

# 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.

1. MCLAUGHLIN FOR MAYOR  
(Name of Committee or Fund)
2. DEBRA N. EVANS  
(Treasurer's Name) debranevans@comcast.net  
(E-mail Address)
3. 3807 ZENITH AVENUE SOUTH, MINNEAPOLIS, MN 55410  
(Treasurer's Mailing Address for Committee Business)

4. Treasurer's Daytime Phone Number: (612) 860-2526

5. ☐ Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization")
6. ☒ No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below)
- 6a. ☐ No activity with **383B.041-.058 candidates**, this reporting period. (Complete lines #9-#12 as applicable)
7. ☐ 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.

8. **2014 ANNUAL REPORT DUE Monday, February 2, 2015**

**REPORTING PERIOD: (check one)**

☐ **2014 Candidates on the ballot**

**And Political Funds or Committees:**

☒ **Candidates NOT on the ballot in 2014:**

From: 10/22/2014

Through: 12/31/2014

From: 10/22/2014

Through: 12/31/2014

FEB 02 2015

DB

DEL 2-2-15

9. **BEGINNING CASH BALANCE THIS REPORT:** \$ 568.38  
(Insert Ending Cash Balance from last report)

**COLUMN A**

Activity Reported this year,  
In previous reporting periods.

**COLUMN B**

ACTIVITY IN THIS REPORTING PERIOD

**COLUMN C**

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:**

\$ \_\_\_\_\_  
(Column C, Line 11 from Last Reporting period.)

- \$ \_\_\_\_\_  
(Insert amount from line 34)

\$ \_\_\_\_\_  
(Insert total of line 11, columns A + B)

12. **ENDING CASH BALANCE THIS REPORT:** = \$ 568.38  
(Line 9 + line 10(column B) - line 11(column B))

**SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:**

**COLUMN A**

Activity Reported on Last Report

**COLUMN B**

ACTIVITY IN THIS REPORTING PERIOD

**COLUMN C**

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: \$ \_\_\_\_\_) (Insert total Current Balance from line 42)

17. **Current Balance of Outstanding Unpaid Bills/Advance of Credit** ..... > \$ \_\_\_\_\_  
(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) DEBRA N. EVANS, CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER: Debra N. Evans

DATE: 1/26/15

FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152