CAMPAIGN FINANCE REPORT OF RECEIPTS AND EXPENDITURES
As required by the Hennepin County Financial Disclosure Law: Minnesota Statutes 383B.041-383B.058

1. Hose for Minneacolis City Council (Name of Committee or Fund) 2. Caitin Sime (Treasurer's Name) (Treasurer's Name) (Treasurer's Mailing Address for Committee Business) 4. Treasurer's Mailing Address for Committee Business) 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) 6. ☑ No activity with Hennepin County candidates, this reporting period. (Complete lines #9 #12 as applicable) 7. □ Termination of Committee (must have less than \$100.00 cash balance and no unpaid loans or bills); termination of Committee Regis 8. ▼ YPE OF REPORT: 8. FILING DATE: 8. REPORTING PERIOD: 7. □ Termination of Committee (must have less than \$100.00 cash balance and no unpaid loans or bills); termination of Committee Regis 8. ▼ YPE OF REPORT: 9. BEGINNING CASH BALANCE THIS REPORT: 9. BEGINNING CASH BALANCE THIS REPORT: 8. COLUMN B Activity Reported on Pre-Primary Report this year.) 10. ADDITIONS: 9. (Line 10 from Pre-Primary Report this year.) 11. SUBTRACTIONS: 9. (Line 11 from Pre-Primary Report this year.) 12. ENDING CASH BALANCE THIS REPORT: 13. O.00 (Insert amount from line 34) 14. (Insert total of line 11, columns A + B) 8. (Line 11 from Pre-Primary Report this year.) 15. O.00 (Insert amount from line 34) 16. (Insert total of line 11, columns A + B) 17. United States Balance (Line 13 from Pre-Primary Report this year.) 18. O.00 (Insert total of line 13, columns A + B) 19. O.00 (Insert total of line 13, columns A + B) 19. O.00 (Insert total of line 14, columns A + B) 19. O.00 (Insert total of line 14, columns A + B) 19. O.00 (Insert total of line 14, columns Balance from line 36) 19. O.00 (Insert total of line 14, columns Balance from line 36) 10. O.00 (Insert total of line 14, columns Balance from line 36) 10. O.00 (Insert total of line 15, columns Balance from line 36) 10. O.00 (Insert total of line 15, columns Balance from	YOUR FILES.
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Creasurer's Name C-mail Address Received by Mennepol E-lections Division E-lec	
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16. Current Balance of Outstanding Loans Payable (loaned to you) > \$ 0.00	45)
16. Current Balance of Outstanding Loans Payable (loaned to you) > \$ 0.00	
(Insert total Current Balance from line 4	42)
17. Current Balance of Outstanding Unpaid Bills/Advance of Credit (Amount from Last Report: \$ 0.00) \$ 0.00 (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 knowing required information is guilty of a gross misdemeanor. I, (Print Name) Caitlin Sime CERTIFY THAT THIS REPORT IS COMPLETE, TRUE AND CORRECT.	gly omits
SIGNATURE OF TREASURER: DATE: 10-26-2021	

RECEIPT AND EXPENDITURES WORKSHEET FOR THIS REPORTING PERIOD ONLY

NAI	ME OF COMMITTEE OR FUND: Hope for Minnes	apolis City Council	DATE: <u>10-26-2021</u>
ΑD	DITIONS: (Income)		
19.	Total ITEMIZED Contributions:	\$ 0.00 (Insert total from line 35)	
20.	Total NON-ITEMIZED Contributions:	\$ 0.00	\$ (Subtotal: lines 19 + 20)
21.	Income from bank dividends, interest, etc:	\$ 0.00	
22.	New Loans Payable (loaned to you):	\$ 0.00 (Insert total from line 40)	
23.	New Repayments on Loans Receivable: (loaned to others/repaid to you)	\$ 0.00 (Insert total from line 44)	
24.	Other:	\$	\$ (Subtotal: lines 21+22+23+24)
25.	TOTAL INCOME:	\$ 0.00 (TOTAL lines 19 through 24. Tran	sfer this amount to Line 10, Column B.)
SU	BTRACTIONS: (Expenditures)		
26.	Total ITEMIZED Contributions to Others:	\$ 0.00 (Insert total from line 38)	
27.	Total NON-ITEMIZED Contributions to Others:	\$ 0.00	\$ (Subtotal: lines 26 + 27)
28.	Total ITEMIZED Operating Expenditures:	\$ 0.00 (Insert total from line 37)	
29.	Total NON-ITEMIZED Operating Expenditures:	\$ 0.00	\$(Subtotal: Lines 28 + 29)
30.	Bank service charges, etc., paid by you:	\$ 0.00	
31.	New Repayments on Loans Payable: (loaned to you/repaid to lender)	\$ 0.00 (Insert total from line 41)	
32.	New Loans Receivable (loaned to others):	\$ 0.00 (Insert total from line 43)	
33.	Other:	\$	\$ (Subtotal: lines 30+31+32+33)
34.	TOTAL EXPENDITURES:	\$ 0.00 (Total lines 26 through 33. Trans	fer 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.

