CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

ALL	As required by the He INFORMATION ON THIS REPORT IS PUBLIC.	nnepin County Financial Disclosure Law: Minnesota Sta Type or PRINT IN BLACK INK.	stutes 383B.041-383B.058 RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
1.	Volunteers for Elizabeth Glidden		
2.	(Name of Committee or Fund) Nicole Beers	n	pettit@msn.com
	(Treasurer's Name)		(E-mail Address)
3.	319 Wyoming Street West, St. Paul MN 55 (Treasurer's Mailing Address for Committee Business)		
4.	Treasurer's Daytime Phone Number: 612	2.678.4107	<u> </u>
5.	☐ Change in Committee or Officer's Name, Ad	dress, Phone. (Attach new "Registration & Statem	ent of Organization")
6.	☐ No activity since last Report. (Insert Beginning	ng and Ending Balance at #9 & #12 below)	
6a.	No activity with 383B.041058 candidates,	this reporting period. (Complete lines #9-#12 as	applicable)
7.	_	paid and Ending Balance can be no more than \$1	
٥	If your committee is a state committee, please 2009 ANNUAL REPORT DUE Monda	contact our office regarding termination. y, February 1 st , 2010	Received by Hennepin Cou
8.		y, rebruary 1 , 2010	Received by Hennepin Cou Taxpayer Services
	REPORTING PERIOD: (check one) 2009 Candidates on the ballot And Political Funds or Committee Candidates NOT on the ballot in 2		Through: 12/31/2009 Through: 12/31/2009 Log Through: 12/31/2009
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ 16,877.18	DA ZITU DEL
	COLUMNIA	(Insert Ending Cash Balance from last report)	
	COLUMN A Activity Reported this year,	COLUMN B	COLUMN C
	In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
10.	ADDITIONS:	. # 4405.00	© 47.045.00
	\$ 16,630.00 (Column C, Line 10 from Last Reporting period.)	+ \$ 1,185.00 (Insert amount from line 25)	\$ 17,815.00 (Insert total of line 10, columns A + B)
11	SUBTRACTIONS:	,	,
	\$ 13,157.08	- \$ 12,342.95	\$ 25,500.03
	(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:	= \$ 5,719.23	
		(Line 9 + line 10(column B) - line 11(column	n B)
SU	MMARY OF IN-KIND DONATIONS & OUTSTANDIN	IG LOANS RECEIVABLE:	
	COLUMN A	COLUMN B	COLUMN C
	Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
13.			
	\$ 17.16 (Column C, Line 13 from Last Reporting period.)	+ \$ 0.00 (Insert total from line 36)	\$ 17.16 (Insert total of line 13, columns A + B)
14.	Goods/Services Given to Others:	((
,	\$ 0.00	- \$ 0.00	\$ 0.00
	(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 Recei	ivable (loaned to others)>	\$ 0.00
			(Insert total Current Balance from line 45)
	MMARY OF OUTSTANDING DEBT: Current Balance of Outstanding Loans Payable (Amount from Last Report: \$ 0.00)	(loaned to you)>	\$ 0.00 (Insert total Current Balance from line 42)
17.	Current Balance of Outstanding Unpaid Bills/Adv	vance of Credit>	\$ 0.00
_	(Amount from Last Report: \$ 0.00)		(Insert total Amount Owed from line 46)
18.	CERTIFICATION: Any person who signs and certific required information is guilty of a gross misdemeanor I, (Print Name) Nicole Beers	•	n knows contains false information or who knowingly omits
SIG	NATURE OF TREASURER: NEWLY	leis	DATE: 2/1/2010

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NA	ME OF COMMITTEE OR FUND: <u>Volunteers for E</u>	<u>-lizabeth Glidden</u>	DATE: <u>2/1/2010</u>
ΑD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 450.00 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 735.00	\$ 1,185.00 (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: <u>0.00</u>	\$ 0.00	\$ 0.00 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 1,185.00 (TOTAL lines 19 through 24. Tr	ansfer 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:	\$ 12,190.11 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 152.84	\$ 12,342.95 (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	\$ 0.00	\$ 0.00 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 12,342.95 (Total lines 26 through 33. Trans	sfer this amount to Line 11, Column B.)

