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 d	copy of this report for your files.
Don Samuels for School Board (Name of Committee or Fund)			
2. Victor Cedeno	vr	ncedeno@gmail.com	
(Treasurer's Name) 3. <u>5127 S Greenwood Ave, Apt 3, Chicago, IL 6061</u> ; (Treasurer's Mailing Address for Committee Busin		(E-mail Address)	
Treasurer's Daytime Phone Number:5152	,		
	dress, Phone. (Attach new "Registration & Statemen	nt of Organization")	
6. No activity since last Report. (Insert Beginnin 6a. No activity with 383B.041058 candidates.)	g and Ending Balance at #9 & #12 below) this reporting period. (Complete lines #9-#12 as a	onlicable)	
	paid and Ending Balance can be no more than \$100		sistration.
If your committee is a state committee, please of			
8 2018 ANNUAL REPORT DUE Thursd		Receive	d by Mennepin County
REPORTING PERIOD: (check one)	о объягают выменяет выбликами, на постаном ченения с выстрания вывания учене доступностичения.	onime and our march of the normalistic extreme with E	Non- or Services
2018 Candidates on the ballot And Political Funds or Committees: Candidates NOT on the ballot in 2018:	-	12/31/2018 12/31/2018	APR OF 2019
	The state of the s	Log	
9. BEGINNING CASH BALANCE THIS REPORT:	(Insert Ending Cash Balance from last report)	PM	en enga sign in service de la complete de Maria, una estador c omo acomo de morta signi de describ ación planes d
COLUMN A	,		
Activity Reported this year,	COLUMN B	COLU	MN C
In previous reporting periods. 10. ADDITIONS:	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity fo	r This Calendar Year
\$ 75,326 (Column C, Line 10 from Last Reporting Period.)	+ \$ 0 (Insert amount from line 25)	\$ 75,326 (Insert total of line 10, co	SB & Cb Dlumns A+ B)
11. SUBTRACTIONS: \$ 74,610 (Column C, Line 11 from Last Reporting period.)	- \$ 400 (Insert amount from line 34)	\$ 75010 (Insert total of line 11, co	JB 40000
12. ENDING CASH BALANCE THIS REPORT:	= \$ 316 (Line 9 + line 10(column B) - line 11(column B	3)	olumns A + B)
SUMMARY OF IN-KIND DONATIONS & OUTSTANDIN COLUMN A	G LOANS RECEIVABLE: COLUMN B	COLUI	MN C
Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for	This Calendar Year
13. In-Kind Donations Received:			
\$ 3533.05 (Column C, Line 13 from Last Reporting period.)	+ \$ (Insert total from line 36)	\$ 3533.05 (Insert total of line 13, co	olumns A + B)
14. Goods/Services Given to Others:			
(Column C, Line 14 from Last Reporting period.)	- \$ (Insert total from line 39)	\$ (Insert total of line 14, co	olumns A + B)
15. Current Balance of Outstanding Loans Recei	vable (loaned to others) >	\$ (Insert total Current Bala	•
SUMMARY OF OUTSTANDING DEBT:		(macri total current bala	ince from line 45)
 Current Balance of Outstanding Loans Payable ((Amount from Last Report: \$) 	loaned to you) >	\$ (Insert total Current Bala	nce from line 42)
17. Current Balance of Outstanding Unpaid Bills/Adv	ance of Credit >	\$	
(Amount from Last Report: \$) CERTIFICATION: Any person who signs and certifies to be information is guilty of a gross misdemeanor.	e true a report or statement which the person knows	(Insert total Amount Owe contains false information or w	d from line 46) tho knowingly omits required
I, (Print Name) <u>Victor Cedeno</u>	, CERTIFY THAT THIS REPORT	IS COMPLETE, TRUE AND	D CORRECT.
SIGNATURE OF TREASURER:	2	. 1. 1.0	· · · · · · · · · · · · · · · · · · ·
	File this report with:	DATE: $4/4//9$	
Hennepin County Elections Division	PSL 012 Government Center, Minneapolis	s, MN 55487-0012 (612)596-7152

