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. BICKING FOR CIT COUNCIL (Name of Committee or Fund)
DAVID WELLE DSWEISPERG @ YAHOS, com WEISBERG (Treasurer's Name)
2 4 LS E. FRANTHY AVE # 461 MINNEAPOLW MN
(Treasurer's Mailing Address for Committee Business) Received by Warnamin County 4. Treasurer's Daytime Phone Number: 612- 727-7065 Taxparar sarvides Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") 6. I No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) 'IAN 19 7011 6a. 🗌 No activity with 383B.041-.058 candidates, this reporting period. (Complete lines #9-#12 as applicable) Termination of Committee - All debts must be paid and Ending Balance can be no more than \$100. Termination of committee registration.

If your committee is a state committee please contact our office regarding termination. If your committee is a state committee, please contact our office regarding termination. **2010 ANNUAL REPORT** DUE Monday, January 31st, 2011 REPORTING PERIOD: (check one) 2010 Candidates on the ballot And Political Funds or Committees: From: 10/20/2010 Through: 12/31/2010 Candidates NOT on the ballot in 2010: From: 1/1/2010 Through: 12/31/2010 BEGINNING CASH BALANCE THIS REPORT: \$ 1,536,23 (Insert Ending Cash Balance from last report) **COLUMN A** Activity Reported this year, **COLUMN B COLUMN C** In previous reporting periods. **ACTIVITY IN THIS REPORTING PERIOD** A + B =Total Activity for This Calendar Year 10. ADDITIONS: (Column C, Line 10 from Last Reporting period.) (Insert amount from line 25) (Insert total of line 10, columns A + B) 11. SUBTRACTIONS: 1,000,00 1,000,00 (Column C, Line 11 from Last Reporting period.) (Insert amount from line 34) (Insert total of line 11, columns A + B) 686.23 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 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: (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 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: \$4500.35) s 3,500,00 (Insert total Current Balance from line 42) 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit> (Amount from Last Report: \$ 0) (Insert total Amount Owed from line 46) 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 18. required information is guilty of a gross misdemeanor. I, (Print Name) DAVID WEISBERG ____, CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. DATE: (-)

FILE THIS DEPOND MOTH

	CEIPT AND EXPENDITURES WORKSHEE		ERIOD ONLY
NA	ME OF COMMITTEE OR FUND: BICKING F	FOR CITY COUNCIL	DATE: 1-2-11
AD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ O (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	<u>\$ 150,00</u>	(Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ O	
22.	New Loans Payable (loaned to you):	\$ O (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:	\$ 150,00 (TOTAL lines 19 through 24. Tra	ansfer 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:	<u>\$</u>	\$ O (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ O	\$ (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	<u>s</u> 0	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 1,000,00 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ (Insert total from line 43)	
33.	Other:	\$ O	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
34.	TOTAL EXPENDITURES:	\$ 1,000.33 (Total lines 26 through 33. Trans	sfer this amount to Line 11, Column B.)

