CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

ALŁ	As required by the Henne INFORMATION ON THIS REPORT IS PUBLIC.	epin County Financiał Disclosure Law: Minnesota S TYPE OR PRINT IN BLACK INK.	atutes 383B.041-383B.058 RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
1.	Volunteers for Elizabeth Glidden		
	(Name of Committee or Fund)		
2.	Nicole Beers	<u></u>	ettit@msn.com
	(Treasurer's Name)		(E-mail Address) Received by Hennepin Count
3.	319 Wyoming Street West (Treasurer's Mailing Address for Committee Busin	ness)	Taxpayer Services
4.	Treasurer's Daytime Phone Number: 612.67	78.4107	OCT 27 2009
5.	☐ Change in Committee or Officer's Name, A	ddress, Phone. (Attach new "Registration & State	ment of Organization")
6.	No activity since last Report. (Insert Beginn	ing and Ending Balance at #9 & #12 below)	Log DB
6a.	☐ No activity with Hennepin County candid	ates, this reporting period. (Complete lines #9-#	ニュー うたしか アレアロイ
7.	☐ Termination of Committee (must have less	than \$100.00 cash balance and no unpaid loa	ans or bills); termination of Committee Registration
8.	TYPE OF REPORT: FILING DA	TE: REPORTING PERIOD:	
	PRE-GENERAL: 10/27/2009	From: 9/02/2009 Thro	ough: 10/20/2009
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ 16,585.59 (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
10	ADDITIONS:		
	\$ 11,275.00	+ \$ 5,355.00	\$ 16,630.00
	(Line 10 from Pre-Primary Report this year.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
11.	SUBTRACTIONS:	186,795	
	\$ 8,093.67	-\$ 5,063.41	\$ 13,157.08
	(Line 11 from Pre-Primary Report this year.)	(Insert amount from line 34)	(Insert total of line 11, columns A + B)
12.	ENDING CASH BALANCE THIS REPORT:	= \$ 16,877.18 (Line 9 + line 10(column B) - line 11(column	
<u>su</u>	MMARY OF IN-KIND DONATIONS & OUTSTAN	DING LOANS RECEIVABLE:	
	COLUMN A	COLUMN B	COLUMN C
_A	ctivity Reported on Pre-Primary Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
13.	In-Kind Donations Received:		
	\$ 8.36	+\$ 8.80	\$ 17.16
	(Line 13 from Pre-Primary Report this year.)	(Insert total from line 36)	(Insert total of line 13, columns A + B)
14.	Goods/Services Given to Others:		•
	\$ 0.00 (Line 14 from Pre-Primary Report this year.)	- \$ 0.00 (Insert total from line 39)	\$ 0.00 (Insert total of line 14, columns A + B)
4 111	• • • •	,	
15.	Current Balance of Outstanding Loans Received	vable (loaned to others)	\$ 0.00 (Insert total Current Balance from line 45)
SHE	MMARY OF OUTSTANDING DEBT:		
	Current Balance of Outstanding Loans Payable (I	oaned to you)>	\$ 0.00
	(Amount from Last Report: \$		(Insert total Current Balance from line 42)
17.	Current Balance of Outstanding Unpaid Bills/Adv. (Amount from Last Report: \$)	ance of Credit>	\$ 0.00 (Insert total Amount Owed from line 46)
18.	CERTIFICATION: Any person who signs and certification is guilty of a gross misdemeanor. I, (Print Name)	·	RT IS COMPLETE, TRUE AND CORRECT.
SIG	NATURE OF TREASURER: NCOL DE	lus	DATE: 10/27/09

FILE THIS REPORT WITH:

TAXPAYER SERVICES DEPARTMENT, ELECTIONS DIVISION • A-600 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0060 • (612)596-7152

