(CAMPAIGN FINANCE REPORT OF RECI				
ALL	As required by the Henne INFORMATION ON THIS REPORT IS PUBLIC.	epin County Financial Disclosure Law: Minne TYPE OR PRINT IN BLACK INK.		183B.058 AIN A COPY OF THIS REPORT FOR YOUR FILES."	
1.	NEIGHDORS TO AMY AVC	and		and the state of t	
2.	Brenda Diethelm-Ok (Treasurer's Name)	cita	diet	nopleumn.edu	-
^	35310 215+ Ang. S	Male	(E-mail Address	Received by Hennepin Co	un
3.	(Treasurer's Mailing Address for Committee Busin	nessi		Taxpayer Services	GI !
4		-226-4189		, and a second	
 5.	Change in Committee or Officer's Name, A		& Statement of Organization	OCT 27 2009	
6.	No activity since last Report. (Insert Beginn	ing and Ending Balance at #9 & #12 below)		Log DB /	
6a.			nes #9-#12 as applicable)	PM 10-23-01DEL	12200000
7.	Termination of Committee (must have less		• • • • • • • • • • • • • • • • • • • •	ination of Committee Registration	16.20
8.	TYPE OF REPORT: FILING DA	TE: REPORTING PERIO	OD:		
	PRE-GENERAL: 10/27/2009	From: 1/1/2009	Through: 10/20/20	009	
9.	BEGINNING CASH BALANCE THIS REPORT:	💲 ઇંગે. 88			
		(Insert Ending Cash Balance from Pre-Prin	nary report)		
	COLUMN A	COLUMN B		COLUMN C	
	Activity Reported on Pre-Primary Report	ACTIVITY IN THIS REPORTING PER	RIOD A + B = Tot	al Activity for This Calendar Year	
40	ADDITIONS:			- SB	
10.	\$ 34/0.00	+\$ -0	\$	3410-00	
	(Line 10 from Pre-Primary Report this year.)	(Insert amount from line 25)	(Insert to	otal of line 10, columns A + B)	
11.	SUBTRACTIONS:	5×		S10	
	\$ -7 5875.39	<u>- \$</u>	\$	- 0 387539	
	(Line 11 from Pre-Primary Report this year.)	(Insert amount from line 34)	(Insert to	otal of line 11, columns A + B)	
12.	ENDING CASH BALANCE THIS REPORT:	=\$ 831.88			
		(Line 9 + line 10(column B) - line 11(c	column B)		
SU	MMARY OF IN-KIND DONATIONS & OUTSTANI	DING LOANS RECEIVABLE:			
	COLUMN A	COLUMN B		COLUMN C	
Α	ctivity Reported on Pre-Primary Report	ACTIVITY IN THIS REPORTING PER	RIOD A + B = Tota	al Activity for This Calendar Year	
13.	In-Kind Donations Received:				
	sO -	+\$ _0 -	\$	- 0 =	
	(Line 13 from Pre-Primary Report this year.)	(Insert total from line 36)	(Insert to	tal of line 13, columns A + B)	
14.	Goods/Services Given to Others:	~ _		0 -	
	\$	<u>-\$</u>	\$		
	(Line 14 from Pre-Primary Report this year.)	(Insert total from line 39)	(Insert to	tal of line 14, columns A + B)	
15.	Current Balance of Outstanding Loans Receive	vable (loaned to others)			
			(Insert to	tal Current Balance from line 45)	ı
	MMARY OF OUTSTANDING DEBT:			Λ -	
16.	Current Balance of Outstanding Loans Payable (I (Amount from Last Report: \$	oaned to you)		tal Current Balance from line 40)	
4			•	tal Current Balance from line 42)	
17.	Current Balance of Outstanding Unpaid Bills/Adva (Amount from Last Report: \$)	ance of Credit		tal Amount Owed from line 46)	
_					ı
18.	CERTIFICATION: Any person who signs and certifi- required information is guilty of a gross misdemeanor.	es to be true a report or statement which the	person knows contains fa	alse information or who knowingly omits	
	1, (Print Name) Brenda Dietheim-C	Kita , CERTIFY THAT THIS	REPORT IS COMPLET	E, TRUE AND CORRECT.	
SICI	VATURE OF TREASURER: ROAD NO	o Lla Dom - DK. L.		0.19.2002	
<i>-</i> 101	The state of the s	WI NAWAYL' ULVUIV	DATE: IV	- 11/2-0-0	ı
	TAYON/ED CEDIFICE DEDICATE E	FILE THIS REPORT WITH:			

