

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. **United For Stephanie**
(Name of Committee or Fund)
2. **Shannon Bade**
(Treasurer's Name) (E-mail Address)
shannonleebade@gmail.com
3. **3845 4th Avenue South, Minneapolis MN 55409**
(Treasurer's Mailing Address for Committee Business)
4. Treasurer's Daytime Phone Number: **773-330-3118**
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 **383B.041-.058** candidates, this reporting period. (Complete lines #9-#12 as applicable)
7. Termination of Committee - All debts must be paid and Ending Balance can be no more than \$100. Termination of committee registration. If your committee is a state committee, please contact our office regarding termination.

8. 2017 ANNUAL REPORT DUE Wednesday January 31, 2018

Received by Hennepin County
Taxpayer Services
JAN 31 2018
Log DB
PM DEL

REPORTING PERIOD: (check one)

2017 Candidates on the ballot

And Political Funds or Committees:

Candidates NOT on the ballot in 2017:

From: 10/25/2017

Through: 12/31/2017

From: 1/1/2017

Through: 12/31/2017

9. BEGINNING CASH BALANCE THIS REPORT:	\$ 3,458.63 (Insert Ending Cash Balance from last report)	
COLUMN A	COLUMN B	COLUMN C
Activity Reported <u>this year,</u>	ACTIVITY IN THIS REPORTING PERIOD	A + B = Total Activity for This Calendar Year
<u>In previous reporting periods.</u>		
10. ADDITIONS:		
\$ 11,220.75 (Column C, Line 10 from Last Reporting period.)	+ \$ 715 (Insert amount from line 25)	\$ 11,935.75 (Insert total of line 10, columns A + B)
11. SUBTRACTIONS:		
\$ 8,169.16 (Column C, Line 11 from Last Reporting period.)	- \$ 4,254.23 (Insert amount from line 34)	\$ 12,423.39 (Insert total of line 11, columns A + B)
12. ENDING CASH BALANCE THIS REPORT:	= \$ -80.60 (Line 9 + line 10(column B) - line 11(column B))	

SUMMARY OF IN-KIND DONATIONS & OUTSTANDING LOANS RECEIVABLE:

COLUMN A	COLUMN B	COLUMN C
Activity Reported on Last Report	ACTIVITY IN THIS REPORTING PERIOD	A + B = Total Activity for This Calendar Year
13. In-Kind Donations Received:		
\$ 0 (Column C, Line 13 from Last Reporting period.)	+ \$ 36.10 (Insert total from line 36)	\$ 36.10 (Insert total of line 13, columns A + B)
14. Goods/Services Given to Others:		
\$ 0 (Column C, Line 14 from Last Reporting period.)	- \$ 0 (Insert total from line 39)	\$ 0 (Insert total of line 14, columns A + B)
15. Current Balance of Outstanding Loans Receivable (loaned to others)	>	\$ 0 (Insert total Current Balance from line 45)

SUMMARY OF OUTSTANDING DEBT:

16. Current Balance of Outstanding Loans Payable (loaned to you)	>	\$ 0 (Insert total Current Balance from line 42)
(Amount from Last Report: \$ 0)		
17. Current Balance of Outstanding Unpaid Bills/Advance of Credit	>	\$ 959.12 (Insert total Amount Owed from line 46)
(Amount from Last Report: \$ 0)		

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) Shannon Bade CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE OF TREASURER:

Shannon A. Bade

DATE: 1/30/18 ³¹ ^{SB}

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAME OF COMMITTEE OR FUND: **United For Stephanie**

DATE: **12/31/18** 31 SB

ADDITIONS: (Income)

19. Total ITEMIZED Contributions:	\$	250	
		(Insert total from line 35)	
20. Total NON-ITEMIZED Contributions:	\$	465	\$ 715
			(Subtotal: lines 19 + 20)
21. Income from bank dividends, interest, etc:	\$	0	
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: _____	\$	_____	\$ 0
			(Subtotal: lines 21+22+23+24)
25. TOTAL INCOME:	\$	715	
		(TOTAL lines 19 through 24. Transfer this amount to Line 10, Column B.)	

SUBTRACTIONS: (Expenditures)

26. Total ITEMIZED Contributions to Others:	\$	0	
		(Insert total from line 38)	
27. Total NON-ITEMIZED Contributions to Others:	\$	0	\$ 0
			(Subtotal: lines 26 + 27)
28. Total ITEMIZED Operating Expenditures:	\$	\$3,748.75	
		(Insert total from line 37)	
29. Total NON-ITEMIZED Operating Expenditures:	\$	\$505.48	\$ 4,254.23
			(Subtotal: Lines 28 + 29)
30. Bank service charges, etc., paid by you:	\$		
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: _____	\$	_____	\$ 4,254.23
			(Subtotal: lines 30+31+32+33)
34. TOTAL EXPENDITURES:	\$	4,254.23	
		(Total lines 26 through 33. Transfer this amount to Line 11, Column B.)	