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

RE	CEIPT AND EXPENDITURES WORKSHEE	T FOR THIS REPORTING I	PERIOD ONLY
NA	ME OF COMMITTEE OR FUND: Volunteers for E	Elizabeth Glidden	DATE: 10/27/0
ΑD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 1,735.00 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 3,620.00	\$ 5,355.00 (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: (loaned to others/repaid to you)	\$ 0.00 (Insert total from line 44)	
24.	Other: 0.00	\$ 0.00	\$ 0.00 (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 5,355.00 (TOTAL lines 19 through 24. T	ransfer this amount to Line 10, Column B.)
sui	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:	\$ 4,905.36 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 158.05	\$ 5,063.41 (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	\$ 0.00 (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 5,063.41 (Total lines 26 through 33. Tra	nsfer this amount to Line 11, Column B.)

awe of	COMMITTEE OD ELIMEN Valuata and	for Minaboth Olid-1		CIND DONATIO		ATE: 40/07/0000	
	COMMITTEE OR FUND: Volunteers					ATE: <u>10/27/2009</u>	
ou must di dividual, c	sclose the date and amount of each mone ommittee or fund that made the monetary	etary contribution or donati contribution or Donation I	on In Kind within the year that, in a n Kind, and the employer of the ind	ggregate from any co ividual contributor.	ontributor, exceeds	\$100 *, the name and	address of the
*In the cas	se of a contributor who is self-employed, the you must list that contributor's occupation	nat is, does not derive earr n.)	ned income as owner, partner, or e	mployee of a corpora	tion, partnership, o	other entity, including	g a branch of
Political Fu	nds must itemize contributions of member	s that, in aggregate in the	year, exceed \$50.		,		
ou subm	it a typed or computer-generated list, all its	ems must be in the same of	order as they appear on Schedule	A. Attach addition	nal pages as neces		
						ons here for the	
				COLUMN A	COLUMN B	COLUMN B1	COLUMN
***************************************				GOLOMBITA	JOEOIIII D	- OOLONIIV DY	Total from
ate cvd.	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	Source Year to Dat
***************************************	Please see attached worksheet						
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			53AV (1703789				
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		A Market State of the State of			THE STATE OF STREET STATE	**************************************	

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Subto	tal ITEMIZED Monetary Contributions	received this period:	CR St. March Conf.		\$ 1,735.00		

Subtotal ITEMIZED Monetary Contributions received this period listed on previous page: \$ 0.00 St. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19) \$ 1,735.00							
. 1017	E TEMEZED CONTRIBOTION NEC	LIVED TINOT ENIOD.	(Transfer tins amount to Lin	C 10)	\$ 1,755.00		
Subto	tal ITEMIZED In-Kind Donations rece	ived this period:	AAAAAA AAAAAA AAAAAAAAAAAAAAAAAAAAAAAA	A A COURT OF THE C	Restriction of the second	\$ 8.80	1
· · · · · · · · · · · · · · · · · · ·	tal ITEMIZED In-Kind Donations rece		n previous page:	-	-	\$ 0.00	
	tal NON-ITEMIZED In-Kind Donation					\$ 8.80	-
6. TOTA	L IN-KIND DONATIONS RECEIVED	THIS PERIOD: (Trans	fer this amount to Line 13. C	olumn B)		\$ 8.80	_

