

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.

- 1. Minneapolis Works! (Name of Committee or Fund)
2. Matt Perry (Treasurer's Name)
3. P.O. Box 481681, Minneapolis MN 55458 (Treasurer's Mailing Address for Committee Business)
4. Treasurer's Daytime Phone Number: 612-839-3320

mattp@pobox.com (E-mail Address)

Received by Hennepin County Taxpayer Services

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- 5. Change in Committee or Officer's Name, Address, Phone. (Attach new "Registration & Statement of Organization")
6. No activity since last Report. (Insert Beginning and Ending Balance at #9 & #12 below)
6a. No activity with M.S. 383B.041-.058 candidates this reporting period. (Complete lines #9-#12 as applicable)
7. Termination of Committee; Termination of Committee registration

8. TYPE OF REPORT: 2019 PRE-PRIMARY; FILING DATE: 8/6/2019; REPORTING PERIOD: From: 1/1/2019 Through: 7/30/2019

9. BEGINNING CASH BALANCE THIS REPORT: \$ 96.56 (Insert Ending Cash Balance from last report)

Table with 3 columns: Description, COLUMN B (ACTIVITY IN THIS REPORTING PERIOD), and COLUMN C (Total Activity Reported for This Calendar Year). Rows include ADDITIONS, SUBTRACTIONS, and ENDING CASH BALANCE THIS REPORT.

SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

Table with 3 columns: Description, COLUMN B (ACTIVITY IN THIS REPORTING PERIOD), and COLUMN C (Total Activity Reported for This Calendar Year). Rows include In-Kind Donations Received, Goods/Services Given to Others, and Current Balance of Outstanding Loans Receivable.

SUMMARY OF OUTSTANDING DEBT:

Table with 2 columns: Description and Amount. Rows include Current Balance of Outstanding Loans Payable and Current Balance of Outstanding Unpaid Bills/Advance of Credit.

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) Matthew J. Perry CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER: [Handwritten Signature]

DATE: 8/6/2019

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: Minneapolis Works!

DATE: 8/6/2019

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:
(loaned to others/repaid to you) \$ _____
(Insert total from line 44)

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)

34. **TOTAL EXPENDITURES:** \$ _____
(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

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

NAME OF COMMITTEE OR FUND: Minneapolis Works!

DATE: 8/6/2019

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.

			Goods & Services + Cash = \$100+ Given in 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	Value of Goods & Services	Recipient Total Year to 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			
	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 amount to 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			
	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 New Loans Receivable this period: (Transfer this amount to Line 32)				\$		
44. Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)					\$	
45. Current Balance of Outstanding Loans Receivable: (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 Goods or Services Received But Not Paid For	Current Balance Owed by You
46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)		\$

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

I, (Print Name) _____, hereby certify that all independent expenditures made on behalf of 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 of any candidate, candidate's campaign committee or agent.**

Signature of Treasurer _____

Date _____