CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES

As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

ALL I	NFORMATION ON THIS REPORT IS PUBLIC.	TYPE OR PRINT IN BLACK INK.	RETAIN A COPY OF THIS REPORT FOR YOUR FILES.
1.	Minneapolis Works!		
2.	(Name of Committee or Fund) Matthew J. Perry	mat	tp@pobox.com
۷.	(Treasurer's Name)		(E-mail Address)
3.	4205 Colfax Avenue South, Minneapolis, MN		
	(Treasurer's Mailing Address for Committee Busine		6 .
4.	Treasurer's Daytime Phone Number:612-8		- IAM Z g ZOZ g
5.		ess, Phone. (Attach new "Registration & Statemen	t of Organization")
6.	No activity since last Report. (Insert Beginning		**************************************
6a.		is reporting period. (Complete lines #9-#12 as app	
7.		aid and Ending Balance can be no more than \$100	. Termination of committee registration.
	If your committee is a state committee, please co	intact our office regarding termination. DUE Monday Februa	ry 1, 2021
ð.	2020 ANNUAL REPORT		
	REPORTING PERIOD: (check one) 2020 Candidates on the ballot And Political Funds or Committees Candidates NOT on the ballot in 202		hrough: 12/31/2020 hrough: 12/31/2020
9.	BEGINNING CASH BALANCE THIS REPORT:	\$ \$96.56 (Insert Ending Cash Balance from last report)	
	COLUMN A Activity Reported <u>this year</u> ,	COLUMN B	COLUMN C
	In previous reporting periods.	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
10.	ADDITIONS:	69b 27cmqq	
	\$ (Column C, Line 10 from Last Reporting period.)	(Insert amount from line 25)	(Insert total of line 10, columns A + B)
		(Insert amount nom into 20)	,
11.	SUBTRACTIONS:	s	\$
	(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:	#\$ 96.56 (Line 9 + line 10(column B) - line 11(column B	3)
	MMARY OF IN-KIND DONATIONS & OUTSTANDING	3 LOANS RECEIVABLE:	
<u>501</u>	 -	COLUMN B	COLUMN C
	COLUMN A Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B =Total Activity for This Calendar Year
13.	In-Kind Donations Received:		
		+\$	\$
	(Column C, Line 13 from Last Reporting period.)	(Insert total from line 36)	(Insert total of line 13, columns A + B)
14.	Goods/Services Given to Others:		
	\$	-\$	(Insert total of line 14, columns A + B)
	(Column C, Line 14 from Last Reporting period.)	(Insert total from line 39)	(Insert total of line 14, columns A + b)
15.	Current Balance of Outstanding Loans Received	vable (loaned to others)>	(Insert total Current Balance from line 45)
_			
. <u>SU</u>	MMARY OF OUTSTANDING DEBT: Current Balance of Outstanding Loans Payable (I	oaned to you)>	\$
10.	(Amount from Last Report: \$		(Insert total Current Balance from line 42)
17.	Current Balance of Outstanding Unpaid Bills/Adv	ance of Credit>	\$
	(Amount from Last Report: \$)		(Insert total Amount Owed from line 46)
18.	CERTIFICATION: Any person who signs and certifie	s to be true a report or statement which the person	knows contains false information or who knowingly omits
	required information is quilty of a gross misdemeanor.	P.YCERTIEY THAT THIS REPORT IS COMPI	
SIG	GNATURE OF TREASURER:	1.45	DATE: 1/28/2021
		FILE THIS REPORT WITH	

HENNEPIN COUNTY ELECTIONS DIVISION • MC 012 GOVERNMENT CENTER, MINNEAPOLIS, MN 55487-0012 • (612)596-7152

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY DATE: 1/28/2021 NAME OF COMMITTEE OR FUND: Minneapolis Works! 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: (Insert total from line 41) (loaned to you/repaid to lender) 32. New Loans Receivable (loaned to others): (Insert total from line 43) 33. Other: _____ (Subtotal: lines 30+31+32+33)

