## 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. People for Alondra			
(Name of Committee or Fund)		m mussi@hatmail.com	•
2. <u>Matt Musel</u> (Treasurer's Name)		m_musel@hotmail.com (E-mail Address)	
3. 4411 Morgan Avenue North, Minneapolis N		_	
(Treasurer's Mailing Address for Committee Busin	ess)		
Treasurer's Daytime Phone Number: 612	-735-1890		
5. Change in Committee or Officer's Name, Add	ress, Phone. (Attach new "Registration & Stat	ement of Organization")	
6. No activity since last Report. (Insert Beginnin	g and Ending Balance at #9 & #12 below)		
Sa. No activity with 383B.041058 candidates, t	his reporting period. (Complete lines #9-#12	: as applicable)	
Termination of Committee - All debts must be	paid and Ending Balance can be no more than	\$100. Termination of committee	e registration.
If your committee is a state committee, please of			•
2014 ANNUAL REPORT DUE Monday	, Feb <u>ruary 2, 2015</u>	Par	Oiread by the
REPORTING PERIOD: (check one)			eived by Hennepin Ccu
2014 Candidates on the ballot			Taxpayer Services
And Political Funds or Committees:	From: 10/22/2014 Through	n: 12/31/2014	
Candidates NOT on the ballot in 2014:	From: 1/1/2014 Through	n: 12/31/2014 🗸	FEB 0 2 2015
	\$ 7,999 <b>566804</b>	II LOS	
BEGINNING CASH BALANCE THIS REPORT:	\$ 7,999 2 D V 1. (Insert Ending Cash Balance from last report	<u></u> -1 1/	the state of the s
COLUMN A	(insert Ending Cash Balance non last rep	210 6 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
Activity Reported this year,	COLUMN B		UMN C
In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIO	D A + B =Total Activity	for This Calendar Year
O. ADDITIONS:		A 4000.00	•
\$ 0.00 (Column C, Line 10 from Last Reporting period.)	+ \$ 4,380.00 (Insert amount from line 25)	\$ 4,380.00 (Insert total of line 10	columns A + R)
	(msert amount nom line 23)	(maeri total of line To	, columna / · · b)
1. SUBTRACTIONS:	¢ 0.706.10	\$ 9,707.00	
\$ 0.00 (Column C, Line 11 from Last Reporting period.)	- \$ 9,706.10 (Insert amount from line 34)	(Insert total of line 11	, columns A + B)
	< N	178.01	· · · ·
2. ENDING CASH BALANCE THIS REPORT:	= \$ 2,873.00 (Line 9 + line 10(column B) - line 11(column B)		
NUMBER A DV OF IN WIND DONATIONS & OUTSTANDIN	,	umn B) Ob 2223	
SUMMARY OF IN-KIND DONATIONS & OUTSTANDIN			
COLUMN A Activity Reported on Last Report	COLUMN B ACTIVITY IN THIS REPORTING PERIO		UMN C for This Calendar Year
	ACTIVITY IN THIS REPORTING PERIO	D A D - TOTAL ACTIVITY	TOT THIS CAICHAAL TCAI
3. In-Kind Donations Received:			v
\$	(Insert total from line 36)	\$ (Insert total of line 13	columns A + B)
(Column C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(itiseit total of tille 10	, columno A + b)
4. 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)
• • • • • • • • • • • • • • • • • • • •		•	, ociditino (1 · D)
5. Current Balance of Outstanding Loans Recei	vable (loaned to others)	> \$ (Insert total Current E	Balance from line 45)
SUMMARY OF OUTSTANDING DEBT:	·	•	
6. Current Balance of Outstanding Loans Payable (	loaned to you)	> \$	
(Amount from Last Report: \$		(Insert total Current E	Balance from line 42)
<ol> <li>Current Balance of Outstanding Unpaid Bills/Adv (Amount from Last Report: \$ )</li> </ol>	ance of Credit	> \$ (Insert total Amount C	Owed from line 46)
8. CERTIFICATION: Any person who signs and certification	es to be true a report or statement which the p	erson knows contains false inforr	nation or who knowingly omits
required information is guilty of a gross misdemeanor. COMPLETE, TRUE AND CORRECT.	88 - 11 - 41 1		THIS REPORT IS
SIGNATURE OF TREASURER: Wm H	Myl	DATE: 2/2/20	15
Taxpayer Services Department, Elections Di	File this report with:	Minneanolis MN 55487-0	012 (612)596-7152

## RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY NAME OF COMMITTEE OR FUND: People for Alondra DATE: 2/1/15 ADDITIONS: (Income) Total ITEMIZED Contributions: 850.00 (Insert total from line 35) Total NON-ITEMIZED Contributions: 4,380.00 (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: \$ 0.00 (loaned to others/repaid to you) (Insert total from line 44) 24. Other: 0 0.00 0.00 (Subtotal: lines 21+22+23+24) 25. TOTAL INCOME: 5,380.00 (TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.) SUBTRACTIONS: (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: 9,093.05 (Insert total from line 37) 9,706.10 29. Total NON-ITEMIZED Operating Expenditures: (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)

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:

\$ 9,706.10

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

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. 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:	People for Alondra		DATE
NAME OF COMMINITALE ON FOND.	reopie ioi Alonuia		DATE
2/1/15			
2/1/10		·	

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.