RECEIPT AND EXPENDITURES WORKSHE	ET FOR THIS REPORTING	PERIOD UNLY
NAME OF COMMITTEE OR FUND:Don Sam	nuels for School Board	DATE: <u>4/4/2019</u>
ADDITIONS: (Income)		
19. Total ITEMIZED Contributions:	\$ 0 (Insert total from line 35)	
20. Total NON-ITEMIZED Contributions:	\$ 0	\$0 (Subtotal: lines 19 + 20)
21. Income from bank dividends, interest, etc:	\$ <u> </u>	
22. New Loans Payable (loaned to you):	\$0 (Insert total from line 40)	
23. New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0 (Insert total from line 44)	
24. Other:	<u>\$</u> 0	\$Q (Subtotal: lines 21+22+23+24)
25. TOTAL INCOME:	\$ 0 (TOTAL lines 19 through 24. 1	ransfer this amount to Line 10, Column B.)
SUBTRACTIONS: (Expenditures)		
26. Total ITEMIZED Contributions to Others:	\$ 400 (Insert total from line 38)	
27. Total NON-ITEMIZED Contributions to Others:	<u>\$</u> 0	\$0 (Subtotal: lines 26 + 27)
28. Total ITEMIZED Operating Expenditures:	\$ 0 (Insert total from line 37)	
29. Total NON-ITEMIZED Operating Expenditures:	\$ 0	\$0 (Subtotal: Lines 28 + 29)
30. Bank service charges, etc., paid by you:	<u>\$</u> 0	
31. New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$0 (Insert total from line 41)	
32. New Loans Receivable (loaned to others):	\$ 0 (Insert total from line 43)	
33. Other:	\$	\$0 (Subtotal: lines 30+31+32+33)
34. TOTAL EXPENDITURES:	\$ 400 (Total lines 26 through 33. Tra	nsfer this amount to Line 11, Column B.)
Addresses submitted on Schedule A are public data public data public data public data public detections Division. As a convenience the box and initial the form on the line provided if you please submit two versions of Schedule A, one with co	e, Hennepin County also displays do not want the address of contri	Important information: nent Data Practices Act. This form is retained on file in the s Schedule A on the Hennepin County web site. Please chec butors to be displayed on the website If selected thout.
SCHEDULE A: INCOME FROM CASH (M		
NAME OF COMMITTEE OR FUND:Don Samu		DATE: 4/4/2019
You must disclose the date and amount of each monetary of the name and address of the individual, committee or fund	contribution or donation in Kind with	in the year that, in aggregate from any contributor, exceeds \$100

the name and address of the individual, committee or fund that made the monetary contribution or Donation In Kind, and the employer of the individual contributor (**In the case of a contributor who is self-employed, that is, does not derive earned income as owner, partner, or employee of a corporation, partnership, or other entity, including a branch of government, you must list that contributor's occupation.)

*Political Funds must itemize contributions of members that, in aggregate in the year, exceed \$50.

