CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

	epin County Financial Disclosure Law: Minnesota Sta	atutes 383B.041-383B.058 RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
ALL INFORMATION ON THIS REPORT IS PUBLIC. 1 Friends for Lisa Goodman	TIPE OF FRINTIN BEACKING.	The Print Collins and Collins
(Name of Committee or Fund)		
2. John Cairns		kressds0@yahoo.com (E-mail Address)
(Treasurer's Name) 3. 1227 Hennepin Ave 5B Minneapolis, MN 5	5403	•
(Treasurer's Mailing Address for Committee Busine		Received by Hennepin County
4. Treasurer's Daytime Phone Number: 612-	384-8190	— Taxpayer Services
5. Change in Committee or Officer's Name, Addr	ress, Phone. (Attach new "Registration & Stateme	ont of Organization")
6. No activity since last Report. (Insert Beginning	A Comment of the Comm	JAN 3 1 2011
	nis reporting period. (Complete lines #9-#12 as a	1 2/ 1/
Toward time of Committee All debts must be a	paid and Ending Balance can be no more than \$1	Of Termination of committee regulacition
 Termination of Committee - All debts must be p If your committee is a state committee, please or 		PM
	, January 31 st , 2011	
REPORTING PERIOD: (check one)		
2010 Candidates on the ballot		
And Political Funds or Committee		Through: 12/31/2010
Candidates NOT on the ballot in 20	10: From: 1/1/2010	Through: 12/31/2010
9. BEGINNING CASH BALANCE THIS REPORT:	\$ 89,740.88	
9. BEGINNING CASH BALANCE THIS REPORT:	(Insert Ending Cash Balance from last report)	-
COLUMN A	00/////// 0	COLUMN C
Activity Reported this year, In previous reporting periods.	COLUMN B ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
	ACTIVITY IN TIMO NET OKTIMO V EAGO	
10. ADDITIONS:	+ \$ 3,248.26	\$ 3,248.26
(Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
11. SUBTRACTIONS:		\
\$	-\$ 11,689.46	\$ 11,689.46 ×
(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:	= \$ 81,299.68	
12. ENDING CASH BALANCE THIS KEI SKY.	(Line 9 + line 10(column B) - line 11(column	n B)
SUMMARY OF IN-KIND DONATIONS & OUTSTANDIN	G 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. In-Kind Donations Received:		
\$ 0.00	+\$ 100.00	\$ 100.00
(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:		
\$	- \$	\$ 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)
SUMMARY OF OUTSTANDING DEBT:		
16. Current Balance of Outstanding Loans Payable	(loaned to you)>	\$ 0.00 (Insert total Current Balance from line 42)
(Amount from Last Report: \$)		
17. Current Balance of Outstanding Unpaid Bills/Adv	vance of Credit>	\$ 0.00 (Insert total Amount Owed from line 46)
(Amount from Last Report: \$		
 CERTIFICATION: Any person who signs and certified required information is guilty of a gross misdemeanor. 	es to be true a report or statement which the person	on knows contains false information or who knowingly omits
I, (Print Name) John Cairns ?	, CERTIFY THAT THIS R	EPORT IS COMPLETE, TRUE AND CORRECT.
Copple Wa	Par St.	DATE: 1/31/2011
CONSTRUCTOR OF THE ACTION OF STATE OF THE CONTRACT OF THE CONT		- DATE: 1/31/2011

FILE THIS REPORT WITH:

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAI	ME OF COMMITTEE OR FUND: Friends for Lisa	Goodman	DATE: <u>1/30/2011</u>
ADI	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 2400.00	\$ 2400.00 (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ 848.26	
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:	\$	\$ 848.26 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 3248.26 (TOTAL lines 19 through 24. Tr	ansfer this amount to Line 10, Column B.)
su	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ 1,715.00 (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$ 200.00	\$ 1,915.00 (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 9,380.71 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 393.75	\$ 9774.46 (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:	\$ 0.00	\$ 0.00 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 11,689.46 (Total lines 26 through 33. Tran	sfer this amount to Line 11, Column B.)

Hennepin Co	ortant information: Addresses subrunty Elections Division. As a conveded if you do not want the address of addresses and one without.	nience, Hennepin County	also displays Schedule A on the	Hennepin County	web site. Please c	heck the box and in	tial the form on
SCHEDUI	E A: INCOME FROM CASI	H (MONETARY) CO	NTRIBUTIONS and IN-	CIND DONATIO	NS		
NAME OF C	OMMITTEE OR FUND: Friends fo	r Lisa Goodman			D	ATE: <u>1/30/2011</u>	
individual, cor (**In the case government, y	close the date and amount of each mon nmittee or fund that made the monetary of a contributor who is self-employed, you must list that contributor's occupation	y contribution or Donation I that is, does not derive earr on.)	n Kind, and the employer of the ind ned income as owner, partner, or e	ividual contributor.		•	
	ds must itemize contributions of member a typed or computer-generated list, all i			A Attach addition	nal pages as neces	sarv	
ir you submit	a typed or computer-generated list, all t	tems must be in the same of	order as they appear on Schedule	A. Atlacti addition		ons 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 Year to Date
				,			
			•				,
	A A A A A A A A A A A A A A A A A A A						
				A. A			