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden

DATE: 10/27/2009)A	YTE	: 1	10	127	1/2	200
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					•					Previous Total for	Received This	Total from Source to
Date	Last name	First name	Number	Address	Apt	City	State	Zip	Employer	This Year	Period	Date
9/24/09	Berkowitz	Shayna	4028	Elliot Avenue South		Minneapolis	MN	55407	self-employed/activist	\$0.00	\$300.00	\$300.00
9/24/09	Brown	Louise	3121	Portland Avenue South		Minneapolis	MN	55407	retired	\$100.00	\$40.00	\$140.00
10/20/09	Brown	Louise	3121	Portland Avenue South		Minneapolis	MN	55407	retired	\$140.00	\$35.00	\$175.00
9/24/09	Glidden	Amy	187	Wellington Road		Buffalo	NY	14216	Buffalo Philharmonic Orchestra	\$100.00	\$100.00	\$200.00
9/24/09	Jama	Yassin	3229	Park Ave		Minneapolis	MN	55407	Yassin's Home, Inc - Owner	\$0.00	\$200.00	\$200.00
10/20/09	Laliberte	Mark	3233	Portland Avenue South		Minneapolis	MN	55407	Target	\$100.00	\$300.00	\$400.00
9/24/09	Mohamed	Abdi	995	Lynde Dr NE	Apt 30	Fridley	Mn	55432	Owner - Global Coffee	\$100.00	\$60.00	\$160.00
9/24/09	Pieper	Karen	4119	Blaisdell Avenue South		Minneapolis	MN	55409	McPhail Center for Music	\$100.00	\$50.00	\$150.00
9/24/09	Rubenstein	Andrea	5108	Bryant Ave South	,	Minneapolis	MN	55419	Schaefer Law Firm, LLC	\$200.00	\$100.00	\$300.00
9/24/09	Swain	Tom	1775	Lexington Avenue South	#19	Lilydale	MN	55118	Mayor -Lilydale, MN Independent Contractor -	\$50.00	\$100.00	\$150.00
9/8/09	Tisel	Elizabeth	4155	Garfield Ave South		Minneapolis	MN	55409	Graphic Design	\$150.00	\$150.00	\$300.00
9/24/09	Wiener	Phyllis	4028	Elliot Avenue South		Minneapolis	MN	55407	self-employed/activist	\$0.00	\$300.00	\$300.00
		-									\$1,735.00	

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden	DATE: 10/27/2009
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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 expenditur	es here for the	
	·			current reportir		
	,		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
	Please see attached worksheet					
	·					

Subtotal ITEMIZED Operating Expenditures this period:	\$ 4,905.36
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$ 0.00
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 2)	8) \$ 4,905.36

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

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES NAME OF COMMITTEE OR FUND: Volunteers for Elizabeth Glidden

DATE:	10	127	/2009)
UMIL.	10,	- ·	,	•

Total to

		•				-			Previous Total	Operating	Source to
Date	Amount	Vendor	Address		City	State	Zip	Purpose	for this Year	Expenditure	Date
10/05/2009	\$334.65	Elizabeth Glidden	4007 Blaisdell Avenue		Mpls	MN	55409	Postage - campaign supplies	\$1,365.22	\$334.65	\$1,699.87
10/18/2009	\$61,46	Elizabeth Glidden	4007 Blaisdell Avenue		Mpls	MN	55409	Supplies	\$1,528.14	\$61.46	\$1,589.60
10/13/2009	\$1,149.25	Impact Printing	4600 Lyndale Avenue North		Mpls	MN	55412	campaign printing and mailing	\$0.00	\$1,149.25	\$1,149.25
10/13/2009	\$100.00	Impact Printing	4600 Lyndale Avenue North		Mpls	MN	55412	campaign printing and mailing	\$1,149.25	\$100.00	\$1,249.25
09/17/2009	\$850.00	Nicki McCracken	1500 Johnson Street N.E.	#355	Mpls	Mn	55413	graphic design for campaign materials	\$0.00	\$850.00	\$850.00
	•				White Bear						
09/24/2009	\$410.00	Susan Spight	2531 Oak Court		Lake	MN	55110	Event Coordination	\$0.00	\$410.00	\$410.00
10/13/2009	2,000.00	United Democratic Fund	4309 30th Avenue South		Mpls	MN	55406	Party Support	\$0.00	\$2,000.00 \$4,905.36	* * * * * * * * * * * * * * * * * * * *
										φ+,555.00	

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

NAME OF COMMITTEE OR FUND:	Volunteers for Elizabeth Glidden	DATE: 10/27/2009

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.

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

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

				r Repaid by You in orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
40 Total	New Loans Payable this period: (Transfer this am	ount to Line 22\	\$ 0.00		
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31) \$ 0.00					
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)				1 \$ 0.00	\$ 0.00

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

				or Repaid to You in porting 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
1					
43. Total	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. 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.)

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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 the	
cooperation or in concert with, or at the request or suggestion of	any candidate, candidate's campaign committee or agent.
1/40 / 1/20.	10/27/2
Signature of Treasurer Nicola Sless	Date 1/2 7/05'