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CAMPAIGN FINANCIAL REPORT (Photocopy version)

## CAMPAIGN FINANCIAL REPORT

Office sought or bellot			District	C2D 348
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Date	Fыгроsе	Name sad Ade of Recipies		Pasenditure or Contribution Amuset
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estify that this is a full a	and true statement	1 O Llaver	1 1-1	16-2021
	, 0	Signature		
inted Name AND	REW HAUERIN	ephane(12-332-76-27	ENTINA	wer of Amou

Name of candidate, committee or corporation \_

Office sought or ballot question \_\_\_\_

Type of

report

CASH IN-KIND

TOTAL AMOUNT RECEIVED

Date

4.22-20

16-13-20

10.00.00

Project title or description

Attach additional sheets if necessary.

BROOKS

TOTAL CASH-ON-HAND

District IS 0 279

Period of time covered by report:

Amount

48816

512.40

320.00

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391-7071 CAMPAIGN FINANCIAL REPORT

Campaign committee report

Association or corporation report

\_ Candidate report

Final report

or occupation if self-employed, amount and date for these contributions.

CAWR

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

ZAMOM 1

BOARD

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

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report.

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Purpose.

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CORPORATE PROJECT EXPENDITURES Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total

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more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

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I certify that this is a full and true statement.	Signature	2ndy hauene
Printed Name ANDREW HANG	CTelephone 412-372	7627 Email (if available)
Address 13-1203, 19 South 7	yer ZLUREN 1	MINNEAPOURS MM

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## 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)

<u>Campaign Information</u>
Name of candidate or committee Thomas Brooks for 279
Office sought by candidate (if applicable) District 279 School Board, Special Election
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 Thomas Brooks
Date 11/5/20

717	391	707	CAMPAIGN	FINANCIAL	REPORT
767	2 11-		(All of the informati	on In this report is pub	lic information)

Name of candidate,	committee or corporation	HOWY? D	KOOKS	278 0
Office sought or ball	ot question <u>ScHo</u>	or BOARD	District I S I	
ype of eport	Candidate re	•	Period of time cove	red by report: AR
money or in-kind) rat contributions from a s	contributions received during the than contributor. See note single source that exceeded \$10 mployed, amount and date for \$284 + \$50	on contribution limits on the body of the contribution limits on the body of the contributions.  TOTAL CA	this report. Contributions back of this form. Use a sep	parate sneet to itemize a
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Date	Purpose	Name and of Recl	St. Artist Transfer	Expenditure or Contribution Amount
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Printed Name ANDREW HAVER Telephone 12-333-7673 Email (if available)

SONTH FIRST STREET, MPLS, MN 55401

For Office U. July: Name

I certify that this is a full and true statement.

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Approved By

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