D... ^

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in 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. contributors' addresses and one without.

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

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden

DATE: 2/1/2010

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.

If you submit	If you submit a typed or computer-generated list, all items must be in the	ems must be in the same order	same order as they appear on Schedule A.		Attach additional pages as necessary.	ary.	
					List contributions here for	List contributions here for the	***************************************
	The state of the s	1944 - 19		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 Year to Date
11/2/09	Cowles, Russel 2413 Humbolt Avenue South Mpls MN 55405	Retired		0.00	300.00		300.00
11/20/09	Faegre&Benson 2200 90 South 9th Street Mpls MN 55402	Political Fund #31063	and the state of t	100.00	100.00		200.00
12/1/09	Jordan, Catherine (Living Trust) 3232 Hariet Ave South Mpls MN 55408	Self-Employed		100.00	50.00		150.00
			physical professional professio				
	Tribia. Tribia.	- Address					
	The second secon		and the second s				
	e proposition de la constantina della constantin		700				Printer Control Contro
			A Principle of the Control of the Co				
		i and a second s					
			and the second s				\$ 1 mm

Subtotal I EMIZED Monetary Contributions received this period:	\$ 450.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 0.00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 450.00

Comment of the Commen	i
Subtotal ITEMIZED In-Kind Donations received this period:	\$ 0.00
The state of the s	-
Subtotal ITEMIZED in-Kind Donations received this period listed on previous page:	\$ 0.00
The state of the s	
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$ 0.00
The state of the s	20.5

2/1/10

\$ 0.00

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF C	COMMITTEE OR FUND: Volunteers for Elizabeth Glidden			D	ATE: <u>2/1/2010</u>	
of \$100 with	isclose the name and address of each individual, business or nin the year, and the amount, date and specific purpose of the it a typed or computer-generated list, all items must be in the cional pages as necessary.	e expenditure.		have been made,	in an aggregate a	mount in excess
					res here for the	
			COLUMN A	current reporti	ng period 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
	Please see attached spreadsheet				New Artestan	
			The state of the s			
Subtota	al ITEMIZED Operating Expenditures this period:			\$ 12,190.11		
Subtota	al ITEMIZED Operating Expenditures this period listed on pre	vious page:		\$ 0.00		
37. TOTAL	ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line	28)	\$ 12,190.11		
Subtota	al ITEMIZED Contributions to Others this period:	A. III. II. II. II. II. II. II. II. II.			\$ 0.00	
Subtota	al ITEMIZED Contributions to Others this period listed on prev	vious page:			\$ 0.00	
38. TOTAL	ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD:	(Transfer this amount to Lin	ie 26)		\$ 0.00	
						-

