CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 3838.041-3838.058

All information on this report is public.	Type or print in black ink.		
Retain a copy of this report for your files.	•		
 Northside Neighbors for Cunningham (Name of Committee or Fund) 	1		
2. Phillipe Cunninghan (Treasurer's Name)		phillipe@cunninghammpls.org (E-mail Address)	
P.O. Box 11191 (Treasurer's Mailing Address for Committee	ee Business)	(E-mail Addition)	
i. Treasurer's Daytime Phone Number:	•	> IMA	
•	rme, Address, Phone. (Attach new "Registration	ion & Statement of Organization")	
5. No activity since last Report. (Insert I	Beginning and Ending Balance at #9 & #12 belo idates, this reporting period. (Complete lines	low) Standard Standard	ļ
7. Termination of Committee - All debts (must be paid and Ending Balance can be no mo	nore than \$100. Termination of committee registration	
If your committee is a state committee,	please contact our office regarding termination.	n.	
2016 ANNUAL REPORT DUE 1	Tuesday January 31, 2017	Received by Hennepin Co	unt
REPORTING PERIOD: (check one)		Taxpayer Services	
2016 Candidates on the ballot	From: 10/26/2016		
And Political Funds or Committees: Candidates NOT on the ballot in 2010		Through: 12/31/2016 Through: 12/31/2016 AUG 0 7 2017	
		ne .	
9. BEGINNING CASH BALANCE THIS RE	EPORT: \$ 0 (Insert Ending Cash Balance from	n last report) Log C = DEI S = 7 H	1
COLUMN A		PM DEL	
Activity Reported <u>this year.</u>	COLUMN B	COLUMN C	
n pravious reporting periods. 10. ADDITIONS:	ACTIVITY IN THIS REPORTING PERIOR	20 A+8=Total Activity for This Calendar Year	
\$ 0.00 (Column C, Line 10 from Last Reporting per	+ \$ 3.825.34 9,90 iod.) (Insert amount from line 25)	\$ 3,825.34 / S) (Insert total of line 10, columns A + B)	
11. SUBTRACTIONS:	489.53	3 48467	
\$ 0.00 (Column C, Line 11 from Last Reporting per	= 5-582.31 / line 34)	(insert total of line 11, columns A+B)	
12. ENDING CASH BALANCE THIS REPO	* * * * * * * * * * * * * * * * * * *	.54	
SUMMARY OF IN-KIND DONATIONS & OUTS COLUMN A	TANDING LOANS RECEIVABLE: COLUMN B	COLUMN C	
Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIO	2D A+ B = Total Activity for This Calendar Year	
13. In-Kind Donations Received:	• • • •	4.000	
\$ 0.00 (Column C, Line 13 from Last Reporting part	+ \$ 0.00 iod.) (Insert total from line 36)	\$ 0.00 (Insert total of line 13, columns A+8)	
4. Goods/Services Given to Others:	* 0.00	\$ 0.00	
\$ 0.00 (Column C, Line 14 from Last Reporting per	-\$ 0.00 fiod.) (Insert total from line 39)	(Insert total of line 14, columns A + B)	
15. Current Balance of Outstanding Loan	s Receivable (loaned to others)	> \$ 0.00 (Insert total Current Balance from line 45)	
SUMMARY OF OUTSTANDING DEBT: 16. Current Balance of Outstanding Loans P	ayable (loaned to you)	> <u>\$ 0</u>	
(Amount from Last Report \$ 0.00)		(insert total Current Balance from line 42)	
17. Current Balance of Outstanding Unpaid	Bills/Advence of Credit	> \$ 0.00	
information is guilty of a gross misdemeanor.	A	(insert total Amount Owed from line 46) a person knows contains false information or who knowingly omits required RT IS COMPLETE, TRUE AND CORRECT.	
BIGNATURE OF TREASURER: Allipe	M Cumphan 1/3	31/17 amodod	
Hennepin County Elections	Division PSL 012 Government Center,	n. r, Minneapolis , MN 55487-0012 (612)596-7152	

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: Northside Neighbors for Cunningham