NAME OF COMMITTEE OR FUND: BLATH & FUR. SIT Y GUNCIU 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 make the monetary contribution or official in Kind, and the employer of the individual committee or fund that make the monetary contribution or ordination in Kind, and the employer of the individual committee or fund that make the monetary contribution or compatible or or bonable in Kind, and the employer of the individual committee or fund that make the monetary contributions or 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 composition, partnership, or other entity, including a branch of government you must is that the ordinator's compatible or partner, or employee of a composition, partnership, or other entity, including a branch of government you must be the 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 be the time that is aggregate in the year, exceed \$50. **Total Funds must kernical pages as necessary.** **Liet contributions here for the current reported for the current reported pages. **Liet Contributions here for the current reported current reported pages.** **Liet Contributions here for the current reported for the individual contributions received this period.** **Liet Contributions here for the current reported for the individual contributions received this period.** **Subtotal TremizeD Monetary Contributions received this period.** **Subtotal IteMizeD Monetary Contributions received th	the line pro	County Elections Division. As a conve vided if you do not want the address 's' addresses and one without.	enience. Hennepin County a	ilso displays Schedule A on th	e Hennepin County	web site. Please	chack the hav and in	itial the form on
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 committies or fund that made the monetary contribution or Donation in Kind, and the employer of the individual contributor, exceeds \$100°, the name and address of the individual contributor, exceeds \$100°, the name and address of the individual committee or fund that made the monetary contribution or 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 and contributors of the members that, in aggregate in the year, exceed \$50. Bate ALPHABETICAL ORDER! Contributor's Employer* Description of In-Kind Previous Total For This Year This Period This Peri	SCHEDU	JLE A: INCOME FROM CAS	H (MONETARY) COI	NTRIBUTIONS and IN-I	KIND DONATIO	ONS	•	
individual, committee of fund that made the monetary contribution or Donation in Kind, and the employer of the individual contributor, "c" in the case of a contributor via 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.) Folicial Funds must femze contributions from the previous page as necessary. Folicial Funds must femze contributions here for the current reporting period. Colcumn a contributor in the period. Colcumn a colcumn and colc	NAME OF	COMMITTEE OR FUND: BICK	ING FOR CITY CO	UNGIL		D	ATE: 1-1-11	
Subtotal ITEMIZED Monetary Contributions received this period: Subtotal ITEMIZED In-Kind Donations Received This Period:	individual, c (**In the cas government *Political Fu	ommittee or fund that made the monetar se of a contributor who is self-employed, , you must list that contributor's occupati nds must itemize contributions of memb	y contribution or Donation In that is, does not derive earne on.) ers that, in aggregate in the y	Kind, and the employer of the inc d income as owner, partner, or e ear, exceed \$50.	lividual contributor. Imployee of a corpora	ation, partnership, o	r other entity, including	
Date ALPHABETICAL ORDER! Contributor's Description of In-Kind Donation Previous Total For This Year This Period Source Year to Date For This Year This Period This Period Source Year to Date Source Year to Date This Period Source Year to Date This Period This Period Source Year to Date This Period Source This								
ALPHABETICAL ORDER! Contributor Name & Address Employer** Description of In-Kind Donation Previous Total For This Year This Period Subject Total from Source Year to Date Year to Date Year to Date Subject					COLUMN A			COLUMNIC
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				previous page:				
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B) \$ 0							\$ 0	
	36. TOTA	L IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Transfe	r this amount to Line 13, Co	olumn B)		\$ 0	

SCHEDU	ILE B: OPERATING EXPENDITURES and CON	TRIBUTIONS MADE TO	OTHER COM	MITTEES			
NAME OF	COMMITTEE OR FUND: BICKING FOR CITY	COUNCIL		D	ATE: 1-2-11		
of \$100 with	lisclose the name and address of each individual, business of the the year, and the amount, date and specific purpose of the third a typed or computer-generated list, all items must be in the item of the third pages as necessary.	he expenditure.		have been made,	in an aggregate a	mount in excess	
				List expenditures here for the current reporting period			
			COLUMN A	COLUMN B	COLUMN B1	COLUMN C	
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	
	NONE					Total to Date	
· · · · · · · · · · · · · · · · · · ·		THE RESERVE AND ADDRESS OF THE PERSON OF THE					
	al ITEMIZED Operating Expenditures this period:			\$ 0	7		
	al ITEMIZED Operating Expenditures this period listed on pr			\$	1		
37. TOTAL	TEMIZED OPERATING EXPENDITURES THIS PERIOD:	(Transfer this amount to Line	28)	\$ 0			
	al ITEMIZED Contributions to Others this period:				\$ 0]	
	al ITEMIZED Contributions to Others this period listed on pre		·		\$		
38. TOTAL	. ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD	: (Transfer this amount to Lin	e 26)		\$ 0		