	Ann				for the curr reporting p	period	5. 10.00
				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
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35. TOT/	AL ITEMIZED CONTRIBUTION (Co. Line 19))		
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	otal ITEMIZED In-Kind Donat otal NON-ITEMIZED In-Kind			page:		5	
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	typed or computer-generated al pages as necessary.	he year, and the amour	ss or committee to whom nt, date and specific purp n the same order as they	ose of the expendi appear on Schedu	ture.	een made, in a
·				List expenditures here for the current reporting period		
	ALPHABETICAL		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	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
	Irene Fernando for	Campaign	: 0		400	400
10/22/2019	Hennepin County Board	contribution				en en marine en en en en en
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37. TOTAL IT amount to Li Subtotal	ITEMIZED Operating Expending EXPE TEMIZED OPERATING EXPE THE STATE OF THE STATE O	NDITURES THIS PERI	OD: (Transfer this	\$ 0	\$ 400 \$ 0	
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		TO OTHERS THIS PER		ount to Line 26)	\$ 400	
	EMIZED CONTRIBUTIONS	FO OTHERS THIS PER		ount to Line 26)	\$ 400	STATE OF STA
		TO OTHERS THIS PER		ount to Line 26)	\$ 400	90 - 100 - 1
38. TOTAL IT			RIOD: (Transfer this amo	ne i ne en	L	
38. TOTAL IT	EMIZED CONTRIBUTIONS	ditional pages if ne	RIOD: (Transfer this amo	ne i ne en	L	The second secon
CHEDULES AME OF COMI CHEDULE C: (ou must disclosed and service)	C, D, E, and F (Attach ad MITTEE OR FUND:Don Sam GOODS AND SERVICES GIVE the total value of goods and ses, is in excess of \$100 within	Iditional pages if neuels for School Board N TO OTHERS services given to another	cessary for Schedule	es C, D, E, and F TE: <u>4/4/2019</u>) hizable cash that, t	ogether with th
CHEDULES AME OF COMI CHEDULE C: (ou must disclosed and service)	C, D, E, and F (Attach ad MITTEE OR FUND:Don Sam GOODS AND SERVICES GIVE the total value of goods and ses, is in excess of \$100 within	Iditional pages if neuels for School Board N TO OTHERS services given to another	cessary for Schedule DA committee, as well as any disclose the date, name a	es C , D , E , and F TE: <u>4/4/2019</u> To otherwise non-item address of the related as \$ Services + Ca) sizable cash that, t cipient and a desc sh = \$100+	ogether with th
CHEDULES AME OF COMI CHEDULE C: (ou must disclosed and service)	C, D, E, and F (Attach ad WITTEE OR FUND:Don Sam GOODS AND SERVICES GIVE the total value of goods and ses, is in excess of \$100 within a significant services.	Iditional pages if neuels for School Board N TO OTHERS services given to another	cessary for Schedule DA committee, as well as any disclose the date, name a	es C, D, E, and F TE:) izable cash that, to cipient and a description of the cipient and cipient a	cription of the
CHEDULES AME OF COMI CHEDULE C: (but must disclos	C, D, E, and F (Attach ad MITTEE OR FUND:Don Same GOODS AND SERVICES GIVE the total value of goods and sizes, is in excess of \$100 within its given. Alphabetical Order! Name & Address of	Iditional pages if neuels for School Board N TO OTHERS services given to another the year. You must also	cessary for Schedule DA committee, as well as any disclose the date, name a	es C, D, E, and F TE: <u>4/4/2019</u> To otherwise non-item and address of the re ods & Services + Ca Given in Current F LUMN B CO) sizable cash that, to cipient and a description is a constant and a description is a consta	cogether with the cription of the COLUMN C

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

			*	r Repaid by You in porting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
140-21-40-100-00-1		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Employer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
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	ew Loans Payable this period: (Transfer this amount to	and the state of the second contract of the s	\$		and the second s
	epayment of Loans Payable this period: (Transfer this Balance of Outstanding Loans Payable: (Transfer this	anne de la companya d	and the contract of the contra) • \$	
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HEDULE E	: NOTES AND LOANS RECEIVABLE (Loaned by You	u)			
Control of the state of the sta			•	or Repaid to You in	The second of th
				orting Period	
	Alphabetical Order!	COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
ate	Name, Address & Employer of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Current Balance Owed to You
	Name, Address & Employer of Recipient of Loan	Last Nepolt	ψ Given	ф перац	Owed to Tou
				and the second second second	
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	ter i terre i de la companya de la c				Current Balance
HEDULE F	: UNPAID BILLS/ADVANCE OF CREDIT (Items or se	rvices received but	not paid)	:	Current Balance Owed by You
HEDULE F	: UNPAID BILLS/ADVANCE OF CREDIT (Items or se	rvices received but	not paid)		
HEDULE F	: UNPAID BILLS/ADVANCE OF CREDIT (Items or se	rvices received but	not paid)		
HEDULE F	: UNPAID BILLS/ADVANCE OF CREDIT (Items or se Alphabetical Order! Name & Address of Vendor of Goods or Services F	rvices received but	not paid)	\$	
HEDULE F vate 6. Current	UNPAID BILLS/ADVANCE OF CREDIT (Items or set Alphabetical Order! Name & Address of Vendor of Goods or Services Fill Advance of Credit Balance of Outstanding Unpaid Bills/Advance of Credit	rvices received but Received But Not Pa	not paid) id For punt to Line 17)	\$	
HEDULE F ate 6. Current The Treas	UNPAID BILLS/ADVANCE OF CREDIT (Items or set Alphabetical Order! Name & Address of Vendor of Goods or Services Features of Outstanding Unpaid Bills/Advance of Credit surer is to sign this statement ONLY IF INDEPENDE	rvices received but Received But Not Pa : (Transfer this amo	id For ount to Line 17)	\$	
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39. Total Goods and Services given in this period: (Transfer this amount to Line 14, Column B)