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. Volunteers for Elizabeth Glidden (Name of Committee or Fund) Nicole Beers npettit@msn.com (Treasurer's Name) (E-mail Address) 319 Wyoming Street West, St. Paul MN 55107 (Treasurer's Mailing Address for Committee Business) Treasurer's Daytime Phone Number: 612-678-4107 Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization") 6 П No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below) 6a. 🔲 No activity with 383B.041-.058 candidates, this reporting period. (Complete lines #9-#12 as applicable) П Termination of Committee - All debts must be paid and Ending Balance can be no more than \$100. Termination of committee registration. If your committee is a state committee, please contact our office regarding termination. Received by Hennepin Count DUE Tuesday, January 31st, 2012 2011 ANNUAL REPORT Taxpayer Services REPORTING PERIOD: (check one) 2011 Candidates on the ballot And Political Funds or Committees: From: 10/26/2011 Through: 12/31/2011 Candidates NOT on the ballot in 2011: From: 1/1/2011 Through: 12/31/2011 Log **BEGINNING CASH BALANCE THIS REPORT:** 4,514.33 (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: \$ \$ 4,874.34 4,874.34Column C, Line 10 from Last (Insert amount from line 25) (Insert total of line 10, columns A + B) Reporting period.) 11. SUBTRACTIONS: 1,912.29 \$ 1,912.29 (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: 7,476.38 (Line 9 + line 10(column B) - line 11(column B) SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

	COLUMN A Activity Reported on Last Report	COLUMN B ACTIVITY IN THIS REPORTING PERIOD	COLUMN C A + B =Total Activity for This Calendar Year
13. ir	n-Kind Donations Received:		
	S 0.00 Column C, Line 13 from Last Reporting period.)	\$ 0.00 (Insert total from line 36)	\$ 0.00 (Insert total of line 13, columns A + B)
14. G	Goods/Services Given to Others:		
	0.00 Column C, Line 14 from Last Reporting period.)	- \$ 0.00 (Insert total from line 39)	\$ 0.00 (Insert total of line 14, columns A + B)
15. C	Current Balance of Outstanding Loans Rec	eivable (loaned to others)>	\$ 0.00 (Insert total Current Balance from line 45)
SUMN	MARY OF OUTSTANDING DEBT:		
	rurrent Balance of Outstanding Loans Payable Amount from Last Report: \$ 0.00)	(loaned to you)>	\$ 0.00 (Insert total Current Balance from line 42)
	current Balance of Outstanding Unpaid Bills/Ad Amount from Last Report: \$ 0.00)	Ivance of Credit>	\$ 0.00 (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) Nicole Beers CERTIEY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

(LLS

SIGNATURE OF TREASURER:

FILE THIS REPORT WITH:

DATE: 1/30/2012

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • PSL 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAI	ME OF COMMITTEE OR FUND: Volunteers for E	DATE: <u>1/30/2012</u>		
ADI	DITIONS: (Income)			
19.	Total ITEMIZED Contributions:	\$ 0.00 (Insert total from line 35)		
20.	Total NON-ITEMIZED Contributions:	\$ 4,874.34	\$ 4,874.34 (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:	\$ 4,874.34 (TOTAL lines 19 through 24. Tr	ansfer this amount to Line 10, Column B.)	
SU	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:	\$ 1,469.07 (Insert total from line 37)		
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 443.22	\$ 1,912.29 (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: <u>0.00</u>	\$ 0.00	\$ 0.00 (Subtotal: lines 30+31+32+33)	
34.	TOTAL EXPENDITURES:	\$ 1,912.29 (Total lines 26 through 33. Tran	sfer this amount to Line 11, Column B.)	