	A A A A A A A A A A A A A A A A A A A				***************************************		
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					10000	7	200000000000000000000000000000000000000
	al ITEMIZED Monetary Contribution al ITEMIZED Monetary Contribution		etad on pravious nage:		\$ 0.00		
	ITEMIZED CONTRIBUTIONS RE			e 19)	\$ 0.00		
					>	0.000	7
	al ITEMIZED In-Kind Donations red	· · · · · · · · · · · · · · · · · · ·	vo ovavíana paga:			\$ 0.00	-
	al ITEMIZED In-Kind Donations rec al NON-ITEMIZED In-Kind Donatio		1.			\$ 100.00	
I	IN-KIND DONATIONS RECEIVED		The state of the s	olumn B)		\$ 100.00	-
<u> </u>						20 A 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1	and the state of t

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Friends for Lisa Goodman

If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule B. Attach additional pages as necessary. List expenditures here for the current reporting period COLUMN A COLUMN B COLUMN B COLUMN C ALPHABETICAL ORDER! Previous Total Operating Contributions Total to Source		isclose the name and address of each individual, business of the site of the same and specific purpo		ures/contributions	have been made,	in an aggregate a	mount in	
List expenditures here for the current reporting period COLUMN B COLUMN COLUMN COLUMN B COLUMN B COLUMN COLUMN B COLUMN B COLUMN B COLUMN B COLUMN COLUMN B		• • • • • • • • • • • • • • • • • • • •	•	Schedule B.		,		
COLUMN A COLUMN B COLUMN C COLUMN C COLUMN B COLUMN C	Attach addi	tional pages as necessary.	,				•	
ALPHABETICAL ORDER! Oate Paid Vendor or Recipient Committee Name and Address See Attached Purpose for Expenditure See Attached See					List expenditu	res here for the		
ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address See Attached Purpose for Expenditure For This Year For This Year Operating Expenditures to Others Oth								
Date Paid Vendor or Recipient Committee Name and Address Purpose for Expenditure For This Year Expenditures to Others Year to Date See Attached Provided Pr		AL DILLOTTICAL CODESI	-		. 1			
Subtotal ITEMIZED Operating Expenditures this period: Subtotal ITEMIZED Operating Expenditures this period listed on previous page: 37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28) Subtotal ITEMIZED Contributions to Others this period: \$ 1,715.00 Subtotal ITEMIZED Contributions to Others this period listed on previous page:	Date Paid		Purpose for Expenditure				1	
Subtotal ITEMIZED Operating Expenditures this period listed on previous page: 37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28) Subtotal ITEMIZED Contributions to Others this period: Subtotal ITEMIZED Contributions to Others this period listed on previous page: \$ 1,715.00 \$ 2,715.00		See Attached						
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Subtotal ITEMIZED Contributions to Others this period: Subtotal ITEMIZED Contributions to Others this period listed on previous page: \$ 1,715.00 \$\$					\$			
Subtotal ITEMIZED Contributions to Others this period listed on previous page: \$	37. TOTAL	ITEMIZED OPERATING EXPENDITURES THIS PERIOD:	(Transfer this amount to Line	⇒ 28)	\$ 9,380.71			
Subtotal ITEMIZED Contributions to Others this period listed on previous page: \$	Subtotal ITEMIZED Contributions to Others this period:						****	
			evious page:	•••••		\$		
				ne 26)		\$ 1715.00		

