A () :	As required by the H	NANCE REPORT OF RECE lennepin County Financial Disclosure Law:	Minnesota S	tatutes 383B.041-383B.058
	information on this report is public.	Type or print in black in	1K.	Retain a copy of this report for your files
1.	Neighbors For Amy Arcand (Name of Committee or Fund)	<del>- 1</del> -		· -
2.	Brenda Diethelm-Okita			dieth001@umn.edu
_	(Treasurer's Name)	-	-	(E-mail Address)
3.	3536 21 <sup>st</sup> Ave. S. Minneapolis, MN 554 (Treasurer's Mailing Address for Committee Busine	ess)		-
4.	Treasurer's Daytime Phone Number: 651-2	26-4189		
5.	Change in Committee or Officer's Name, Add	ress, Phone. (Attach new "Registration	& Statemen	t of Organization")
6.	No activity since last Report. (Insert Beginning	and Ending Balance at #9 & #12 below)	ı	
6a.	No activity with 383B.041058 candidates, the	nis reporting period. (Complete lines #9	9-#12 as app	plicable)
7.	Termination of Committee - All debts must be p	paid and Ending Balance can be no more	than \$100.	Termination of committee registration.
	If your committee is a state committee, please co			•
8.	2011 ANNUAL REPORT DUE Tuesda	ı <u>y, January 31<sup>st</sup>, 2012</u>		
RE	PORTING PERIOD: (check one)			TO THE PARTY OF TH
	2011 Candidates on the ballot			
	And Political Funds or Committees:			12/31/2011
*****	Candidates NOT on the ballot in 2011:	From: 1/1/2011	Through:	12/31/2011
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ 655.67 (Insert Ending Cash Balance from	last report)	<del></del>
	COLUMN A		• /	
	Activity Reported <u>this year,</u> In previous reporting periods.	COLUMN B ACTIVITY IN THIS REPORTING	PERIOD	COLUMN C A + B =Total Activity for This Calendar Year
10.	ADDITIONS:			
	\$ 0	+ \$ 0		\$ 0
	(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)		(Insert total of line 10, columns A + B)
11.	SUBTRACTIONS:			
	\$ 0 (Column C, Line 11 from Last Reporting period.)	- \$ 15.00		\$ 15.00
	(Column C, Line 11 nom Last Reporting period.)	(Insert amount from line 34)		(Insert total of line 11, columns A + B)
12.	ENDING CASH BALANCE THIS REPORT:	= \$ 640.67 (Line 9 + line 10(column B) - line	11(column	
SUI	MMARY OF IN-KIND DONATIONS & OUTSTANDIN	<u>G LOANS RECEIVABLE:</u>		
	COLUMN A  Activity Reported on Last Report	COLUMN B ACTIVITY IN THIS REPORTING	PERIOD	COLUMN CA + B =Total Activity for This Calendar Year
13.	In-Kind Donations Received:			
	\$ 0	+\$ 0		• •
	(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		\$ 0
	\$ 0 (Column C, Line 14 from Last Reporting period.)	- \$ 0 (Insert total from line 39)		(Insert total of line 14, columns A + B)
15.	Current Balance of Outstanding Loans Received	/able (loaned to others)	>	
		,		(Insert total Current Balance from line 45)
<u>SUI</u>	MMARY OF OUTSTANDING DEBT:		_	
10.	Current Balance of Outstanding Loans Payable (I (Amount from Last Report: \$ 0 )	oaned to you)	>	(Insert total Current Balance from line 42)
17	Current Balance of Outstanding Unpaid Bills/Adva	ance of Credit	>	,
11.	(Amount from Last Report: \$ 0 )	arice of Credit		(Insert total Amount Owed from line 46)
18.	<b>CERTIFICATION:</b> Any person who signs and certifies information is guilty of a gross misdemeanor.I, (Print Na TRUE AND CORRECT.		ne person ki	nows contains false information or who knowingly omits required, CERTIFY THAT THIS REPORT IS COMPLETE,
SIGI	NATURE OF TREASURER: R.Die Ho	m-OK-Hiethis report with		DATE: 30-MAR-2012
	Taxpayer Services Department, Elections D	PSL 012 Government C	Center, MI	NNEAPOLIS, MN 55487-0012 (612)596-7152 Received by Hennepin County Taxpayer Services
				APR 03 2012

