

Office of the Minnesota Secretary of State

**CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING**

**Instructions**

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes 211A.05, subdivision 1*)

**Campaign Information**

Name of candidate or committee:

FARIBAULT FIRST

Office sought by candidate (if applicable):

Identification of ballot question (if applicable):

**Certification**

Select the appropriate choice below, and sign.



I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer.



I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer:



Date:

10/22/19

# CAMPAIGN FINANCIAL REPORT

*(All of the information in this report is public information)*

Name of candidate, committee or corporation FARIBAULT FIRST

Office sought or ballot question FARIBAULT, MN District 656

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_  Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:

from 9/21/19 to 10/22/19

## CONTRIBUTIONS RECEIVED

Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions.

CASH \$ 1,800 TOTAL CASH-ON-HAND \$ \_\_\_\_\_  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ 1,800

## DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
	<b>SEE BACK ATTACHED</b>	
	<b>TOTAL</b>	<b>2,393.95</b>

## CORPORATE PROJECT EXPENDITURES

Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Project title or description \_\_\_\_\_

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		<b>TOTAL</b>	

I certify that this is a full and true statement. \_\_\_\_\_

Signature

Date

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_

Address \_\_\_\_\_

Report  
Office  
Name  
For Office Use Only:

# DISBURSEMENTS

<u>DATE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
10/10/19	LEVY Flyer - 4 page Tri-M Graphics	\$473 <sup>96</sup>
10/10/19	Faribault Print SHOP Thank you cards	\$ 37. <sup>31</sup>
10/10/19	Faribault Print Shop Levy Letter Somali/English	\$ 246. <sup>96</sup>
10/17/19	Faribault Print Shop Levy Letter Spanish/English	\$ 246 <sup>96</sup>
10/17/19	Cari Tuma - Fairway Food Expenses	\$108 <sup>00</sup>
10/17/19	Nichole Louis - Fairway Food Expenses	\$140 <sup>63</sup>
10/17/19	Tri-M Graphics Levy Handout	\$ 480 <sup>55</sup>
10/22/19	Cari Tuma - Levy Expenses	\$ 659 <sup>58</sup>
		\$ 2,393 <sup>95</sup>

Campaign Financial Report Foribault ISD # 656

9/21/19 to 10/22/19

CONTRIBUTIONS: CASH			
Date	Donor		Amount
10/21/19	E. Marthaler	\$100	
	Richard Huston	\$200	
	Cedar Lake Electric	\$500	
	Foribault Transportation	\$1,000	
			<u>1,800.00</u>

CONTRIBUTIONS: IN-KIND			
Date	Donor	Item	Amount

CONTRIBUTIONS: TOTALS		
	Type	Amount
	Cash	
	In-Kind	
	Total Received	<u>1,800.00</u>
	Total Cash on Hand	<u></u>

DISBURSEMENTS			
Date	Purpose		Amount
SEE ATTACHED			

CONTRIBUTIONS EXCEEDING \$100				
Date	Donor	Company	Amt in this Period	Total Amt