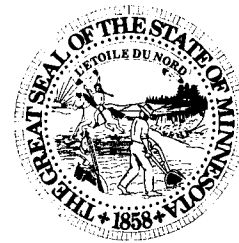


Minnesota

Campaign Finance and Public Disclosure Board



FEB -2 PM 4:13

Suite 190 . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603
e-mail at: cf.board@state.mn.us

CAMPAIGN FINANCE & PUBLIC DISCLOSURE BOARD

Report of Receipts and Expenditures for Principal Campaign Committee Period Covered: January 1 through December 31, 2008

Filing Instructions

- This report is due February 2, 2009.
- This report may be filed by facsimile. Fax number: 651/296-1722 or 800/357-4114.
- All information on this report is public information and will be published on the Board's website.

Committee information

Committee name Volunteers for Bob Zick House Dist 55A		Registration number 14965
Candidate name Robert (Bob) Zick	Candidate email address	
Treasurer name Jeffrey Williams	Treasurer email address	
Treasurer address 1890 Barclay St.		
Treasurer city, state, zip Maplewood, MN 55109		Treasurer telephone (daytime) 6517776440

Report Options

Check one of the report option boxes below *only if applicable* and provide the requested information.

No change statement Check this box only if your committee received *no* contributions and made *no* expenditures during this period. If there was no change:

Provide the current cash balance: \$ _____, and sign here

_____,
I, the treasurer candidate (check one) _____ Date _____
certify there has been no change

Amendment Check this box if your committee is filing this report to amend a report previously filed for the same period.

Termination Check this box if your committee has dissolved. Do not check this box unless the committee has settled all its debts and disposed of all its assets in excess of \$100.

***If your committee is terminating you must also complete a Statement of Termination. You may print a copy of the form from the Board's web site at: www.cfboard.state.mn.us/forms/Candidate/Candidate_Termination.pdf.**

This document is available in alternative formats to individuals with disabilities by calling 651/296-5148; 800/657-3889; or through the Minnesota Relay Service at 800/627-3529.

For office use only		
<input checked="" type="checkbox"/> Checked in	<input type="checkbox"/> Scanned	<input type="checkbox"/> Data entered

+

COMMITTEE TRANSACTION SUMMARY

1	Beginning cash balance 1/1/08 (should be the same as the 12/31/07 ending cash balance)	\$ 3360.5
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A RECEIPTS:				Cash (Col. 1)	Blank (Col. 2)	In-kind (Col. 3)	Total (Col. 4)
2	Individual contributions	Sch. A1 - IND	\$ 1750		\$ 0	\$ 1750	
3	Lobbyist contributions	Sch. A1 - LOB	\$ 0		\$ 0	\$ 0	
4	Political committee and political fund contributions	Sch. A1 - PAC	\$ 0		\$ 0	\$ 0	
5	Political party & terminating principal campaign committee contributions	Sch. A1 - PTY/TERM PCC	\$ 0		\$ 0	\$ 0	
6	Other contributions	Sch. A1 - OTH	\$ 0		\$ 0	\$ 0	
7	Public Subsidy Payment	Sch. A2 - PS	\$3,458.87			\$3,458.87	
8	Receipts from loans payable	Sch. A2 - LP	\$ 0			\$ 0	
9	Miscellaneous income	Sch. A2 - MISC	\$ 30			\$ 30	
10	TOTAL RECEIPTS	Sum #2 to #9	\$5238.87		\$ 0	\$5238.87	

CAMPAIGN FINANCE
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B DISBURSEMENTS:				Cash (Col.1)	Unpaid bills (Col. 2)	In-kind (Col. 3)	Total Col. 4)
11	Campaign expenditures	Sch. B1 - CE	\$4469.41	\$ 0	\$ 0	\$4469.41	
12	Noncampaign disbursements	Sch. B1 - NCD	\$ 174	\$ 0	\$ 0	\$ 174	
13	Contributions to other principal campaign committees	Sch. B2 - PCC	\$ 0		\$ 0	\$ 0	
14	Contributions to political parties	Sch. B2 - PTY	\$ 0		\$ 0	\$ 0	
15	Contributions to political committees and political funds	Sch. B2 - PAC	\$ 0		\$ 0	\$ 0	
16	Other disbursements	Sch. B3	\$ 0	\$ 0	\$ 0	\$ 0	
17	State ballot question expenditures (Not local referendums)	Sch B4 - BQ	\$ 0	\$ 0	\$ 0	\$ 0	
18	TOTAL EXPENDITURES AND DISBURSEMENTS	Sum #11 to #17	\$4643.41	\$ 0	\$ 0	\$4643.41	
19	Ending cash balance 12/31/08	#1 + #10 - #18	\$ 3955.96	Reg # 14965			

NOTES, LOANS, and UNPAID BILLS SUMMARY

1	Notes or loans payable	Sch. C	\$
2	Unpaid bills for campaign expenditures	Sch. D - Col. 1	\$
3	Unpaid bills for noncampaign disbursements	Sch. D - Col. 2	\$
4	TOTAL AMOUNT OUTSTANDING	Sum #1 to #3	\$

CERTIFICATION

I, Robert S. Zick, certify that this report is complete, true, and correct.
 (print or type name)

Robert S Zick
 Signature of candidate treasurer deputy treasurer (check one)

2-2-09
 Date

14965
 Registration #

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 and is subject to a civil penalty of up to \$3,000.

Schedule A1 – OTH – Contributions from Other Sources

Make photocopies of this page if additional space is needed.