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

Hope for Minneapolis City Council

NAME OF COMMITTEE OR FUND:

, committee	
individual, c	
lress of the i	
name and address of	
, the r	
exceeds \$100	
any contributor, exceed	
ate from any	
that, in aggregate from an	or.
year	lividual contribut
Kind withir	the inc
onation	employer of
ntribution or do	tion In Kind, and the er
monetary co	ā
unt of each monetal	ribution or Dor
le date and amount	onetary contr
close the da	nade the mo
You must dis	or fund that m
	_

DATE: 10-26-2021

(**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.

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.

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

Subtotal ITEMIZED Monetary Contributions received this period:	\$ 0.00
Subtotal ITEMIZED Monetary Contributions received this period listed on previous page:	\$ 0.00
35. TOTAL ITEMIZED CONTRIBUTIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 19)	\$ 0.00

Subtotal ITEMIZED In-Kind Donations received this period:	\$ 0.00
Subtotal ITEMIZED In-Kind Donations received this period listed on previous page:	\$ 0.00
Subtotal NON-ITEMIZED In-Kind Donations Received This Period:	\$ 0.00
36. TOTAL IN-KIND DONATIONS RECEIVED THIS PERIOD: (Transfer this amount to Line 13, Column B)	\$ 0.00

SCHEDULE B: OPERATING EXPENDITURES and CONTRIBUTIONS MADE TO OTHER COMMITTEES

NAME OF COMMITTEE OR FUND: Hope for Minneapolis City Council

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.

DATE: 10-26-2021

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	es here for the	
			COLUMN A	COLUMN B COLUMN B1	COLUMN B1	COLUMN C
	ALPHABETICAL ORDER!	Purpose for	Previous Total	Operating	Contributions	Total to Source
Date Paid		Expenditure	For This Year	Expenditures	to Others	Year to Date
		,				

Subtotal ITEMIZED Operating Expenditures this period:	\$ 0.00
Subtotal ITEMIZED Operating Expenditures this period listed on previous page:	\$ 0.00
37. TOTAL ITEMIZED OPERATING EXPENDITURES THIS PERIOD: (Transfer this amount to Line 28)	\$ 0.00

Subtotal ITEMIZED Contributions to Others this period:	\$ 0.00
Subtotal ITEMIZED Contributions to Others this period listed on previous page:	\$ 0.00
38. TOTAL ITEMIZED CONTRIBUTIONS TO OTHERS THIS PERIOD: (Transfer this amount to Line 26)	\$ 0.00

ou must disclose oods and services oods or services A N Date R	e the total value of good es, is in excess of \$100	S GIVEN TO OTHERS ds and services given to ar within the year. You must	nother committee, a t also disclose the o	as well as any other date, name and add	Iress of the recipier	e cash that, togeth it and a description
Date R	ame & Address of	Description of		Goods & Service	o + Cook = #100+	
Date R	ame & Address of	Description of				
Date R	ame & Address of	Description of	OOL LIEBLA	Given in Cu	rrent Period	COLUMN C
Date R			COLUMN A Previous Total	COLUMIN B	Value of Goods	Recipient Total
		Goods and Services	for This Year	Cash Given	& Services	Year to Date
9. Total Good:	s and Services given in	this period: (Transfer this	s amount to Line 1	4, Column B)	\$ 0.00	
HEDULE D: N	OTES AND LOANS PA	YABLE (Loaned to You)	1			
		<u></u>		Loans Given to o	r Repaid by You in	T
					orting Period	
Al	phabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
			Loan Balance	Add New Loan	Subtract Loan	Current Balance
ite Na	me, Address & Employ	er of Lender	Last Report	\$ Received	\$ Repaid	Owed by You
		d: (Transfer this amount		\$		
		this period: (Transfer this			\$	6.000
		ans Payable: (Transfer the ECEIVABLE (Loaned by		16)		\$ 0.00
HEDOLE E: N	OTES AND LOANS RE	CEIVABLE (Loaned by		Loans Given by o	r Repaid to You in	
				_	orting Period	
Al	phabetical Order!		COLUMN A1	COLUMN B	COLUMN B1	COLUMN C1
ate Na	ıme, Address & Employ	ver of Recipient of Loan	Loan Balance Last Report	Add New Loan \$ Given	Subtract Loan \$ Repaid	Owed to You
		eriod: (Transfer this amo		\$		
		ble this period: (Transfer			\$	
. Current Bala	ance of Outstanding Lo	ans Receivable: (Transfer	this amount to Li	ine 15)		\$ 0.00
HEDULE F: UI	NPAID BILLS/ADVANG	CE OF CREDIT (Items or	services received	but not paid)		
Al	phabetical Order!				·	Current Balance
		or of Goods or Services R	eceived But Not Pa	aid For		Owed by You

I, (Print Name) <u>Caitlin Sime</u>, 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

\$ 0.00

Date 10-26-2021

46. Current Balance of Outstanding Unpaid Bills/Advance of Credit: (Transfer this amount to Line 17)

(Make notations on Schedules B or C where Independent Expenditures are itemized.)

INDEPENDENT EXPENDITURE: SWORN STATEMENT

Signature of Treasurer

The Treasurer is to sign this statement ONLY IF INDEPENDENT EXPENDITURES WERE MADE.

concert with, or at the request or suggestion of any candidate, candidate's campaign committee or agent.