NAME OF COMMITTEE OR FUND: NEIGH NOS 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: (Insert total from line 41) (loaned to you/repaid to lender) 32. New Loans Receivable (loaned to others): (Insert total from line 43) 33. Other: ____ (Subtotal: lines 30+31

+32+33)

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

34. TOTAL EXPENDITURES:

Column B.)

\$ (Total lines 26 through 33. Transfer this amount to Line 11,

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. addresses and one without.

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

AKOSCA Ann NAME OF COMMITTEE OR FUND NEIGH DONS TRE

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 made the monetary contribution or Donation In Kind, and the employer of the individual contributor.

10.19.20s

DATE:

("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.

Attach additional pages as necessary. If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A. contribution the current s here for reporting period

COLUMN B1

COLUMN A COLUMN B

COLUMN C

Date Rood

Description of In-Kind Donation

Previous Total For This Year

\$ Received This

\$ Value of In-Kind Donation

Year to Date Source

Total from

ALPHABET Contributor ORDER Address Name &

Contributor's Employer**

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36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B) Subtotal NON-ITEMIZED In-Kind Donations Received This Period:

Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:

Subtotal ITEMIZED In-Kind Donations received this period:

Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: 35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)

Subtotal ITEMIZED Monetary Contributions received this period:

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND:

Neighbors for Amy Arasmach

DATE: 10-19-2009

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 current reporting here for the period

COLUMN B1 COLUMN C COLUMN B

COLUMNA

ALPHABETI Date Paid

CAL. ORDERI

Vendor or

Committee Name and Recipient

Purpose for Expenditure Address

Previous Total For This Year

Contributions to Others Operating Expenditures

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
SOPERATING
EXPENDITURES THIS
PERIOD: (Transfer this
amount to Line 28)

Subtotal ITEMIZED Contributions to Others this period:

G

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 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 nonitemizable 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. Goods & Services + Cash = \$100+ Given in Current Period **COLUMN B COLUMN B1 COLUMN C COLUMN A Alphabetical** Order! Recipient Value of Previous Name & Description of Total Year to Goods & Total for This Goods and Address of Date Services Cash Given Services Year Recipient 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 **COLUMN B COLUMN B1 COLUMN C1 COLUMN A1** Alphabetical Order!

Add New Loan

\$ Received

Loan Balance

Last Report

Subtract Loan

\$ Repaid

Current Balance

Owed by You

Name, Address

& Employer of

Lender

Date

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 or Repaid to You in **Current Reporting** Period **COLUMN B1 COLUMN C1 COLUMN B COLUMN A1** Alphabetical Order! Name, Address & Employer of Add New Loan Subtract Loan Current Balance Recipient of Loan Balance Owed to You \$ Given \$ Repaid Last Report Loan Date

43. Total New Loans \$ Receivable this period:		25
(Transfer this amount to		-0 -
Line 32)		
44. Total Repayment of Loans \$		
Receivable this period: (Transfer		_ 0 _
this amount to Line 23)	er en en	
45. Current Balance of Outstanding Loans Receivable:	\$	0 -
(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 -					
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.)						
III Definition and a decident of other condidates and reported in	this report were made WiTHOUT the authorization or or in concert with, or at the request or suggestion of any					
Signature of Treasurer	Date					