	LES C, D, E, and F (At		-					
NAME OF	COMMITTEE OR FUND: _	BICKING FOR CI	ITY COUNCIL	DATE:	1-2-11			
You must d with the god	E C: GOODS AND SERVICE lisclose the total value of goods and services, is in exce of the goods or services given	ods and services given to a ss of \$100 within the year.	another committee, You must also dis	as well as any othe close the date, nam	erwise non-itemizab ne and address of th	le cash that, toget he recipient and a		
				Goods & Service	es + Cash = \$100+	1		
 					urrent Period			
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C		
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total	Cook Circu	Value of Goods	Recipient Total		
Jaic		Goods and Services	for This Year	Cash Given	& Services	Year to Date		
	NOLE			Ö	ð			
9. Total C	Goods and Services given in	this period: (Transfer this	s amount to Line 1	4 Column R)	\$ 0			
	E D: NOTES AND LOANS			14, Ooldini Dj	1 4			
			-,	Loans Given to o	or Repaid by You in	T		
			Current Reporting Per					
	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 Lender	Last Report	\$ Received	\$ Repaid	Owed by You		
	MPLS STYDT SELF-E	12NA AVE S., EMPLOYED (AUTO MÉCHAMIC)	4,500.00	0	1,000,00	3,500.00		
O Total A	lour Loons Poughlo this nor	ad (Transfer Abia	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	lew Loans Payable this peri Repayment of Loans Payabl			\$ 0	\$ 1,000,00			
2 Curren	t Balance of Outstanding Lo	oans Pavable: (Transfer th	is amount to Line	16)	1 1 1 00 5 4 A 5	\$3500.00		
					or Repaid to You in			
	Alphabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1		
ate	Name, Address & Emplo	yer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You		
	4046		0	٥	0	0		
		period: (Transfer this amo		\$ 0				
Total R	Repayment of Loans Receive	able this period: (Transfer	this amount to Lir	ne 23)	\$ 0			
4. Total R 5. Current	Repayment of Loans Received t Balance of Outstanding Lo	able this period: (Transfer pans Receivable: (Transfer	this amount to Lir r this amount to Li	ne 23) ine 15)	\$ 0	\$ 0		
4. Total R 5. Current	Repayment of Loans Received the Balance of Outstanding Lo	able this period: (Transfer pans Receivable: (Transfer	this amount to Lir r this amount to Li	ne 23) ine 15)	\$ 0	\$ 0		
4. Total R 5. Current CHEDULE	Repayment of Loans Receive t Balance of Outstanding Lo F: UNPAID BILLS/ADVAI Alphabetical Order!	able this period: (Transfer pans Receivable: (Transfer	this amount to Lir r this amount to Li r services received	ne 23) ine 15) d but not paid)	\$ 0	\$ 0		
4. Total R 5. Current CHEDULE	Repayment of Loans Receive t Balance of Outstanding Lo F: UNPAID BILLS/ADVAI Alphabetical Order!	able this period: (Transfer pans Receivable: (Transfer NCE OF CREDIT (Items o	this amount to Lir r this amount to Li r services received	ne 23) ine 15) d but not paid)	\$ 0	\$ C		
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4. Total R 5. Current 6. Current 7. The Tri (Make I	Repayment of Loans Receive t Balance of Outstanding Lo E F: UNPAID BILLS/ADVAI Alphabetical Order! Name & Address of Veno V V V t Balance of Outstanding Un easurer is to sign this standard on Schedules B or	able this period: (Transfer cans Receivable: Receivable: Receivable: Receivable: (Transfer cans Receivable: Receivable: Receivable: Receivable: (Transfer cans Receivable: Receivable: Receivable: (Transfer cans Receivable: Receivable: Receivable: (Transfer cans Receivable: Receivable: Receivable: Receivable: (Transfer cans Receivable: Receivable: Receivable: Receivable: (Transfer cans Receivable: (Transfer cans Receivable: (Transfer cans Receivable: (Transfer cans Receivable: Receivable: Receivable: Receivable: Receivable: (Transfer cans Receivable: Receivable: Receivable: Receivable: Receivable: Receivable: Receivable: (Transfer cans Receivable: Receiv	this amount to Lir r this amount to Lir r this amount to Li r services received deceived But Not Pa dit: (Transfer this a NDENT EXPENDITE Denditures are item he authorization o	ne 23) Ine 15) d but not paid) aid For mount to Line 17) URES WERE MAD ized.) at all independent or expressed or im	E. expenditures made o	Current Balance Owed by You C		