DATE: 1/16/2017

U	DITIUNS: (Income)			4.50		
3.	Total ITEMIZED Contributions:	\$_1,625.0 (insert to	Q tal from line 35)		7 7 7 7	
J.	Total NON-ITEMIZED Contributions:	<u>\$-2,200.2</u>	1.790	\$ 3,825,27 (Subtotni: III	7 7 6'S, 0 7	
1.	Income from bank dividends, interest, etc:	\$_0.07		•	mended 1	Ai
2.	New Loans Payable (loaned to you):	\$_0 (Insert to	tal from line 40)		man /3/ /3	4
3.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0.00 (Insert to	tal from line 44)	,	11/31	
4.	Other:	\$ 0.00		\$07 (Subtotal: lie	nes 21+22+23+24)	
5 .	TOTAL INCOME:	X 3 829 S (TOTAL	4 3365, 07 Ines 19 through 24. Trans	fer this amount t	o Line 10, Column B.)	
iUi	BTRACTIONS: (Expenditures)					
:6 .	Total ITEMIZED Contributions to Others:	\$ 0.00 (insert to	ital from line 38)			
!7 .	Total NON-ITEMIZED Contributions to Others:	\$ 0.00		\$ 0.00 (Subtotal: fil	nes 26 + 27)	
:8 .	Total ITEMIZED Operating Expenditures:	\$ 582.34 (Insert to	489.53 tal from line 37)		1901 (2	
9.	Total NON-ITEMIZED Operating Expenditures:	\$ 0.00		9-502.31 (Subtotal: U	nes 28 4 29)	
IO.	Bank service charges, etc., paid by you:	\$ 0.00				
11.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$_0 (insert to	stal from line 41)			
12.	New Loans Receivable (loaned to others):	\$ 0.00 (insert to	otal from line 43)			
13.	Other:	\$ 0.00		\$ 0.00 (Subtable fil	nes 30+31+32+33)	
14.	TOTAL EXPENDITURES:	\$ 582.31 (Total lin	es 26 through 33. Trans	3		mation:
len he	iresses submitted on Schedule A are public data pure public data pure period county Elections Division. As a convenience box and initial the form on the line provided if you case submit two versions of Schedule A, one with co	e, Hennepin do not want :	County also displays Sc the address of contribut	hedule A on the I ors to be display	Act. This form is retained on fi Hennepin County web site. Pic	ie in the
SC	HEDULE A: INCOME FROM CASH (M	ONETAR	Y) CONTRIBUTION	VS and IN-K	ND DONATIONS	
	ME OF COMMITTEE OR FUND: Northside Neig 1/2017	hbors for C	unningham	,; ·		DATE:
he I	must disclose the date and amount of each monetary on name and address of the individual, committee or fund	that made th	e monetary contribution or	Donation in Kind	, and the employer of the individu	rai contributor.
ntii	the case of a contributor who is self-employed, that is, ly, including a branch of government, you must list that	contributor's	occupation.)		ployee of a corporation, partners	hip, or other
	itical Funds must itemize contributions of members that ou submit a typed or computer-generated list, all items r		•		. Attach additional pages as	necessary.
, y u	and the second of the second o	erenenene			List contributions here for the current reporting	
			į	Ì	period	

	·		- m *	COLUMNA	COLUMN B	COLUMN B1	COLUMN C
Date Rovd.	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
12/4/16	Erin Keyes - 2637 Joppa Ave S, St Louis Park, MN 55416	University of Minnesota Lew School		0.00	150.00	0.00	150.00
12/10/16	Maria Maldonado - 4437 15 th Ave S, Mpls, 55407	Trip4Care		0.00	250.00	0.00	250.00
12/5/16	Kristine Martin - 1906 W 54 th St, Minneapolis, MN 55419	Lyn-Lake Psychotherapy and Wellness		0.00	250.00	0.00	250.00
12/6/16	Katherine Perino - New York City	Chesney's		0.00	150.00	0.00	150.00
12/21/16	Tony Webster - 1615 44 th Ave N, Minneapolis, MN 55412	Web Engineer		0.00	125.00	0.00	125.00
12/3/16	Laura Wright - Chicago, Illinois	Boddhi Spirtual Center		0.00	200.00	0.00	200.00
11/30/16	Craig A. Currie - 84 Mississippi River Blvd N, Saint Paul, MN 55104	Retiree		0.00	250.00	0.00	250.00
11/30/16	Diane D. Malfeld - 84 Mississippi River Blvd N, Saint Paul, MN 55104	Retiree		0.00	250.00		250.00
				 			1

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 1,625.00	
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 0.00	
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount	\$ 1,625.00	
to Line 19)		

Subtotal ITEMIZED In-Kind Donations received this period:	\$ 0.00	
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$ 0.00	
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$ 0.00	
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$ 0.00	

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Northside Neighbors for Cunningham	_
<u>1/31/2017</u>	

DATE:

You must disclose the name and address of each individual, business or committee to whom expenditures/contributions have been made, in an aggregate amount in excess of \$100 within the year, and the amount, date and specific purpose of the expenditure.