Log DB PM DEL

	CEIPT AND EXPENDITURES WORKSHEE ME OF COMMITTEE OR FUND:		
AD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 0 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 0	\$ 0 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ 0	
22.	New Loans Payable (loaned to you):	\$ 0 (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0 (Insert total from line 44)	
24.	Other:	\$	\$ 0 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 0 (TOTAL lines 19 through 24. <b>Tran</b>	sfer this amount to Line 10, Column B.)
SUE	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ 0 (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$ 0	\$ 0 (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 0 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$	\$ 0 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 0	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 0 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ 0 (Insert total from line 43)	
33.	Other:	\$	\$ 0 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 0 (Total lines 26 through 33. Transfe	er this amount to Line 11, Column B.)

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Elections Di address of c	Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line provided if you do not want the address of contributors to be displayed on the website If selected, please submit two versions of Schedule A, one with contributors' addresses and one without.	mitted on Schedule A are publ County also displays Schedul ebsite If selected, I	e A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on fil ays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line pr If selected, please submit two versions of Schedule A, one with contributors' addresses and one without.	esota Government I v web site. Please co of Schedule A, one	Data Practices Act. heck the box and in with contributors' a	This form is retaine tial the form on the Idresses and one v	ed on file in the He Ine provided if yo without.	nnepin County ou do not want the
SCHEDU	SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIB	H (MONETARY) CONT	RIBUTIONS and IN-KIND DONATIONS	(IND DONATIO	NS			
NAME OF (	NAME OF COMMITTEE OR FUND:	Neighbors For Amy Arcand			LPA	DATE: March 30, 2012	2	
You must dis fund that mac (**In the case that contribute	You must disclose the date and amount of each monetary contribution or donation In Kind within the year the 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, partne that contributor's occupation.)	netary contribution or donation In In Kind, and the employer of the that is, does not derive earned in	I Kind within the year that, in aggregate from any contributor, exceeds \$100 *, the name and address of the individual, committee or ne individual contributor. Income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of government, you must list	ggregate from any co nployee of a corporat	ntributor, exceeds \$1 ion, partnership, or or	00 *, the name and a	address of the indivi a branch of governr	dual, committee or nent, you must list
*Political Fun If you submit	*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	ers that, in aggregate in the year, tems must be in the same order	, exceed \$50. as they appear on Schedule A		Attach additional pages as necessary.	×		
					List contributions here for the current reporting period	s here for the		
		AND THE PROPERTY OF THE RESIDENCE OF THE PROPERTY OF THE PROPE		COLUMN A	COLUMN B		COLUMN B1	COLUMN C
Date Rcvd.	ALPHABETICAL ORDER!Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received This Period	Period	\$ Value of In- Kind Donation	Total from SourceYear to Date
						A STATE OF THE STA	(VI)	de c'Attribute de calendario d
***************************************					erice in the state of the state			
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NOTHER MARKET HAVE FOR A PARTIE MARKET PROPERTY FOR	гостина в под вой потволя чення в под пределений в под		er operate et de entre et					
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	од собледен до дей в дей в невого по невого по постава дей в невого по свет дене невого постава по постава в н	And the second s						
								National Additional Confederation Communication Communicat
Subtota	Subtotal ITEMIZED Monetary Contributions received this period:	s received this period:			49	STATE OF THE PROPERTY OF THE P	0	
Subtota	Subtotal ITEMIZED Monetary Contributions received this period listed on previous page	s received this period listed c	on previous page:		\$		0	
35. TOTAL	TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer	CEIVED THIS PERIOD: (Trai	nsfer this amount to Line 19)	19)	\$	AND THE RESIDENCE OF THE PARTY	0	
			тер причен не причен не причен предостава учение не непоснение не непоснение на выполняе на причение на причен	***************************************		+	Control of the contro	
Subtota	Subtotal II EMIZED In-Kind Donations received this period:	eived this period:	ов на применя в водения в в вод	**************************************		8	0	
Subtota	Subtotal ITEMIZED In-Kind Donations received this period listed on previous	sived this period listed on pre	evious page:			\$	0	
Subtota	Subtotal NON-ITEMIZED In-Kind Donations Received This Period	ns Received This Period:	HI HIMMAN HIMMAN HI HIMMAN HAMAN KANAN			\$	0	

# SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: \_\_\_

Neighbors For Amy Arcand

DATE: March 30, 2012

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.

