

**CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, committee or corporation Robbinsdale Federation of Teachers

Office sought or ballot question Operating Capitol Authorization District 281

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

Period of time covered by report:  
 from 10/12/18 to 10/31/18

**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 \$ \_\_\_\_\_  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ \_\_\_\_\_

TOTAL CASH ON HAND \$ \_\_\_\_\_  
**RECEIVED**  
 OCT 31 2018  
 ISD 281  
 BUSINESS SERVICES

**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              |
|--------------|-------------------|---------------------|
| 10/31/18     | Postcard printing | \$1,476.17          |
| 10/31/18     | Postcard mailing  | \$4,113.29          |
| 10/31/18     | Dialer charges    | \$900 <sup>00</sup> |
| <b>TOTAL</b> |                   | <b>\$6,489.46</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.

Peter Eckhoff 10/31/18  
 Signature Date

Printed Name Peter C Eckhoff Telephone (763) 546-5244 Email (if available) peckhoff@rftonline.org  
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Report Office Name For Office Use Only