(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)

34. TOTAL EXPENDITURES:

Important information: Addresses submitted on Schedule A are public data pursuant to the Minnesota Government Data Practices Act. This form is retained on file in the Hennepin County Elections Division. As a convenience, Hennepin County also displays Schedule A on the Hennepin County web site. Please check the box and initial the form on the line provided if you do not want the If selected, please submit two versions of Schedule A, one with contributors' addresses and one without. address of contributors to be displayed on the website. $\,\,\Box_{\,\,\,}$

SCHEDULE A: INCOME FROM CASH (MONETARY) CONTRIBUTIONS and IN-KIND DONATIONS

DATE: 1/28/2021	or donation In Kind within the year that, in aggregate from any contributor, exceeds \$100 *, the name and address of the individual individual contributor.
NAME OF COMMITTEE OR FUND: Minneapolis Works!	You must disclose the date and amount of each monetary contribution or donation In Kind within the year that, in aggregate f

(**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 committee or fund that made the monetary list that contributor's occupation.)

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

Attach additional pages as necessary. If you submit a typed or computer-generated list, all items must be in the same order as they appear on Schedule A.

Year to Date COLUMN C Total from Source Kind Donation List contributions here for the \$ Value of In-COLUMN B1 current reporting period COLUMN B \$ Received This Period Previous Total For This Year **COLUMN A** Description of In-Kind Donation Contributor's Employer** Contributor Name & Address ALPHABETICAL ORDER! Rcvd.

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36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

DATE: 1/28/2021

NAME OF COMMITTEE OR FUND: Minneapolis Works!

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.

ALPHABETICAL ORDER! Date Paid Vendor or Recipient Committee Name and Address Expenditure Portions Total Vendor or Recipient Committee Name and Address Expenditure For This Year Expenditures to Others Year to Date Paid Vendor or Recipient Committee Name and Address Expenditure For This Year Por This Year Por Others For This Year Por Por Others For This Year Por Others	Attach addi.	Attach additional pages as increased y.			I ist expenditures here for the	es here for the	
ALPHABETICAL ORDER! Purpose for Previous Total Operating Contributions Vendor or Recipient Committee Name and Address Expenditure For This Year Expenditures to Others COLUMN B COLUMN B1 Contributions Contribution					current reportir	ng period	
ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address Expenditure Expenditure Expenditure For This Year Expenditures To Others Contributions To Others	3			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
ALPHABETICAL ORDER! Vendor or Recipient Committee Name and Address Expenditure For This Year For This Year For Others to Others to Others							Total to
Vendor or Recipient Committee Name and Address Expenditure For Inis Teal Experimentary to Current Programmes t		ALPHABETICAL ORDER!	Purpose for	Previous Total	Operating	Contributions	Source Year to Date
	Date Paid	Vendor or Recipient Committee Name and Address	Expenditure	For Inis Year	Experimines	Ourels	
						-	-1
					-		

O. Least TERMIZED Operating Expanditures this period:
Subjoial I Emizer Operaning Experience and Processing Formation
S. Hydral ITEMIZED Operating Expenditures this period listed on previous page:
ממסומים וו בייוויים בייווים בי
37 TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 20)
Outstand TERMIZED Contributions to Others this period:
Subjoial II Emized Contraction to Care a contraction of the Contractio
The state of the sound lieted on pravious bade:
Subtotal II EMIZED Contributions to Onlies this period has a process process.
TO TOTAL TENATOR CONTRIBILITIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)
38. UTALTIEMIZED CONTINIDATION TO CHILLIAN

