

1. Northsiders for Cunningham

2. Nicholas Hammer nhammerp@gmail.com

3. 1046 14th Ave SE, Minneapolis MN 55414

4. Treasurer's Daytime Phone Number: 608-213-5319

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. **2020 ANNUAL REPORT** **DUE Monday February 1, 2021**

REPORTING PERIOD: (check one)

2020 Candidates on the ballot

And Political Funds or Committees:

Candidates NOT on the ballot in 2020:

From: 10/21/2020

Through: 12/31/2020

From: 1/1/2020

Through: 12/31/2020

FEB 16 2021

Amended

9. **BEGINNING CASH BALANCE THIS REPORT:** \$ 713.60

(Insert Ending Cash Balance from last report)

COLUMN A

Activity Reported this year,

COLUMN B

COLUMN C

In previous reporting periods.

ACTIVITY IN THIS REPORTING PERIOD

A + B = Total Activity for

This Calendar Year

10. **ADDITIONS:**

\$ + \$ 7721 \$ 7721
(Column C, Line 10 from Last Reporting period.) (Insert amount from line 25) (Insert total of line 10, columns A + B)

11. **SUBTRACTIONS:**

\$ - \$ 95.55 \$ 95.55
(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:** = \$ 8339

(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 \$ 0
(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:**

\$ - \$ 0 \$ 0
(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 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
(Amount from Last Report: \$) (Insert total Current Balance from line 42)

17. **Current Balance of Outstanding Unpaid Bills/Advance of Credit** > \$ 0
(Amount from Last Report: \$) (Insert total Amount Owed from line 46)

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

SIGNATURE OF TREASURER: _____ DATE: _____

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

NAME OF COMMITTEE OR FUND: Northsiders for Cunningham DATE: 02/09/2021

19. Total ITEMIZED Contributions: \$ 5107
 (Insert total from line 35)

20. Total NON-ITEMIZED Contributions: \$ 2614 \$ 7721
 (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: \$ 0
 (loaned to others/repaid to you) (Insert total from line 44)

24. Other: \$ 0 \$ 0
 (Subtotal: lines 21+22+23+24)

25. **TOTAL INCOME:** \$ 7721
 (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: \$ 0
 (Insert total from line 37)

29. Total NON-ITEMIZED Operating Expenditures: \$ 95.55 \$ 95.55
 (Subtotal: Lines 28 + 29)

30. Bank service charges, etc., paid by you: \$ 0

31. New Repayments on Loans Payable: \$ 0
 (loaned to you/repaid to lender) (Insert total from line 41)

32. New Loans Receivable (loaned to others): \$ 0
 (Insert total from line 43)

33. Other: \$ 0 \$ 0
 (Subtotal: lines 30+31+32+33)

34. **TOTAL EXPENDITURES:** \$ 95.55
 (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

Northsiders for Cunningham DATE: 02/09/2021

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.

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.

				List contributions here for the current reporting period			
				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
6/19/20	Ryan Brown 1435 W 31st St Apt. 102 Minneapolis, MN 55408	Wells Fargo		0	100		100
6/03/20	Joel Burns 2420 S. Adams St, Fort Worth, TX 76110	Not Employed		100	250		250
5/31/20	John Chandler 2216 Garfield Dr. 301, Minneapolis MN 55405	Self Employed Statistician		350	100		100
11/11/20	Andrew Eikum 529 Cottage Ave W. Saint Paul MN 55117	Codeweavers Inc.		450	500		500
11/09/20	Jeremiah Ellison 304 Gramercy Ave 1, Minneapolis MN 55405	City of Minneapolis		950	250		250
12/10/20	Ethan Fawley 2929 Chicago Ave 1014, Minneapolis, MN 55407	City of Minneapolis		1200	100		100
12/11/20	Janne Filstrand 2112 Dupont Ave S 3, Minneapolis, MN 55405	HousingLink		1300	250		250
12/09/20	Benjamin Gartner 5033 28th Ave S Minn, MN 55417	Not Employed		1550	100		100
12/30/20	Annastasia Gross 5231 N. Newton Ave, Minneapolis, MN 55430	State of Minnesota		1650	100		100
5/29/20	Mitchell Grussing 1508 Victory Memorial Dr. Minneapolis, MN 55402	Self Employed Music Instructor		1750	100		100

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 1850
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 0

page: 35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19) \$

Subtotal ITEMIZED In-Kind Donations received this period:	\$ 0
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$ 0
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$ 0

36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B) \$ 0

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.

