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. TUTHILL FOR 10TH WARD (Name of Committee or Fund) unnmason@earthlinkine **VIVIAN MASON** (Treasurer's Name) E-mail Address) 2849 BURNHAM BLVD MINNEAPOLIS MN 55416 (Treasurer's Mailing Address for Committee Business) 4. Treasurer's Daytime Phone Number: (612) 377-5238 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization"). Heceived by Hennepin County 5. □ □ No activity since last Report. (Insert Beginning and Ending Batance at #9 & #12 below) Taxpaver Services 6a. □ No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable) AUG 3 1 2009 7. \square Termination of Committee; Termination of Committee registration TYPE OF REPORT: FILING DATE: REPORTING PERIOD: PRE-PRIMARY: 9/8/2009 From: 1/1/2009 Through: 9/1/20**93/**t \$ 9,469,17 **BEGINNING CASH BALANCE THIS REPORT:** (Insert Ending Cash Balance from last report) **COLUMN B COLUMN C** ACTIVITY IN THIS REPORTING PERIOD (Column A not applicable for this report) (Total Activity Reported for This Calendar Year) 10. ADDITIONS: (Insert total of line 10, column B) 11. SUBTRACTIONS: 8,517.01 **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) 446,00 446.0D 13. In-Kind Donations Received: (Insert total from line 36) (Insert total of line 13, column B) Goods/Services Given to Others: (Insert total from line 39) (Insert total of line 14, column B) 15. 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).....> (Insert total Current Balance from line 42) 17. Current Balance of Outstanding Unpaid Bills/Advance of Credit......> (Amount from Last Report: \$...00 (Insert total Amount Owed from line 46)

FILE THIS REPORT WITH:

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

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-600 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152

required information is guilty of a gross misdemeanor.

I, (Print Name) VIVIAN MASON

SIGNATURE OF TREASURER:

CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

	LLI FOR THIS REPORTING	1
NAME OF COMMITTEE OR FUND: Tuth	ill for 10th War	d DATE: 9/1/09
ADDITIONS: (Income)		
19. Total ITEMIZED Contributions:	(Insert total from line 35)	
20. Total NON-ITEMIZED Contributions:	<u>s 22,591.96</u>	\$ 22,591.96 (Subtotal: lines 19 + 20)
21. Income from bank dividends, Interest, etc:	\$ 0	
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:	<u>s O</u>	(Subtotal: lines 21+22+23+24)
25. TOTAL INCOME:	\$ 22,591.96 (TOTAL lines 19 through 24. Tr	ansfer 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:	<u>s </u>	(Subtotal: lines 26 + 27)
28. Total ITEMIZED Operating Expenditures:	(Insert total from line 37)	
29. Total NON-ITEMIZED Operating Expenditures:	<u>s 23, 544.12</u>	\$ 23,544.12 (Subtotal: Lines 28 + 29)
0. Bank service charges, etc., paid by you:	s O	
 New Repayments on Loans Payable: (loaned to you/repaid to lender) 	\$ (Insert total from line 41)	
2. New Loans Receivable (loaned to others): .	(Insert total from line 43)	
3. Other:	<u>s</u> O	\$ (Subtotal: lines 30+31+32+33)
4. TOTAL EXPENDITURES:	\$ 23, 544.12 (Total lines 26 through 33. Transfe	er this amount to Line 11, Column B.)

Im Hennepin C the line pro- contributor	portant information: Addresses ounly Elections Division. As a co vided if you do not want the addresses and one without.	submitted on Schedule A ar priventence, Hennepin Coun ess of contributors to be dis	re public ity also d splayed o	data pursuant to the Mini isplays Schedule A on the in the website. □	nesota Government e Hennepin County if selected, please	Data Practices Ar web site. Please submit two vers	ct. This form is retain check the box and in ions of Schedule A, c	ned on file in the Itial the form on one with
SCHEDU	ILE A: INCOME FROM C	ASH (MONETARY) C	ONTR	BUTIONS and IN-	KIND DONATIC	MC	•	
NAME OF	COMMITTEE OR FUND:	uthill for	10+1	1 Ward		,	DATE: 9/1	100
You must di individual, co	sclose the date and amount of each	monetary contribution or donation or Donation	ation in K n in Kind,	Ind within the year that, in a and the employer of the inc	aggregate from any co Ilvidual contributor	ontributor, exceeds	\$100 *. the name and	address of the
government	you must list that contributor's occu	yed, mai is, does not derive ea ipalion.)	amed inco	ome as owner, partner, or e	imployee of a corpora	ition, partnership, c	or other entity, including	g a branch of
*Political Fu	nds must itemize contributions of me	embers that, in appreciate in th	he vear e	vocad SEA				.
if you submi	a typed or computer-generated list	, all Items must be in the same	e order as	they appear on Schedule	A. Attach addition	nal pages as neces	een	
			·				ions here for the	
					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	\$ Value of In- Kind Donation	Total from Source
•							Tana Donation	Year to Date
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Subtot	al ITEMIZED Monetary Contribu	itions received this period:	•			\$ 0	7	
35 TOTAL	al ITEMIZED Monetary Contribu	itions received this period I	listed on	previous page:		\$ 0	-	
30. 101AL	ITEMIZED CONTRIBUTIONS	RECEIVED THIS PERIOD	: (Trans	fer this amount to Une	19)	\$ 0	<u> </u>	
Subtot	al ITEMIZED In-Kind Donations	received this period:						•
	al ITEMIZED In-Kind Donations		On previ	Dis bace.			\$ 0	
Subtot	al NON-ITEMIZED In-Kind Dona	ations Received This Period	d:				\$ 0	
36. TOTAL	IN-KIND DONATIONS RECEIV	VED THIS PERIOD: (Trans	sfer this	amount to Line 13. Co	lumn B)		\$ 446.00	·
	age 3 rev 8 05			Page 3			\$ 446,00	9/4E/ne

