD** Activity Reported on Last Report 13. In-Kind Donations Received: (Insert total of line 13, columns A + B) (Column C, Line 13 from Last Reporting period.) (Insert total from line 36) 14. Goods/Services Given to Others: (Insert total of line 14, eqlumns A + B) (Column C, Line 14 from Last Reporting period.) (insert total from line 39) 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).....> (Insert total Current Bajance from line 42) (Amount from Last Report: \$ .00 ) 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit......> (Insert total Amount Owed from line 46) (Amount from Last Report: \$ .00 CERTIFICATION: Any person who signs and certifies to be true a report or statement which the person knows contains false information or who knowingly omits required information is guilty of a gross misdemeanor. CERTIEY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. I, (Print Name) \_\_\_\_LARRY LEININGER DATE: 1-23-2014 SIGNATURE OF TREASURER: FILE THIS REPORT WITH: TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION . PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 . (612)596-7152

01/10/14

	CEIPT AND EXPENDITURES WORKSHEE	$\sim$ $\sim$ $\sim$ $\sim$	1 7 7 - 54 41 /
NA	ME OF COMMITTEE OR FUND: White 4	Dorking Az - Cherry	DATE: 1-27-8014
AD	DITIONS: (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. Transf	er this amount to Line 10, Column B.)
SUI	BTRACTIONS: (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)	<i>^</i>
32.	New Loans Receivable (loaned to others):	(Insert total from line 43)	
33.	Other:	\$	\$ (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ (Total lines 26 through 33 Transfe	r this amount to Line 11. Column B.)

Hennepin ( the line pro	nportant information: Addresses sub County Elections Division. As a conve ovided if you do not want the address rs' addresses and one without.	nience, Hennepin Count	y also displays Schedule A on the	e Hennepin County :	web site. Please (	theck the boy and in	itial the form on
SCHED	JLE A: INCOME FROM CAS	H (MONETARY) CO	ONTRIBUTIONS and IN-	KIND DONATIO	ONS	(,)	
NAME OF	COMMITTEE OR FUND: Wh	The work	Cong. Mens Pa	4	Œ	ATE: (-27-	2014
You must d	isclose the date and amount of each mor	netary contribution or donate	tion In Kind within the year that, in a	iggregate from any co		\$100 *, the name and	address of the
(**In the cas	se of a contributor who is self-employed, t, you must list that contributor's occupati	that is, does not derive ear on.)	med income as owner, partner, or e		ition, partnership, o	r other entity, including	a branch of
			•	A. Attach addition	nal pages as neces	sarv.	
<u>-</u>					List contributions here for the		
				COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Rcvd.	ALPHABETICAL ORDER! Contributor's Description of In-Kind Previous Total \$ Received \$ Value of Ir	\$ Value of In- Kind Donation	Total from Source Year to Date				
						<u>l</u>	
•						_	
				e 19)			
33. 1017	AL TILIVINZED CONTRIBOTIONO NE	OENTED HIIOTERIOD	. (Transier and amount to En		· · ·		_
	otal ITEMIZED In-Kind Donations rec		47			\$ 0	]
	otal ITEMIZED In-Kind Donations rec					\$ 0	
	otal NON-ITEMIZED In-Kind Donation			olumn B)		\$ O	~
30. 1017	L IN-MIND DONATIONS RECEIVED	D THIS I LINOD. (TIAIS	sici and amount to Line 13, 0				_

	ILE B: OPERATING EXPENDITURES and CONT		OTHER COM	MITTEES	•	
NAME OF	COMMITTEE OR FUND: While Working	Mzs Pal	45_	D.	ATE: /-23	2014
You must dexcess of \$	lisclose the name and address of each individual, business or 100 within the year, and the amount, date and specific purpos	committee to whom expenditure.	ures/contributions	have been made,	, in an aggregate a	mount in
-	nit a typed or computer-generated list, all items must be in the	same order as they appear or	n Schedule B.			
Attach addi	itional pages as necessary.					
				List expenditures here for the current reporting period		
	ALPHABETICAL ORDER!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	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
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					-	
<del> </del>						
-						
		<u> </u>	<u> </u>			
<del></del>					<u> </u>	
	al ITEMIZED Operating Expenditures this period:			\$ 0	]	
Subtotal ITEMIZED Operating Expenditures this period listed on previous page: \$						
37. TOTAL	_ ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (1	Fransfer this amount to Line	<del>28)</del>	\$		
Subtot	\$ 0					
Subtot	\$ 0					
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)						

SCHEDUL	ES C, D, E, and F (At	tach additional pages	if necessary f	or Schedules C	, D, E, and F)	14		
NAME OF C	COMMITTEE OR FUND: $\underline{\mathcal{L}}$	Chille Co	Y 9 197	LS//Z/ DATE:	1-15-41	_		
You must di together with	C: GOODS AND SERVIC sclose the total value of go in the goods and services, is ption of the goods or services.	ods and services given to a sin excess of \$100 within	another committee, the year. You mus	as well as any other t also disclose the c	erwise non-itemizab late, name and add	le cash that, ress of the recipient		
					s + Cash = \$100+			
	Alababatical Order		COLUMNIA		rrent Period	COLUMN C		
	Alphabetical Order! Name & Address of	Description of	Previous Total	COLUMN B	Value of Goods	Recipient Total		
Date	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date		
39. Total G	cods and Services given in	this period: (Transfer this	amount to Line 1	4, Column B)	\$ 0	10		
SCHEDULE	D: NOTES AND LOANS I	PAYABLE (Loaned to You	u)					
·					r Repaid by You in			
	Alphabetical Orderl		COLUMN A1	COLUMN B	column B1	COLUMN C1		
<del></del>	Aiphiabetical Order:		Loan Balance	Add New Loan	Subtract Loan	Current Balance		
Date	Name, Address & Emplo	yer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You		
				•		0		
						Δ,		
40. Total No	w Loans Payable this peri-	od: (Transfer this amount	t to Line 22)	\$ 0		(2)		
41. Total Re	payment of Loans Payable	e this period: (Transfer thi	s amount to Line		\$ 0			
42. Current	Balance of Outstanding Lo	ans Payable: (Transfer th	is amount to Line	16)		\$ 0		
SCHEDULE	E: NOTES AND LOANS F	RECEIVABLE (Loaned by	You)					
	Loans Given by or Repaid to You in							
	Alphabetical Order!		COLUMN A1 COLUMN B COLUMN B1			COLUMN C1		
			Loan Balance	Add New Loan	Subtract Loan	Current Balance		
Date	Name, Address & Emplo	yer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You		
						0		
	w Loans Receivable this p			\$		0		
	epayment of Loans Receive				\$	0		
45. Current	Balance of Outstanding Lo	ans Receivable: (Transfer	r this amount to L	ine 15)		\$ 0		
SCHEDULE	F: UNPAID BILLS/ADVAI	NCE OF CREDIT (Items o	r services receive	d but not paid)				
Data	Alphabetical Order!	dor of Coods or Sections D	Inneiword But Net D	aid Ear		Current Balance Owed by You		
Date Name & Address of Vendor of Goods or Services Received But Not Paid For			Owed by Tou					
			·					
						0		
46. Current	16. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)							
	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.)							
I, (Print I candida	INDEPENDENT EXPENDITURE: SWORN STATEMENT  I, (Print Name), 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 co	or in concert with, or at the request or suggestion of any candidate, candidate's campaign committee or agent.							
<u>Signatu</u>	Signature of Treasurer Land Leave Date 1-23-2014							
	V	ū						