				List contributions here for the current reporting period			
				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
12/11/20	Helen Gym 2110 Appletree St Philadelphia, PA 19103	Not Employed		1850	100		100
11/09/20	Mike Hallenbeck 3311 Lyndale Ave N. Minneapolis, MN 55412	Self Employed Recording Engineer		1950	100		100
6/03/20	Nick Hart 66 Oak St Lexington, MA 2421	Town of Lexington		2050	100		100
12/31/20	Ethan Hauge 4345 Washburn Ave N. Minneapolis MN 55412	HOMELine		2150	100		100
11/10/20	Rachel Hundt 4207 Russell Ave N Minneapolis, MN 55412	Wallin Education Partners		2250	200		200
11/10/20	Danielle Kasprzak 4548 Russell Ave N Minneapolis, MN 55412	Self Employed Psychotherapist		2450	100		100
11/09/20	Matthew Lewis 900 Summit Ave 406 Minneapolis, MN 55403	Radius Health		2550	100		100
12/30/20	Erica Mauter 2611 5th Ave Minneapolis, MN 55408	MoveOn		2650	100		100
6/05/20	Andy Miller 3079 Richmond Blvd Oakland, CA 94611	The Flex Company		2750	100		100
11/11/20	Jesse Mortenson 3208 24th Ave S Minneapolis, MN 55406	Civic Eagle Inc.		2850	250		250

	Subtotal ITEMIZED Monetary Contributions received this period:	\$ 1250
	Subtotal ITEMIZED Monetary Contributions received this period listed on previous	\$ 1850
page: 35.	TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$

Subtotal ITEMIZED In-Kind Donations received this period: \$ 0
 Subtotal ITEMIZED In-Kind Donations received this period listed on previous page: \$ 0
 Subtotal NON-ITEMIZED In-Kind Donations Received This Period: \$ 0
 36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, \$ 0
 Column B)

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.

				List contributions here for the current reporting period			
				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
6/03/20	Rose O'Keefe 24 W. Mason St Santa Barbara, CA 93101	Not Employed		3100	500		500
6/01/20	Clark Pellet 680 N. Lake Shore Dr. Chicago, IL 60611	Self Employed Attorney		3600	250		250
6/05/20	Adam Roberts 1354A Stevenson St San Francisco, CA 94103	Salesforce		3850	100		100
12/11/20	Meghan Sahli Wells 4201 Lafayette Pl. Culver City, CA	City of Culver City		3950	100		100
12/28/20	Kitrina Stratton 3519 Dupont Ave 55412	Self Employed Consultant		4050	150		150
6/03/20	Colleen Sullivan 1521 N. Hoyne Ave Chicago, IL 60622	Sullivan Wolf and Kaitus LLC		4200	100		100
6/20/20	Julie Tilsen 3609 Hamlet Dr. Minneapolis, MN	Self Employed Psychotherapist		4300	100		100
6/19/20	Aaron Wells 111 S. Marquette Ave 2001 Minneapolis, MN 55401	STG		4400	550		550
6/24/20	Ben Paul Williams 331 East 33rd St Apt 2 New York, NY 10016	Self Employed Actor		4950	157		157
Subtotal ITEMIZED Monetary Contributions received this period:					\$ 2007		
Subtotal ITEMIZED Monetary Contributions received this period listed on previous					\$ 3100		

page:

35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19) \$ 5107

Subtotal ITEMIZED In-Kind Donations received this period: \$ 0

Subtotal ITEMIZED In-Kind Donations received this period listed on previous page: \$ 0

Subtotal NON-ITEMIZED In-Kind Donations Received This Period: \$ 0

36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B) \$ 0

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Nonmembers DATE: 02-09-21

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			
ALPHABETICAL ORDER			COLUMN A	COLUMN B	COLUMN B1	COLUMN C
Date Paid	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

Subtotal ITEMIZED Operating Expenditures this period: \$

page:

37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: \$
(Transfer this amount to Line 28)

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: Northsiders for Cunningham DATE: 02/09/2021

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.

Date	Alphabetical Order! Name & Address of Recipient	Description of Goods and Services	COLUMN A Previous Total for This Year	COLUMN B Cash Given	Goods & Services + Cash = \$100+ Given in Current Period	COLUMN C1 Value of Goods & Services	COLUMN C Recipient Total Year to Date
					COLUMN B1		

39. Total Goods and Services given in this period: \$ 0
(Transfer this amount to Line 14, Column B)

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

Date	Alphabetical Order! Name, Address & Employer of Lender	COLUMN A1 Loan Balance Last Report	COLUMN B Add New Loan \$ Received	Loans Given to or Repaid by You in Current Reporting Period	COLUMN C1 Current Balance Owed by You
				COLUMN B1 Subtract Loan \$ Repaid	

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 22) \$ 0

42. Current Balance of Outstanding Loans Payable: (Transfer this amount to Line 16) \$

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

Date	Alphabetical Order! Name, Address & Employer of Recipient of Loan	COLUMN A1 Loan Balance Last Report	Loans Given by or Repaid to You in Current Reporting Period		COLUMN C1 Current Balance Owed to You
			COLUMN B Add New Loan \$ Given	COLUMN B1 Subtract Loan \$ Repaid	
43.	Total New Loans Receivable this period: (Transfer this amount to Line 32)	\$ 0			
44.	Total Repayment of Loans Receivable this period: (Transfer this amount to Line 23)	\$ 0			
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
46.	Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)	\$ 0

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) Nicholas Hammer 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 02/09/2021