		į l		Given in Cu	rrent Period	
	Alphabetical Orderl		COLUMN A	COLUMN B	COLUMN B1	COLUMN C
	Name & Address of	Description of	Previous Total		Value of Goods	Recipient Total
ate	Recipient	Goods and Services	for This Year	Cash Given	& Services	Year to Date
9. Total	Goods and Services given i	n this period: (Transfer this	amount to Line 14	4, Column B)	\$	
		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
)ate	Name, Address & Emp	oyer of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
10. Total	New Loans Payable this pe	riod: (Transfer this amount	to Line 22)	\$		ļ
11. Total	Repayment of Loans Payat	ole this period: (Transfer thi	s amount to Line :	31)	\$	
42. Curre	ent Balance of Outstanding	Loans Payable: (Transfer th	is amount to Line	16)		\$
SCHEDU	LE E: NOTES AND LOANS	RECEIVABLE (Loaned by	You)	Loans Given by	or Repaid to You in	
					orting Period	
	A 1 1 6 10 ded		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
	Alphabetical Order!		Loan Balance	Add New Loan	Subtract Loan	Current Balance
Date	Name, Address & Emp	loyer of Recipient of Loan	Last Report	\$ Given	\$ Repaid	Owed to You
-						
				\$		
43. Tota	New Loans Receivable this	period: (Transfer this amo	ount to Line 32)		\$	
44. Tota	I Repayment of Loans Rece	ivable this period: (Transfer	this amount to Li	ne 23)	Ι Φ	\$
				ine 151		
	ent Balance of Outstanding	Loans Receivable: (Transfe				_ Ψ
	ent Balance of Outstanding					
SCHEDU	ent Balance of Outstanding ILE F: UNPAID BILLS/ADV Alphabetical Order!	ANCE OF CREDIT (Items o	r services receive	d but not paid)		Current Balance
	ent Balance of Outstanding ILE F: UNPAID BILLS/ADV Alphabetical Order!		r services receive	d but not paid)		Current Balance
SCHEDU Date	ent Balance of Outstanding JLE F: UNPAID BILLS/ADV Alphabetical Order! Name & Address of Ve	ANCE OF CREDIT (Items o	r services receive	d but not paid) aid For		Current Balance
SCHEDU Date	ent Balance of Outstanding JLE F: UNPAID BILLS/ADV Alphabetical Order! Name & Address of Ve	ANCE OF CREDIT (Items o	r services receive	d but not paid) aid For)	Current Balance Owed by You
Date 46. Curr 47. The (Maind) 1, (P	ent Balance of Outstanding ILE F: UNPAID BILLS/ADV Alphabetical Order! Name & Address of Verent Balance of Outstanding Treasurer is to sign this ske notations on Schedules E EPENDENT EXPENDITURE Treasured in this report were	ANCE OF CREDIT (Items of endor of Goods or Services For Unpaid Bills/Advance of Crestatement ONLY IF INDEPERS or C where Independent Experience of the endors of the endor	r services receive Received But Not P edit: (Transfer this ENDENT EXPENDITE (CONTROLL) The penditures are item The penditures are item The penditures of the penditure of the penditures are item The penditure of the pe	aid For amount to Line 17 TURES WERE MA nized.) hat all independent sed or implied cor	DE. expenditures made	Current Balance Owed by You \$
Date 46. Curr 47. The (Ma IND I, (P and or a	ent Balance of Outstanding ILE F: UNPAID BILLS/ADV Alphabetical Order! Name & Address of Verent Balance of Outstanding Treasurer is to sign this ske notations on Schedules E EPENDENT EXPENDITURE Treasured in this report were	ANCE OF CREDIT (Items of endor of Goods or Services For Unpaid Bills/Advance of Crestatement ONLY IF INDEPERS OF C where Independent Exercises SWORN STATEMENT	r services receive Received But Not P edit: (Transfer this ENDENT EXPENDITE (CONTROLL) The penditures are item The penditures are item The penditures of the penditure of the penditures are item The penditure of the pe	aid For amount to Line 17 TURES WERE MA nized.) that all independent sed or implied corommittee or agent	DE. expenditures made	Current Balance Owed by You \$

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

NAME OF COMMITTEE OR FUND: Minneapolis Works!

goods or services given.

SCHEDULE C: GOODS AND SERVICES GIVEN TO OTHERS

DATE: 1/28/2021

Goods & Services + Cash = \$100+