····		**************************************		***************************************		y			·	g	·
	COLUMN C	Total to SourceYear to Date	ф бастина веропина в		вей ставо по применения в приме	TOTAL CHARGO AN ANALONG ANALONG AN ANALONG ANALO			Withmass Company of the Company of t		
	COLUMN B1	Contribution s to Others	оприводительный выправлений получений получени				30.00 (January)				
List expenditur es here for the current reporting	COLUMN B	Operating Expenditure s						aldic econsus acces			
	COLUMN A	Previous Total For This Year	малашин абалаганалан шихүү үний күтэг үүхэндүүр кү дүсүм	A CANADA						The County of th	AP 404 404 404 404 404 404 404 404 404 40
		Purpose for Expenditure	овероння контрукция ренературання перединального предистивностью предистивност	Control designation of the Control o							
		ALPHABET ICAL ORDERIVE ndor or Recipient Committee Name and Address	Apparent de production de la companya de la company								
		Date Paid									

Subtotal ITEMIZED	€	0
Operating Expenditures		
this period:		

	. 0 -
ક	ક
***************************************	37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)

Subtotal ITEMIZED	8	
Contributions to Others this	, verbank	
period:		
Subtotal ITEMIZED	↔	
Contributions to Others this period		
listed on previous page:		
38. TOTAL ITEMIZED	₩.	
CONTRIBUTIONS TO OTHERS		
THIS PERIOD: (Transfer this		, Q
amount to Line 26)		`\

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

NAME OF COMMITTEE OR FUND:	Neighbors For Amy Arcand	DATE: March 30, 2012

## 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.

	Alphabetical		COLUMN A	Goods & Services + Cash = \$100+ Given in Current Period COLUMN B	COLUMN B1	COLUMN C
	Orderl		JOEOIII TA	GGEGIIII B	OOLOIIIN D1	JOEOMIN J
Date	Name & Address of Recipient	Description ofGoods and Services	Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date
39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)	\$					

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

			Loans Given to or Repaid by You in Current Reporting 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 New Loans Payable this period: (Transfer this amount to Line 22)	\$				
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)	\$				
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)	\$				

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

	~
Loans Given by	
hannel de la company de la com	

			or Repaid to You in Current Reporting Period		
APPENDED TO THE PROPERTY OF TH	Alphabetical	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
adde-section and memory appropriate popular physiological	Order! Name, Address & Employer of Recipient of	Loan Balance	Add New Loan\$	Subtract Loan\$	Current Balance Owed
Date	Loan	Last Report	Given	Repaid	to You
43. Total New	\$			inera coma antera con estrato de care esta con e	
Loans Receivable this period: (Transfer this amount to Line 32)			The state of the s		
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)	\$				
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line	\$				
SCHEDULE F: UN	IPAID BILLS/ADVA	ANCE OF CREDIT	(Items or services	received but not p	aid)
Date		Alphabetical Ord Name & Address Goods or Service Not Paid For	of Vendor of	Current Balance	e Owed by You
46. Current Balan	ce of Outstanding	**************************************			
Unpaid Bills/Advan (Transfer this amo			NATIONAL STATES		
47. The Treasure where Indeper	r is to sign this standent Expenditures	atement ONLY IF I are itemized.)	NDEPENDENT EX	PENDITURES WEF	RE MADE.(Make no
I, (Print Name)	IT EXPENDITURE		, hereb	y certify that all inde	ependent expenditu
candidates and in concert with	d reported in this re th, or at the reques	port were made W st or suggestion o	f any candidate, ca	ization or express andidate's campai	ed or implied cons gn committee or a

Signature of Treasurer R. Diethilm. OKt. Date 30-MAR-2412