Hennepin Co	portant information: Addresses submounty Elections Division. As a convention of you do not want the address of addresses and one without.	ience, Hennepin County	also displays Schedule A on the	Hennepin County	web site. Please o	heck the box and in	itial the form on
SCHEDU	LE A: INCOME FROM CASH	(MONETARY) CO	NTRIBUTIONS and IN-I	CIND DONATIC	NS		
NAME OF	COMMITTEE OR FUND: Volunteers	for Elizabeth Glidden		THE PROPERTY OF THE PROPERTY O	D	ATE: <u>1/30/2011</u>	**************************************
individual, co (**In the case government, *Political Fun	close the date and amount of each mone mmittee or fund that made the monetary of a contributor who is self-employed, the you must list that contributor's occupation ds must itemize contributions of member a typed or computer-generated list, all its	contribution or Donation Ir at is, does not derive earn n.) s that, in aggregate in the	n Kind, and the employer of the ind ned income as owner, partner, or e year, exceed \$50.	iividual contributor. mployee of a corpora	tion, partnership, o	r other entity, including sary.	
					List contributi current report	ons here for the	
***************************************		200 100 100 100 100 100 100 100 100 100		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
***************************************					**************************************		
MARONINIA MARKANIA M		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon			ACA-A	
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	al ITEMIZED Monetary Contributions		1000 Marie		\$		
natostatica compressione and target	al ITEMIZED Monetary Contributions			- 401	\$ 0.00		
35. TOTAL	. ITEMIZED CONTRIBUTIONS REC	EIVED THIS PERIOD:	(Transfer this amount to Lin	9 19)	\$ 0.00		
Subtot	al ITEMIZED In-Kind Donations rece	ived this period:				\$	
	al ITEMIZED In-Kind Donations rece					\$	
************	al NON-ITEMIZED In-Kind Donation					\$	
36. TOTAL	IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Transf	fer this amount to Line 13, Co	olumn B)	1.4.2.	\$ 0.00	

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth	Glidden	DATE: 1/30/2012
TO COLL CO. COMMITTEE CITY OF COMMITTEE CO.	31144517	10 CT MI 17 COTE 0 TE

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		
···			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 Expenditures	Contributions to Others	Total to Source Year to Date
1/30/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse prior year expenses	0.00	44.00	0.00	44.00
6/12/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse web hosting expense	44.00	152.64	0.00	196.64
10/1/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse for Promotion Expense	196.64	29.78	0.00	226.42
10/26/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse expenses for 10/10 fundraiser	226.42	467.54	0.00	693.96
11/25/11	Glidden, Elizabeth - 4008 Blaisdell Avenue South Minneapolis MN 55409	Reimburse expenses for 10/10 fundraiser	693.96	50.11	0.00	744.07
8/1/11	Minneapolis City Council DFL Caucus - 4309 30 th Avenue South Minneapolis MN 55406	Promotion	0.00	400.00	0.00	400.00
9/14/11	Take Action MN - 1821 Universtity Avenue, Suite S-137 St. Paul MN 55104	Promotion	0.00	200.00	0.00	200.00
11/11/11	Three-Sixty Journalism - 2115 Summit Avenue c/o University of St. Thomas St. Paul MN 55105	Promotion/Annual Dinner	0.00	125.00	0.00	125.00
			44000			

Subtotal ITEMIZED Operating Expenditures this period:	\$ 1,469.07
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$ 0.00

37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 1,469.07

Γ	Subtotal ITEMIZED Contributions to Others this period:	\$ 0.00
	Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$ 0.00
	38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$ 0.00

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

NIAME	OF	COMMIT	TEE OR	FIIND.	Volunteers	for Eli	zahath (Blidden
14741311	Ot.	COMMINIT	IEE ON	TUIVIJ.	VUILLINGUIS	101 (21)	220200	-:::::::::::::::::::::::::::::::::::::

DATE: 1/30/2012

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 this	s amount to Line 1	4, Column B)	\$ 0.00	

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

			1	r Repaid by You in orting Period	
	Alphabetical Orderl	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
	New Loans Payable this period: (Transfer this an		\$ 0.00		
41. Total F	Repayment of Loans Payable this period: (Transf	er this amount to Line	31)	\$ 0.00	
42. Currer	it Balance of Outstanding Loans Payable: (Trans	fer this amount to Line	16)	A	\$ 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	lew Loans Receivable this period: (Transfer this amo	unt to Line 32)	\$ 0.00		
44. Total F	Repayment of Loans Receivable this period: (Transfer	this amount to Lis	ne 23)	\$ 0.00	
45. Curren	t 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)

Date	Alphabetical Order! Name & Address of Vendor of Goods or Services Received But Not Paid For	Current Balance Owed by You
46. Curre	nt 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.)

(Make notations on Schedules B or C where Independent Expenditur	res 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 th	ne authorization or expressed or implied consent of, or in
cooperation or in concert with/or at the request or suggestion of	of any candidate, candidate's campaign committee or agent.
Signature of Treasurer Alcolo Deus	Date 1/30/12
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