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF C	COMMITTEE OR FUND:					
Tuth	ill for 10th Ward	•			- 1	1
					ATE: 9//	09
You must di excess of \$	isclose the name and address of each Individual, business o 100 within the year, and the amount, date and specific purpo	r committee to whom expendit	ures/contributions	have been made	, in an aggregate a	mount in
If you subm	ilt a typed or computer-generated list, all Items must be in the	ose of the expenditure,	e Cabadida n		30 15 11	
Attach addit	tional pages as necessary.	o same order as triey appear or	n Scheaule B.		. •	
·		- 	<u> </u>	I let over die		
·				current report	res here for the	1
	ALPHABETICAL ORDERI		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	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
						100, 10 0818
						
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	al ITEMIZED Operating Expenditures this period:			·		
Subtota	al ITEMIZED Operating Expenditures this period listed on pre	evious page:		\$	4	
37. TOTAL	ITEMIZED OPERATING EXPENDITURES THIS PERIOD:	(Transfer this amount to Line	28)	\$	┨.	
	al ITEMIZED Contributions to Others this period:			1- -	J	
		- <u></u>			\$	•
38 TOTAL	ITEMIZED CONTRIBUTIONS TO OTHERS THE PERSON	vious page:			\$	1
00. 101AL	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD:	(Transfer this amount to Un	e 26)		\$ ()	1
	•		·			٠,

Date 39. Total G	Alphabetical Order! Name & Address of Recipient Soods and Services given in	Description of Goods and Services	COLUMN A Previous Total for This Year	I	es + Cash = \$100+ current Period COLUMN B1 Value of Goods	COLUMN C Recipient Total
39. Total G	Name & Address of Recipient Soods and Services given in	Goods and Services	Previous Total	Given in C	COLUMN B1 Value of Goods	COLUMN C
39. Total G	Name & Address of Recipient Soods and Services given in	Goods and Services	Previous Total	COLUMN B	COLUMN B1 Value of Goods	
39. Total G	Recipient Goods and Services given in	Goods and Services		Cash Given	7	Recipient Total
-		this period: (Transfer th			& Services	Year to Date
-		this period: (Transfer th				
SCHEDULE	D: NOTES AND LOANS	i ana penou. (Transier til	s amount to Line 1	14, Column B)	\$	0
	<u> </u>	PAYABLE (Loaned to Yo	טי)		·	
	1				or Repaid by You in]
	Alphabetical Order!		COLUMN A1	COLUMN B	porting Period COLUMN B1	COLUMN C1
		-	Loan Balance	Add New Loan	Subtract Loan	Current Balance
<u>Date</u>	Name, Address & Emplo	yer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
40 Total Na	ew Loans Payable this peri	od: (Tennefor this amoun	+ to 1 (no 22)	5	-	
	epayment of Loans Payable				S	
	Balance of Outstanding Lo					5
SCHEDULE	E: NOTES AND LOANS R	ECEIVABLE (Loaned by	You)		or Repaid to You In	
·	Alphabetical Order!	·	COLUMN A1	COLUMN B	orting Period COLUMN B1	COLUMN C1
			Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employ	er of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You
	w Loans Receivable this per payment of Loans Receiva			\$ 23)	S	
	Balance of Outstanding Loa					\$ 6
-	F: UNPAID BILLS/ADVAN			•		<u> </u>
	Alphabetical Orderl Name & Address of Vendo	or of Goods or Services R	eceived But Not Pai	d For		Current Balance Owed by You
ate			•			
)ate						
	Palance of Outstanding Lin	anid Bills/Advance of Cred	il: /Tennefor this ma	nevet to Line d 7)		6 70
6. Current E	Balance of Outstanding Ung asurer is to sign this state otations on Schedules B or	ement ONLY IF INDEPEN	DENT EXPENDITU	RES WERE MADE		\$ 0