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. Schorn For Ward 10 (Name of Committee or Fund) Brain Pflipsen bpflipsen@gmail.com (Treasurer's Name) (E-mail Address) Received by Hennepin County 5041 Edgewood Dr MoundsView Mn 55112 Taxpayer Services (Treasurer's Mailing Address for Committee Business) 4. Treasurer's Daytime Phone Number: 320-248-8867 JUL 25 2017 5. Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") Log 6. □ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) 6a. □ 7. 🗆 Termination of Committee; Termination of Committee registration TYPE OF REPORT: FILING DATE: **REPORTING PERIOD:** 2017 PRE-PRIMARY: 8/1/2017 From: 1/1/2017 Through: 7/25/2017 **BEGINNING CASH BALANCE THIS REPORT:** 0.00 (Insert Ending Cash Balance from last report) **COLUMN B COLUMN C** (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD (Total Activity Reported for This Calendar Year) + \$ 100.00 10. ADDITIONS: 100.00 (Insert amount from line 25) (Insert total of line 10, column B) 341.44 11. SUBTRACTIONS: 341.44 (Insert amount from line 34) (Insert total of line 11, column B) = \$ -241.44 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 B COLUMN C** (Column A not applicable for this report) ACTIVITY IN THIS REPORTING PERIOD (Total Activity Reported for This Calendar Year) 13. In-Kind Donations Received: +\$ 0.00 (Insert total from line 36) (Insert total of line 13, column B) Goods/Services Given to Others: - \$ 0.00 \$ 0.00 (Insert total from line 39) (Insert total of line 14, column B) Current Balance of Outstanding Loans Receivable (loaned to others)......> (Insert total Current Balance from line 45) **SUMMARY OF OUTSTANDING DEBT:** Current Balance of Outstanding Loans Payable (loaned to you).....> \$ 0.00 (Amount from Last Report: \$ (Insert total Current Balance from line 42) 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit> \$ 0.00 (Amount from Last Report: \$ (Insert total Amount Owed from line 46) 18. 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. I, (Print Name) Brian Pflipsen CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT. SIGNATURE OF TREASURER DATE: 7/21/17

FILE THIS REPORT WITH:

NA	ME OF COMMITTEE OR FUND: Schorn For War	d 10	DATE: <u>7/21/17</u>
ΑD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 100.00 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 0.00	\$ 100.00 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ 0.00	
22.	New Loans Payable (loaned to you):	\$ 0.00 (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0.00 (Insert total from line 44)	
24.	Other:	\$ 0	\$ 0.00 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 100.00 (TOTAL lines 19 through 24. T	ransfer this amount to Line 10, Column B.)
SUI	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ 0.00 (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$ 0.00	\$ 0.00 (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 341.44 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$	\$ 341.44 (Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 0.00	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 0.00 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ 0.00 (Insert total from line 43)	
33.	Other:	\$ 0.00	\$ 0.00 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 341.44 (Total lines 26 through 33. Tra	ansfer this amount to Line 11, Column B.)

CHEDUL	LE A: INCOME FROM CASH ((MONETARY) CONTR	RIBUTIONS and IN-K	ND DONATIO	NS		
ME OF C	OMMITTEE OR FUND: Schom For	Ward 10			DA	TE: <u>7/21/17</u>	
und that m n the case that contrib litical Fund	lose the date and amount of each moneta ade the monetary contribution or Donation of a contributor who is self-employed, that outor's occupation.) Is must itemize contributions of members a typed or computer-generated list, all item	In Kind, and the employer of the is, does not derive earned ince that, in aggregate in the year, expressions and the sear, expressions are the sear, expressions and the sear, expressions are the sear, expressions are searched.	he individual contributor. ome as owner, partner, or emexceed \$50.	ployee of a corporati		other entity, including	
	typod of compater generated neg an item					ons here for the	
					current report		0011111110
ate cvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind	Previous Total For This Year	\$ Received This Period	\$ Value of in- Kind Donation	Total from Source Year to Date
14/17	Sue Schorn	Nike Corporation	i	0.00	100.00		100.00
	Tal ITEMIZED Monetary Contributions and ITEMIZED Monetary Contributions	received this period:			\$ 100.00		
	LITEMIZED MORETARY COMMISSIONS			10)	\$ 100.00	\dashv	
), IOIA	L TEMIZED CONTRIBUTIONS REC	EIVED THIS FERIOD. (TIA		= 10)	Ψ 100.00		
Subto	al ITEMIZED In-Kind Donations rece	ived this period:				\$ 0.00	
	al ITEMIZED In-Kind Donations rece		evious page:			\$ 0.00	_
	al NON-ITEMIZED In-Kind Donations					\$ 0.00	_
36. TOTA	L IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Transfer to	his amount to Line 13, C	olumn B)		\$ 0.00	

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Schorn For Ward 10	DATE: 7/21/17
You must disclose the name and address of each individual, business or committee to whom a	expanditures/contributions have been made in an aggregate amount in excess of \$100 within

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.

		ļ.		List expenditu current reporti	res here for the ing 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
7/20/27	Clock Nine Web Designer	website	0.00	250.00	0.00	250.00
6/29/17	Go Daddy	Domain		15.45	0.00	15.45
7/20/17	Kinkos	print material		7.01	0.00	7.01
6/30/17	Vista Print	Bouchures		26.71	0.00	26.71
7/22/17	Vista Print	Bouchures		42.02	0.00	42.02
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Subtotal ITEMIZED Operating Expenditures this period:	\$ 341.44
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 341.44

Subtotal ITEMIZED Contributions to Others this period:	\$ 0.00
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$ 0.00
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$ 0.00

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

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NAME OF COMMITTEE OR FUND:	Schorn For Ward 10	DATE: 7/21/17

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.

			-	Goods & Service	es + Cash = \$100+	
				Given in C	urrent Period	
	Alphabetical Order!		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
						· · · · · · · · · · · · · · · · · · ·
39. Total	Goods and Services given in	this period: (Transfer this	s amount to Line 1	4, Column B)	\$	

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

				r Repaid by You in orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
40. Total I	New Loans Payable this period: (Transfer this an	ount to Line 22)	\$		
41. Total I	Repayment of Loans Payable this period: (Transfe	er this amount to Line	31)	\$	
42. Currer	nt Balance of Outstanding Loans Payable: (Trans	er this amount to Line	16)		\$

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

			1	r Repaid to You in orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
	*	Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You
	"				
43. To	otal New Loans Receivable this period: (Transfer this amo	unt to Line 32)	\$		
44. To	otal Repayment of Loans Receivable this period: (Transfer	this amount to Lir	ne 23)	\$	
45. Cu	urrent Balance of Outstanding Loans Receivable: (Transfel	r this amount to Li	ine 15)	•	\$

SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)

	Alphabetical Order!	Current Balance
Date	Name & Address of Vendor of Goods or Services Received But Not Paid For	Owed by You
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40.0		
46. Currer	t 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.)

INDEPENDENT EXPENDITURE: SWORN S	TATEMENT
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I, (Print Name) Brain Pflipsen	, hereby certify that all independent expenditures made on behalf of other
candidates and reported in this report were made WITHOUT the author	prization or expressed or implied consent of, or in cooperation or in
concert with, or at the request or suggestion of any candidate, car	ndidate's campaign committee or agent.

Signature of Treasurer Date 7/21/17

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