CAMPAIGN FINANCE REPORT OF RE As required by the He	CEIPTS AND EXPENDITURES -FOR US nnepin County Financial Disclosure Law: Minnesota S	SE BY MINNEAPOLIS CANDIDATES ONLY 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. Neighbor Tw Amy Av (Name of Committee or Fund)	Cond	
2. Brenda Diethelm-C	Kita	diethopleumn.edu
2-210 DISL AND C	Mals	(E-mail Address) Received by Hennepin County
(Treasurer's Mailing Address for Committee Bu	siness)	Taxpayer Services
4. Treasurer's Daytime Phone Number: 65	1-226-4189	• •
	, Address, Phone. (Attach new "Registration & State	OCT 27 2009 ement of Organization")
3. No activity since last Report. (Insert Begi	nning and Ending Balance at #9 & #12 below)	Log DB /
Sa. 🔲 No activity with Hennepin County cand	idates, this reporting period. (Complete lines #9-#	#12 as applicable) PM 10-23-01DEL
7. Termination of Committee (must have le	ss than \$100.00 cash balance and no unpaid loa	ans or bills); termination of Committee Registration
B. TYPE OF REPORT: FILING D	ATE: REPORTING PERIOD:	
PRE-GENERAL: 10/27/200		ough: 10/20/2009
BEGINNING CASH BALANCE THIS REPORT	r. s 831.88	
22 STANLING OACH PALAROE FING HE OF	(Insert Ending Cash Balance from Pre-Primary re	port)
COLUMN A	COLUMN B	COLUMN C
Activity Reported on Pre-Primary Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
o. Additions:		<i>≥</i> \$8
\$ 34/0.00	+\$ -6	\$ 3410-50
(Line 10 from Pre-Primary Report this year.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
1. SUBTRACTIONS:		5/0 5/7539
s -P 3875,39	-\$	<u>Φ</u> , , , , , , , , , , , , , , , , , , ,
(Line 11 from Pre-Primary Report this year.)	(Insert amount from line 34)	(Insert total of line 11, columns A + B)
2. ENDING CASH BALANCE THIS REPORT:	=\$ 831.88	
	(Line 9 + line 10(column B) - line 11(column	В)
SUMMARY OF IN-KIND DONATIONS & OUTSTA	NDING LOANS RECEIVABLE:	
COLUMN A	COLUMN B	COLUMN C
Activity Reported on Pre-Primary Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
3. In-Kind Donations Received:		-0-
(Line 13 from Pre-Primary Report this year.)	+ \$ (Insert total from line 36)	(Insert total of line 13, columns A + B)
4. Goods/Services Given to Others:	,	
\$	_0 -	
(Line 14 from Pre-Primary Report this year.)	(Insert total from line 39)	(Insert total of line 14, columns A + B)
5. Current Balance of Outstanding Loans Rec	eivable (loaned to others)>	\$
		(Insert total Current Balance from line 45)
SUMMARY OF OUTSTANDING DEBT:		Λ -
 Current Balance of Outstanding Loans Payable (Amount from Last Report: \$) 	(loaned to you)>	(Insert total Current Balance from line 42)
	sharpers of Oursel's	(insert total current balance from fille 42)
 Current Balance of Outstanding Unpaid Bills/A (Amount from Last Report: \$) 	avance of Credit>	(Insert total Amount Owed from line 46)
8. CERTIFICATION: Any person who signs and cer required information is guilty of a gross misdemeand I, (Print Name) Brenda Dichelm-	or.	n knows contains false information or who knowingly omits
SIGNATURE OF TREASURER: Boarde !	siethelm-OKita	DATE: 10-19-2002
T	FILE THIS REPORT WITH:	

NAME OF COMMITTEE OR FUND: Neighbors for Amy Arcand DATE: 10.19.2009 **ADDITIONS: (Income)** 19. Total ITEMIZED Contributions: (Insert total from line 35) 20. Total NON-ITEMIZED Contributions: (Subtotal: lines 19 + 20) 21. Income from bank dividends, interest, etc: \$ 22. New Loans Payable (loaned to you): (Insert total from line 40) 23. New Repayments on Loans Receivable: (Insert total from line 44) (loaned to others/repaid to you) 24. Other: _____ (Subtotal: lines 21+22 +23+24) 25. TOTAL INCOME: (TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.) SUBTRACTIONS: (Expenditures) 26. Total ITEMIZED Contributions to Others: (Insert total from line 38) 27. Total NON-ITEMIZED Contributions to Others: (Subtotal: lines 26 + 27) 28. Total ITEMIZED Operating Expenditures: (Insert total from line 37) 29. Total NON-ITEMIZED Operating Expenditures: (Subtotal: Lines 28 + 29) 30. Bank service charges, etc., paid by you: \$ 31. New Repayments on Loans Payable: (loaned to you/repaid to lender) (Insert total from line 41) 32. New Loans Receivable (loaned to others): (Insert total from line 43) 33. Other: _ (Subtotal: lines 30+31

+32+33)

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

34. TOTAL EXPENDITURES:

Column B.)