DATE: 1/30/2011

Itemized Expenses Friends for Lisa Goodman 1/1/2010-12/31/2010

Date	Vendor	Address	THE PARTY OF THE P		Purpose	Amount	Total
1	Citizens For Loring Park	430 Oak Grove	Minneapolis I	MN	55403 Contribution - Event	(40.00)	
1/27/2010	Citizens For Loring Park	430 Oak Grove	Minneapolis 1	MN	55403 Visibility - Event	(150.00)	
							190
	Doug Kress	3904 Garfield Ave		MN	55409 Reimbursement - Misc	(500.00)	
1 .	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement - Misc	(500.00)	,
1	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement - misc	(500.00)	
•	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement -Misc	(500.00)	
1	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement - LWL Supr	(230.00)	
4	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement - LWL Supr	(52.00)	
1	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement - LWL Supp	(288.41)	
1	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement - Misc	(500.00)	
1	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement - Misc	(500.00)	
6/24/2010	Doug Kress	3904 Garfield Ave	Minneapolis I	MN	55409 Reimbursement - T-shirts	(63.00)	
							3633.41
2/20/2010	Espresso Royale	1229 Hennepin Ave	Minneapolis I	MN	55403 Rental - space	(250.00)	
							250
1	Hennepin Theater Trust	800 LaSalle Ave	Minneapolis I		55402 Visibility - Event	(105.50)	
6/25/2010	Hennepin Theater Trust	800 LaSalle Ave	Minneapolis I	MN	55402 Visibility - Event	(364.00)	,
				,			469.5
11/27/2010	Kandiyohi Apple	PO Box 285	Willmar I	MN	56201 Event - Refreshments	(144.00)	
							144
	Lisa Goodman	1227 Hennepin Ave	Minneapolis I		55403 Reimbursement - Misc	(924.00)	
1	Lisa Goodman	1227 Hennepin Ave	Minneapolis I		55403 Reimbursement - BAP Dinn-	(59.80)	·
,	Lisa Goodman	1227 Hennepin Ave	Minneapolis I		55403 Reimbursement - Misc	(887.74)	
8/3/2010	Lisa Goodman	1227 Hennepin Ave	Minneapolis I	MN	55403 Reimbursement -visibility	(48.00)	
							1919.54
2/6/2010	Louise Wjoclaik	516 University Ave	Minneapolis I	MN	55414 Event Staff	(200.00)	
							200
4/13/2010		255 Plato Blvd		MN	55107 Contribution to Party	(100.00)	
3/27/2010	MN DFL	255 Plato Blvd	St. Paul I	MN	55107 Fees- State Convention	(90.00)	
							190
12/9/2010	Normandy Kitchen	405 S 8th St	Minneapolis I	MN	55404 Event- Refreshments	(178.03)	
							178.03
8/3/2010	Outfront Minnesota Action	310 38th St E #204	Minneapolis I	MN	55409 Contribution	(1,000.00)	
							1000
1/16/2010	Postmaster General	Commerce Station	Minneapolis 1	MN	55415 Postage	(88.00)	

Itemized Expenses Friends for Lisa Goodman 1/1/2010-12/31/2010

5/6/2010 Postmaster General	Commerce Station	Minneapolis	MN	55415 Postage	(112.00)	
						200
4/26/2010 Sheraton	301 E Superior St	Duluth	MN	55802 Travel -Hotel DFL- Conventi	(486.20)	
2/5/2010 Sorella	1010 S Washington Ave	Minneapolis	MAN	55415 Event Refreshments	(1,207.75)	486.2
2/3/2010 30/ella	1010 3 Washington Ave	wiiiiieapolis	IVIIV	33413 Event Refreshments	(1,207.75)	1207.75
4/22/2010 Star Tribune	425 Portland Ave	Minneapolis	MN	55488 Subscription	(202.28)	1201.10
	•	• •		•	,	202.28
3/1/2010 Susan Spight	2531 Oak Court	WBL	MN	55110 Event - Supplies	(50.00)	
2/6/2010 Susan Spight	2531 Oak Court	WBL	MN	55110 Event Refreshments	(200.00)	
						250
9/22/2010 WATCH	608 2nd Ave S	Minneapolis	MN	55402 Contribution	(250.00)	1
						250
4/20/2010 Women Candidate Developm	550 Rice Street	St. Paul	MN	55103 Contribution -Event/Visiblity	(200.00)	
2/27/2040 Marray Minaing	2204 Hairmanit Ava M #420E	Ct Dovd	N 4 N 4	FEAAA Contain tine Frank Seilelike	(405.00)	200
3/27/2010 Women Winning	2324 University Ave W #120E	St. Paul	MN	55114 Contribution - Event/Visibility	(125.00)	105
			,		1	125
Total					(11,095.71)	11095.71

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

NAME OF COMMITTEE OR FUND: Friends for Lisa Goodman	DATE: 1/30/2011
TATAL OF COMMITTEE ON FORD: FIGURE 10: Elda estatinan	

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	this period: (Transfer thi	s amount to Line 1	I4, 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
40. Total	New Loans Payable this period: (Transfer this an	nount to Line 22)	\$ 0.00		
41 Total	Repayment of Loans Payable this period: (Transfe	er this amount to Line	31)	\$ 0.00	
42. Curre	nt Balance of Outstanding Loans Payable: (Trans	fer this amount to Line	16)		\$ 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
43. Total N	New Loans Receivable this period: (Transfer this amo	unt to Line 32)	\$ 0.00		
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23) \$ 0.00					
45. Current Balance of Outstanding Loans Receivable: (Transfer this amount to Line 15)					\$ 0.00

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. Curr	ent 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	
	, hereby certify that all independent expenditures made on behalf of
I, (Print Name) John Cairns	
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	n of any candidate, candidate's campaign committee or agent.
Ala Ala	D (4/00/44
Signature of Treasurer	Date 1/30/11