				COLUMN A	List contributions current report COLUMN B	
Date		Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	\$ Received Th	nis Perioc
to and the first that the	Mahamaud Wadere 2929 CHICAGO AVE #303 MINNEAPOLIS MN 55407	Housing Advocate		0.00	200.00	"
************	Thomas Hoch 2100 JAMES AVE S MINNEAPOLIS MN 55405	Hennepin Theatre Trust		0.00	200.00	
	Ruhel Islam 5728 -44TH AVE S MINNEAPOLIS MN 55417	Ghandi Mahal		0.00	200.00	
	Dick Senese 2929 Chicago Avenue S Minneapolis,MN 55407	Capella University		0.00	250.00	
************				**************************************	AND TO THE THE PROPERTY OF THE	WWW. AVE. C V & A & A V C WAY VVV.
	Subtotal ITEMIZED Monetary Contributions	received this period:			\$ 850.00	
	Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 0.00					VAPOTE TO TOTAL AND
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19) \$ 850.00					\$ 850.00	**** *********************************
	Subtotal ITEMIZED In-Kind Donations rece	ived this period:			, part , and a state of the sta	\$ 0.0
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:						\$ 0.0
	Subtotal NON-ITEMIZED In-Kind Donations	s Received This Period:	The state of the s			\$ 0.0

\$ 0.0

36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)

NAME OF ( Febraury 1 <sup>s</sup>	COMMITTEE OR FUND: <u>People for Alondra</u> s <sup>t</sup> , 2015		· · · · · · · · · · · · · · · · · · ·	С	OATE:_
aggregate a If you subm	isclose the name and address of each individual, business or co amount in excess of \$100 within the year, and the amount, date nit a typed or computer-generated list, all items must be in the sa	and specific purpose of the	expenditure.	have been made	, in an
Attach addi	tional pages as necessary.		The second secon	List expenditu	
	ALPHABETICAL ORDER! Vendor or Recipient		COLUMN A Previous Total	COLUMN B	
Date Paid	Committee Name and Address	Purpose for Expenditure	For This Year	Operating Exp	enditure
1/15/14	Honsa - Binder Printing Inc. 320 Spruce Street, Saint Paul, MN 55101	Printing	0.00	4,456.14	
1/21/14	Lisa Miller 101 Pleasant St SE Minneapolis, MN 55455	Photos	0.00	1,125.00	
1/27/14	Kyle Smestad 1912 Sharon Avenue SE, Minneapolis, MN 55414	Fund-raising Reimbursements		303.66	
2/11/14	Kyle Smestad 1912 Sharon Avenue SE, Minneapolis, MN 55414	Payment for planning fund-raiser	303.66	360.00	
2/25/14	Seven Corner's Printers 1099 Snelling Avenue North, Saint Paul, MN 55108	Printing		520.91	
3/26/14	Minnesota DFL Party 255 Plato Boulevard, Saint Paul, MN 55107	Sample Ballot		1,000.00	
9/4/14	Constant Contact •1601 Trapelo Road Waltham, MA 02451	E-mail service		216.00	
12/8/14	Constant Contact • 1601 Trapelo Road Waltham, MA 02451	E-mail service	216.00	486.00	ALCOHOL COMPANION INC.
12/3/14	Manny's Tortas 920 East Lake Street, Minneapolis, MN 55407	Food for Fund-raiser		125.83	and the first of the same of the
12/3/14	Google 1600 Amphitheatre Parkway Mountain View, CA 94043	E-mail account		499.51	
0.14.1				ቀ በ ለበ2 ለ5	······································
	al ITEMIZED Operating Expenditures this period: al ITEMIZED Operating Expenditures this period listed on previo	olis page,		\$ 9,093.05 \$	
control of the control of the control	ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Tra		28)	\$ 9,093.05	***************************************
			**************************************		· · · · · · · · · · · · · · · · · · ·
	al ITEMIZED Contributions to Others this period:			to add to talk to	\$ 0.0
	al ITEMIZED Contributions to Others this period listed on previo ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Tr		~ 26\		\$ 0.0 \$ 0.0
					4 '
	LES C, D, E, and F (Attach additional pages if necessa	_			
NAME OF C	COMMITTEE OR FUND:	DATE:			
You must dis goods and s	EC: GOODS AND SERVICES GIVEN TO OTHERS sclose the total value of goods and services given to another commervices, is in excess of \$100 within the year. You must also disclorvices given.	ittee, as well as any otherwis se the date, name and addre	e non-itemizable cass of the recipient	ash that, together and a description o	with the of the

Date

Alphabetical Order!

Name & Address of

Recipient

Description of Good

and Services

39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B) \$	AND THE THE DESIGNATION AND A STATE OF THE PROPERTY OF THE PRO
SCHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You)	
	Alphabetical Order!
Date	Name, Address & Employer
40. Total New Loans Payable this period: (Transfer this amount to Line 22)	\$
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)	\$
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)	\$
SCHEDULE E: NOTES AND LOANS RECEIVABLE (Loaned by You)	
	Alphabetical Order!
Date	Name, Address & Employer
43. Total New Loans Receivable this period: (Transfer this amount to Line 32)	\$
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)	\$
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)	\$
SCHEDULE F: UNPAID BILLS/ADVANCE OF CREDIT (Items or services received but not paid)	
Date	Alphabetical Order! Name & Address of Vendor of
46. Current 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. (Independent Expenditures are itemized.)	Make notations on Schedules B or C where
INDEPENDENT EXPENDITURE: SWORN STATEMENT  I, (Print Name), hereby certify that all independent expension and reported in this report were made WITHOUT the authorization or expressed or implied consent or at the request or suggestion of any candidate, candidates campaign committee or agent.	nditures made on behalf of other candidates of, or in cooperation or in concert with,
Signature of Treasurer Mut Date	2/2/2015