\$ (Total lines 26 through 33. Transfer this amount to Line 11,

Hennepin County line provided if you addresses and or	Elections Division. As a convent ou do not want the address of content the without.	nience, Hennepin County also d ntributors to be displayed on th	lisplays Schedule A on the website.	he Hennepin County v selected, please subn			
	A: INCOME FROM ÇAS		TRIBUTIONS and	IN-KIND DONA	TIONS		
NAME OF COM	MITTEE OR FUND: Neigh	ibus for Am	y Arcand	- Company of the Comp		DATE: 10.1	9.2009
You must disclose to committee or fund to (**In the case of a co	the date and amount of each moneta that made the monetary contribution contributor who is self-employed, tha ontributor's occupation.)	ary contribution or donation In Kind or Donation In Kind, and the emp	loyer of the individual contr	ibutor.			·
,	ontributor's occupation.) ist itemize contributions of members	that, in aggregate in the year, exc	peed \$50.				
If you submit a type	ed or computer-generated list, all iter	ns must be in the same order as ti	ney appear on Schedule A	Attach additional pa	ages as necessary.		
				:		List contribution s here for the current reporting period	
				COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Rovd. ALPHABETI CAL 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	

	Subtotal ITEMIZED Monetary Contributions received this period:	\$		1	-0-
	Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$			_0-
35.	TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$			_0 -
	Subtotal ITEMIZED in-Kind Donations received this period:	,	\$	***	-0-
	Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:		 \$		_0-
	Subtotal NON-ITEMIZED In-Kind Donations Received This Period:		\$		_0-
36.	TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)		 \$		_0-

•

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND:

Neighbors for Amy Around

DATE: 10-19-2009

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
ALPHABETI
CAL
ORDER!
Vendor or
Recipient
Committee

Name and Purpose for Address Expenditure Previous Total For This Year Operating Expenditures Contributions to Others

Total to Source Year to Date

Subtotal ITEMIZED \$ Operating Expenditures this period:		_0 -
Subtotal ITEMIZED \$ Operating Expenditures this period listed on previous page:		_0 -
37. TOTAL ITEMIZED \$ OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)		0-
Subtotal ITEMIZED Contributions to Others this period:	. \$	0-
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$	_0-
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$	_0 -
SHIP OF THE PARTY WAY	A A C C	

SCHEDULES C, D, E, and F (Attach additional pages if necessary for Schedules C, D, E, and 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 nonitemizable 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. Goods & Services + Cash = \$100+ Given in Current Period **COLUMN A COLUMN B COLUMN B1 COLUMN C Alphabetical** Order! Name & Description of Previous Value of Recipient Address of Goods and Total for This Goods & Total Year to Cash Given Date Recipient Services Year Services Date

39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)

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

Loans Given to or Repaid by You in Current Reporting Period

COLUMN A1

\$

COLUMN B

COLUMN B1

COLUMN C1

Alphabetical Order!

Name, Address

& Employer of

Add New Loan

Subtract Loan

Current Balance

Date

Lender

Loan Balance Last Report

\$ Received

\$ Repaid

Owed by You

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)	
Loans Given by or Repaid to You in Current Reporting Period	
	COLUMN C1
Alphabetical Order!	
Name, Address & Employer of Recipient of Loan Balance Add New Loan Subtract Loan Date Loan Last Report \$ Given \$ Repaid	Current Balance Owed to You

43. Total New Loans \$		
Receivable this period:		7\ -
(Transfer this amount to		-0 -
Line 32)		
44. Total Repayment of Loans \$		7
Receivable this period: (Transfer		_ 0 _
this amount to Line 23)	10 g = 1	v - 4 - 4
45. Current Balance of Outstanding Loans Receivable:	\$	0 -
(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

	oods or Services Received But Not aid For		Current Balance Ow	ed by You
- 15				
	 Current Balance of Outstanding Unpaid Bills/ dvance of Credit: (Transfer this amount to Line 17) 		· · · · · · · · · · · · · · · · · · ·	0 -
1 7.	The Treasurer is to sign this statement ONLY IF IN (Make notations on Schedules B or C where Independent of the Company of the			RE MADE.
	INDEPENDENT EXPENDITURE: SWORN STATEMING. (Print Name) made on behalf of other candidates and reported in the expressed or implied consent of, or in cooperation candidate, candidate's campaign committee or age.	, here his report were or in concert v	made WITHOUT the	authorization or
	Signature of Treasurer			Date