								Previous Total for This	Operating	Total to Source Year
ate	Vendor	Address	····	City	State	Zip	Purpose	Year	Expenditures	
10/28/2009	Accurate Mailing	1928 County Road C		St. Paul	MN	55113	campaign mailing services	\$0.00	\$131.00	\$131.00
10/28/2009	Choice Graphics	7841 Wayzata Blvd	#210	Mpls	MN		campaign mailing	\$3,318.66	\$2,634.02	\$5,952.68
11/25/2009	Choice Graphics	7841 Wayzata Blvd	#210	Mpls	MN		Printed supplies for campaign	\$5,952.68	\$1,388.14	\$7,340.82
10/21/2009	Elizabeth Glidden	4007 Blaisdell Avenue		Mpls	MN		Stipends for campaign volunteers	\$1,541.33	\$200.00	\$1,741.33
10/28/2009	Elizabeth Glidden	4006 Blaisdell Avenue		Mpls	MN		pizza - volunteer recognition	\$1,741.33	\$59.88	\$1,801,21
11/3/2009	Elizabeth Glidden	4007 Blaisdell Avenue		Mpls	MN	55409	Stipends for campaign volunteers	\$1,801.21	\$200.00	\$2,001.21
11/29/2009	Elizabeth Glidden	4006 Blaisdell Avenue		Mpls	MN		Reimburse supplies	\$2,001.21	\$245.14	\$2,246.35
11/3/2009	Matthew Toburen	3701 Pleasant Avenue	#104	Mpls	MN	55409	Campaign Management	\$500.48	\$2,500.00	\$3,000.48
12/7/2009	Minneapolis Labor Review	312 Central Avenue	#542	Mpls	MN		Advertising for campaign - thank you	\$250.00	\$187.50	\$437.50
	Nicki McCracken	1500 Jackson Street N.E.	#355	Mpls	MN	55413	graphic design for campaign materials	\$850.00	\$1,190.00	\$2,040.00
11/3/2009		4820 Chicago Avenue South		Mpls	MN		Election night party	\$0.00	\$528.33	\$528.33
10/28/2009	Postmaster	4600 Lyndale Avenue North		Mpls	MN	55412	campaign mailing	\$0.00	\$1,840.66	\$1,840.66
10/28/2000	Susan Spight	2531 Oak Courth		White Bear Lake	MN	55110	10/00 for death of the state of			
10/20/2009	Susan Spignt	2551 Oak Coultil		White	IVIIN	20110	expenses for food for 10/20 fund raiser	\$410.00	\$185.44	\$595.44
11/3/2009	Susan Spight	2531 Oak Courth		Bear Lake	MN	55110	Event Planning Services	\$595.44	\$200.00	\$795.44
	Take Action Minnesota	1821 University Ave West	S-137	St. Paul	MN		Annual Dinner Table Sponsorship/PR	\$0.00	\$700.00	\$790.00
							Three Dillines radio oponocionipis r	Ψ0.00	\$12,190.11	φ/00.00

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

NAME OF COMMITTEE OR FUND: Voluntee	ers for Elizabeth Glidden	DATE: 2/1/2010

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.

					es + Cash = \$100+ urrent Period	
	Alphabetical Order!		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date	Name & Address of Recipient	Description of Goods and Services	Previous Total for This Year	Cash Given	Value of Goods & Services	Recipient Total Year to Date
39. Total	Goods and Services given in	n this period: (Transfer thi	s amount to Line 1	4, Column B)	\$ 0.00	

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

				Repaid by You in orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Lender	Loan Balance Last Report	Add New Loan \$ Received	Subtract Loan \$ Repaid	Current Balance Owed by You
	Mario, Marioco di Employor or Estadi	Edot (topoli	Ψ πουσίνου .	ψ repaid	Owed by Tod
40 Total	New Loans Payable this period: (Transfer this am	ount to Line 22)	\$		
	Repayment of Loans Payable this period: (Transfe		31)	\$	
	nt Balance of Outstanding Loans Payable: (Transfe			7	\$ 0.00

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

				r Repaid to You in orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
Date	Name, Address & Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
	 New Loans Receivable this period: (Transfer this amo		\$		
44. Total F	Repayment of Loans Receivable this period: (Transfer	this amount to Li	ne 23)	\$	
45. Currer	nt Balance of Outstanding Loans Receivable: (Transfer	this amount to L	ine 15)		\$ 0.00

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
46. Curr	ent Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)	\$ 0.00

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.)

(wake notations on schedules B or C where independent Expenditure	es are itemized.)
INDEPENDENT EXPENDITURE: SWORN STATEMENT	
I, (Print Name) Nicole Beers	, hereby certify that all independent expenditures made on behalf of
other candidates and reported in this report were made WITHOUT the	e 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 Wicklin Seus	Date 9/1/2010

....