Date received	Name and full address of source	1 Cash	2 In-kind (list item and fair market value)	3 Total (cash & in-kind)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total of non-itemized receipts		\$ 0	\$ 0	\$ 0
TOTALS		\$ 0	\$ 0	\$ 0
		To pg. 3, line 6, col. 1	To pg. 3, line 6, col. 3	To pg. 3, line 6, col. 4

Schedule A2 - PS - Receipts from Public Subsidy Payment

Date		Amount received
September	Public subsidy payment from State of Minnesota	\$3429.45
December	Public subsidy payment from State of Minnesota	\$29.42
TOTALS		\$3458.87
		To pg. 3, line 7, cols. 1 & 4

It is unlawful to use this information for commercial purposes.

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Schedule A2 - LP - Receipts from Loans Payable (Owed by Committee) received during 2008

Page 1 of 1

Make photocopies of this page if additional space is needed.

Date received	Name and full address of lender If the lender is an individual, list employer (if self-employed, list "self" & disclose the occupation)	Receipts from loans payable
		\$
		\$
		\$
		\$
Total of non-itemized receipts		\$ <u>0</u>
TOTALS		\$ <u>0</u>
		To pg. 3, line 8, col. 1 & 4

Schedule A2 - MISC - Receipts from Miscellaneous Income

Date received	Name and full address of source If the source is an individual, list employer (if self-employed, list "self" & disclose the occupation)	Description of purpose or type of miscellaneous income	Total
			\$
			\$
			\$
			\$
Total of non-itemized receipts			\$ <u>30</u>
TOTALS			\$ <u>30</u>
			To pg. 3, line 9, col. 1 & 4

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Schedule B1 - CE - Campaign Expenditures

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Date	Name and full address of payee	Specific purpose of expenditure (e.g. flyers for fund raiser)	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total
8/13	Office Max 1731 Beam Ave. Maplewood MN 55109	photo copying envelopes	\$ 11.57	\$ 0	\$ 0	\$ 11.57
8/31	Office Max 1731 Beam Ave Maplewood MN 55109	labels	\$ 64.14	\$ 0	\$ 0	\$ 64.14
9/5	Office Max 1731 Beam Ave. Maplewood MN 55109	printing/cutting labels	\$ 457.65	\$ 0	\$ 0	\$ 457.65
8/13	U.S. Post Office No. St. Paul Branch 55109	Stamps	\$ 33.60	\$ 0	\$ 0	\$ 33.60
9/5	U.S. Post Office Main Downtown St. Paul Branch 551	stamps	\$ 300	\$ 0	\$ 0	\$ 300
9/6	U.S. Post Office Minnneapolis 55413 Branch	postage	\$ 602	\$ 0	\$ 0	\$ 602
10/20	U.S. Post Office Main Downtown St. Paul Branch 551	stamps	\$ 600	\$ 0	\$ 0	\$ 600
Total of non-itemized expenditures/disbursements			\$ ↓	\$ ↓	\$ ↓	\$ ↓
TOTALS			\$ ↓	\$ ↓	\$ ↓	\$ ↓
			To pg. 3, line 11, col. 1	To pg. 3, line 11, col. 2	To pg. 3, line 11, col. 3	To pg. 3, line 11, col. 4

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Schedule B1 - CE - Campaign Expenditures

Make photocopies of this page if additional space is needed.

Date	Name and full address of payee	Specific purpose of expenditure (e.g. flyers for fund raiser)	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total
10/28	U.S. Post Office Minneapolis 55413 Branch	postage	\$ 388.37	\$ 0	\$ 0	\$ 388.37
9/4	Ksolutions LHC 3083 Victoria Ave Roseville MN 55113	design fee / tax printing brochure consultation fee	\$ 250	\$ 0	\$ 0	\$ 250
11/28	Ksolutions LHC 3083 Victoria Ave. Roseville MN 55113	printing push card design tax	\$ 1,011.58	\$ 0	\$ 0	\$ 1,011.58
	Ksolutions LHC 3083 Victoria Ave Roseville MN 55113	design printing/tax, mailer	\$	\$	\$	\$
9/5	Julia Wencil 5158 Granada Ave N. Oakdale MN 55128	Printing labels ink cartridges pressing	\$ 260	\$ 0	\$ 0	\$ 260
11/4	Julia Wencil 5158 Granada Ave N. Oakdale MN 55128	printing labels ink cartridges pressing	\$ 200	\$ 0	\$ 0	\$ 200
			\$	\$	\$	\$
Total of non-itemized expenditures/disbursements			\$ 290.50	\$ 0	\$ 0	\$ 290.50
TOTALS			\$ 4469.41	\$ 0	\$ 0	\$ 4469.41
			To pg. 3, line 11, col. 1	To pg. 3, line 11, col. 2	To pg. 3, line 11, col. 3	To pg. 3, line 11, col. 4

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Schedule B1 - NCD - Noncampaign Disbursements

Make photocopies of this page if additional space is needed.

Date	Name and full address of payee	Specific purpose and number of disbursement (definition list, page 30)	1 Cash	2 Unpaid bills	3 In-kind (list item & fair market value)	4 Total
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total of non-itemized expenditures/disbursements			\$ 174	\$ 0	\$ 0	\$ 174
TOTALS			\$ 174	\$ 0	\$ 0	\$ 174
			To pg. 3, line 12, col. 1	To pg. 3, line 12, col. 2	To pg. 3, line 12, col. 3	To pg. 3, line 12, col. 4

It is unlawful to use this information for commercial purposes.