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		
The Thirty Control of Control	Autography and the control make an about the state of a control of the state of the	er Beregele aller (det a sellementen gegen en gland is Orden Ajous Septembris a un des ausses -	COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address	Purpose for Expenditure	Previous Total For This Year	Operating Expenditure s	Contribution s to Others	Total to Source Year to Date
12/8/17	Impact Printing	Business Cards	0.00	134.53	0.00	134.53
12/4/17	Minnesota Democratic Farmer-Labor Party	VAN Access	0.00	350.00	0.00	350

	. =,. =	Contributing	91.14	10.00	1
•					
					
				- 	
					
					<u> </u>
				8452	
Subtol	al ITEMIZED Operating Expenditures this peri-	od:	\$ 382.31	17	
Subto	al ITEMIZED Operating Expenditures this period	od listed on previous page:	\$ 0.00		
	ITEMIZED OPERATING EXPENDITURES TI	HIS PERIOD: (Transfer this amount	17873 57		
			10/40/ 10	1	E .
			1484.)4	<u> </u>	<u> </u>
to Line 28		od:	1989.19	\$ 0.00	<u> </u>
to Line 28 Subto			1989.79	\$ 0.00 \$ 0.00	

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

NAME OF COMMITTEE OR FUND: Northside Neighbors for Cunningham DATE: 1/31/2017

3CHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS

four must disclose the total value of goods and services given to another committee, as well as any otherwise non-itamizable cash that, together with the joods 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 joods or services given.

	1			I	ces + Cash = \$100+ Current 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	Cash Given Value of Goods & Services	Recipient Total Year to Date
····						
39. Total (Soods and Services given in the	nis period: (Transfer this ar	nount to Line 14, Colu	ımn B) \$	0.00	

3CHEDULE D: NOTES AND LOANS PAYABLE (Loaned to You)

			1	to or Repaid by You Reporting Period	in	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN	C1
		Loan Balance	Add New Loan	Subtract Load	n Current Bala	ince
Date	Name, Address & Employer of Lender	Last Report	\$ Received	\$ Repaid	Owed by Y	ou_
gyn agrinadd allfolir i orfydd						
40. Total N	lew Loans Payable this period: (Transfer this amou	int to Line 22)	\$ 0.00	<u>l</u>		
41. Total F	depayment of Loans Payable this period: (Transfer t	his amount to Line 31)		\$ 0.00		
42. Curren	t Balance of Outstanding Loans Payable: (Transfer	this amount to Line 16)			\$ 0.00	T

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

	Charles have been remarked by the separate shall be	CHEMICAL STREET, STREE		The second secon
	1	Loans Given by o	r Repaid to You in	
		Current Rep	orting Period	
Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
and the second s	Loan Balance	Add New Loan	Subtract Loan	Current Balance

Date	Name, Address & Employer of Recipient of Losn	Lest Report	\$ Given	\$ Repaid	Owed to You
Total M		An I lan est	\$ 0.00	1	
	ew Loans Receivable this period: (Transfer this amount legayment of Loans Receivable this period: (Transfer this			0.00	
	t Balance of Outstanding Loans Receivable: (Transfer th				\$ 0.00
municipani en	F: UNPAID BILLS/ADVANCE OF CREDIT (Items or sen				
				· · · · ·	Current Balance
Darte	Alphabetical Order! Name & Address of Vendor of Goods or Services R	eceived But Not Pa	eid For		Owed by You
			The state of the s		
46. Curren	t Balance of Outstanding Unpaid Bills/Advance of Credit	(Transfer this am	ount to Line 17)		\$ 0.00
(Make n INDEPE I, (Print N and repo or at the	essurer is to sign this statement ONLY IF INDEPENDENT obtations on Schedules B or C where Independent Expenditions on Schedules B or C where Independent Expenditions on STATEMENT (AND CONTROLL OF THE STATEMENT (AND CO	itures are itemized. reby certify that all on or expressed or campaign commit	.) independent expendi r implied consent of,		alf of other candidates n or in concert with,
	Phillips M Cunno	han T	31/2017		

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