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 address of contributors to be displayed on the website.
 _____ If selected, please submit two versions of Schedule A, one with contributors' addresses and one without.

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

NAME OF COMMITTEE OR FUND: **United For Stephanie**

DATE: **1/31/18**

You must disclose the date and amount of each monetary contribution or donation In Kind within 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.

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

Date Rcvd.	ALPHABETICAL ORDER! Contributor Name & Address	Contributor's Employer**	Description of In-Kind Donation	Previous Total For This Year	List contribution s here for the current reporting period		
					COLUMN A \$ Received This Period	COLUMN B \$ Value of In-Kind Donation	COLUMN C Total from Source Year to Date
10/30/17	Shannon Bade 3845 4th Avenue South Minneapolis MN 55409	Communication Workers of America			150		150
10/30/17	Eliot Howard 4800 w 62nd st, Edina MN 55424	Linden Hills United Church of Christ			100		100

Subtotal ITEMIZED Monetary Contributions received this period:	\$	250
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)	\$	250
Subtotal ITEMIZED In-Kind Donations received this period:	\$	
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$	
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$	36.10
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$	36.10

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: **United for Stephanie**

DATE: **1/31/18**

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	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
11/08/17	Alejandro Anderson 3318 Thomas Avenue North Minneapolis, MN 55412	Door Knocking		180.00		180.00
11/09/17	Israel Aranda 9605 206th St West Lakeville, MN 55044	Door Knocking		210.00		210.00
11/10/17	Avril Noah Barfknect 2627 Know Ave North Minneapolis, MN 55411	Door Knocking		180.00		180.00
11/09/17	Alon-Tae Brownee 3551 Humbolt Ave North Minneapolis, MN 55412	Door Knocking		495.00		495.00
	Camden Tavern and Grill 4601 Lyndale Ave N, Minneapolis, MN 55412	Volunteer Celebration	200.00	200.00		400.00
11/08/17	Jammie Franklin 1344 Upton Avenue North Minneapolis, MN 55411	Door Knocking		540.00		540.00
11/09/17	Selena Galarza 3318 Thomas Ave North Minneapolis, MN 55412	Door Knocking		225.00		225.00
11/09/17	Toumai Gaynor Minneapolis, MN 554	Door Knocking				180.00
11/08/17	Ke'andra Guilfant 2301 Thomas Ave North Minneapolis, MN 55411	Door Knocking		360.00		360.00
11/14/17	Keyon Hopkins 3231 Knox Ave N228.75 Minneapolis, MN 55411	Door Knocking		228.75		228.75

Subtotal ITEMIZED Operating Expenditures this period:			\$ 2798.75		
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:			\$ n/a		
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)			\$ 2798.75		
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		

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: **United for Stephanie**

DATE: **1/31/18**

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	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
11/08/17	Rodney Lee 4309 Morgan Ave North Minneapolis, MN 55412	Door Knocking		225.00		225.00
11/09/17	Princess Okeke 3439 Russell Ave Minneapolis, MN 55412	Door Knocking		270.00		270.00
11/13/17	Carlos Parra 2738 18th Ave South Minneapolis, MN 55407	Door Knocking		180.00		180.00
11/14/17	Vanessa Young 1111 South 8th Street Minneapolis, MN55404	Turf mapping		275.00		275.00

Subtotal ITEMIZED Operating Expenditures this period:				\$ 950.00		\$ 950.00
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:				\$2,798.75		\$2,798.75
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)				\$3,748.75		\$3,748.75
Subtotal ITEMIZED Contributions to Others this period:				\$		
Subtotal ITEMIZED Contributions to Others this period listed on previous page:				\$		
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)				\$		0

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

NAME OF COMMITTEE OR FUND: **United For Stephanie**

DATE: **1/31/18**

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)	\$					0

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)	\$					0
41. Total Repayment of Loans Payable this period: (Transfer this amount to Line 31)	\$					0
42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16)					\$	0

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)					\$ 0

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
12/4/17	Our Revolution MN phone bank	\$ 59.12
1/31/2018	Sina Black 252 Johnson Parkway St Paul, MN 55106 Campaign consulting	\$900.00
46. Current Balance of Outstanding Unpaid Bills/ Advance of Credit: (Transfer this amount to Line 17)		\$ 959.12

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) Shannon Bade, 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

1/31/18