

CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES -FOR USE BY MINNEAPOLIS CANDIDATES ONLY

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. Neighbors for Amy Arcand
(Name of Committee or Fund)
2. Brenda Diethelm-Okita
(Treasurer's Name)
3. 3530 21st Ave. S. Mpls
(Treasurer's Mailing Address for Committee Business)
4. Treasurer's Daytime Phone Number: 651-226-4189

diethelm@umn.edu
(E-mail Address)

Received by Hennepin County
Taxpayer Services

OCT 27 2009

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) Log DB ☒
- 6a. ☐ No activity with Hennepin County candidates, this reporting period. (Complete lines #9-#12 as applicable) PM 10-23-09 DEL
7. ☐ Termination of Committee (must have less than \$100.00 cash balance and no unpaid loans or bills); termination of Committee Registration

8. TYPE OF REPORT: PRE-GENERAL FILING DATE: 10/27/2009 REPORTING PERIOD: From: 1/1/2009 Through: 10/20/2009

9. BEGINNING CASH BALANCE THIS REPORT: \$ 831.88
(Insert Ending Cash Balance from Pre-Primary report)

COLUMN A

Activity Reported on Pre-Primary Report

COLUMN B

ACTIVITY IN THIS REPORTING PERIOD

COLUMN C

A + B = Total Activity for This Calendar Year

10. ADDITIONS: 518
\$ 3410.00
(Line 10 from Pre-Primary Report this year.)
+ \$ -0-
(Insert amount from line 25)
11. SUBTRACTIONS: 518
\$ 5875.39
(Line 11 from Pre-Primary Report this year.)
- \$ -0-
(Insert amount from line 34)
12. ENDING CASH BALANCE THIS REPORT: = \$ 831.88
(Line 9 + line 10(column B) - line 11(column B))

SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

COLUMN A

Activity Reported on Pre-Primary Report

COLUMN B

ACTIVITY IN THIS REPORTING PERIOD

COLUMN C

A + B = Total Activity for This Calendar Year

13. In-Kind Donations Received:
\$ -0-
(Line 13 from Pre-Primary Report this year.)
+ \$ -0-
(Insert total from line 36)
14. Goods/Services Given to Others:
\$ -0-
(Line 14 from Pre-Primary Report this year.)
- \$ -0-
(Insert total from line 39)
15. Current Balance of Outstanding Loans Receivable (loaned to others) >
\$ -0-
(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: \$)
\$ -0-
(Insert total Current Balance from line 42)
17. Current Balance of Outstanding Unpaid Bills/Advance of Credit >
(Amount from Last Report: \$)
\$ -0-
(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) Brenda Diethelm-Okita, CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER: Brenda Diethelm-Okita

DATE: 10-19-2009

FILE THIS REPORT WITH:

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

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLYNAME OF COMMITTEE OR FUND: Neighbors for Army Arcand DATE: 10.19.2009**ADDITIONS: (Income)**

19. Total ITEMIZED Contributions: \$ (Insert total from line 35)

20. Total NON-ITEMIZED Contributions: \$ 0 -
(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: \$ 0 -
(Subtotal: lines 21+22)

+23+24)

25. **TOTAL INCOME:** \$ 0 -
(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: \$ 0 -
(Subtotal: lines 26 + 27)

28. Total ITEMIZED Operating Expenditures: \$ (Insert total from line 37)

29. Total NON-ITEMIZED Operating Expenditures: \$ 0 -
(Subtotal: Lines 28 + 29)

30. Bank service charges, etc., paid by you: \$

31. New Repayments on Loans Payable:
(loaned to you/repaid to lender) \$ (Insert total from line 41)

32. New Loans Receivable (loaned to others): \$ (Insert total from line 43)

33. Other: \$ 0 -
(Subtotal: lines 30+31)

+32+33)

34. TOTAL EXPENDITURES:

Column B.)

\$

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

Important Information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is returned only to 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.

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

NAME OF COMMITTEE OR FUND: Neighbors for Amy Arcand

DATE: 10.19.2009

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.

(*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.

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

List
contribution
s here for
the current
reporting
period

COLUMN A COLUMN B COLUMN B1 COLUMN C

Date Rcvd.
ALPHABETI
CAL
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
Year to Date

NAME OF COMMITTEE OR FUND:

Neighbors for Amy Arcand

If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule B.

List expenditures here for the current reporting period

Date Paid
ALPHABETI
CAL
ORDER!
Vendor or
Recipient
Committee
Name and
Address

Purpose for Expenditure

Previous Total
For This YearOperating
Expenditures

Contributions to Others

Total to Source
Year to Date

Subtotal ITEMIZED \$
Operating Expenditures
this period:

-0-

Subtotal ITEMIZED \$
Operating Expenditures
this period listed on
previous page:

-0-

37. TOTAL ITEMIZED \$
OPERATING
EXPENDITURES THIS
PERIOD: (Transfer this
amount to Line 28)

-0-

Subtotal ITEMIZED \$
Contributions to Others this
period:

-0-

Subtotal ITEMIZED \$
Contributions to Others this
period listed on previous page:

-0-

38. TOTAL ITEMIZED \$
CONTRIBUTIONS TO OTHERS
THIS PERIOD: (Transfer this
amount to Line 26)

-0-

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 Arzoul DATE: 10-19-2009

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

39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B) \$ 20-

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

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

40. Total New Loans \$

Payable this period:
(Transfer this amount to
Line 22)

0 -

41. Total Repayment of Loans \$

Payable this period: (Transfer this
amount to Line 31)

0 -

42. Current Balance of Outstanding Loans Payable: \$
(Transfer this amount to Line 16)

0 -

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

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

43. Total New Loans \$

Receivable this period:
(Transfer this amount to
Line 32)

0 -

44. Total Repayment of Loans \$

Receivable this period: (Transfer
this amount to Line 23)

0 -

45. Current Balance of Outstanding Loans Receivable: \$
(Transfer this amount to Line 15)

0 -

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 -

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 STATEMENT

I, (Print Name) _____, hereby certify that all independent expenditures made on behalf of other candidates and reported in this report were made **WITHOUT the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, candidate's campaign committee or agent.**

Signature of Treasurer _____ Date _____