

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 CATHY CELLA

Office sought by candidate (if applicable) SCHOOL BOARD

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 campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer 

Date 11-5-15

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation CATHY CELLA

Office sought or ballot question SCHOOL BOARD District EDINA (273)

Type of report X Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report

Period of time covered by report:
 from 8-24-15 to 10-23-15

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 \$ 225 TOTAL CASH-ON-HAND \$ 225
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 225

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
8-24-15	DOMAIN NAME RENEWAL	46.00
9-10-15	CAMPAIGN FLYERS	162.88
9-14-15	MAILING SUPPLIES	26.06
9-15-15	STAMPS	98.00
	(SEE ADD'L SHEET)	
	TOTAL	1459.20

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
		TOTAL	

I certify that this is a full and true statement. C. Cella
 Signature _____ Date 10-23-15

Printed Name CATHY CELLA Telephone 952-829-5302 Email (if available) CAC7123@AOL.COM
 Address 7123 TUPEA DRIVE EDINA MN

Report Office Name For Office Use Only:

ADDITIONAL DISBURSEMENTS

9-18-15	CAMPAIGN SIGNS	396.36
10-15-15	ADD'L SIGN STANDS	36.15
10-20-15	SUNCURRENT AD	693.75

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation CATHY CELLA
 Office sought or ballot question SCHOOL BOARD District EDINA (273)

Type of report _____ Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
X Final report

Period of time covered by report:
 from 10-23-15 to 12-2-15

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	\$ <u>(225)*</u>	TOTAL CASH-ON-HAND	\$ <u>∅</u>
IN-KIND	+ \$ _____	* RETURNED CAMPAIGN CONTRIBUTIONS	
TOTAL AMOUNT RECEIVED	= \$ _____		

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
	<u>∅</u>	
	TOTAL	

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
		TOTAL	

I certify that this is a full and true statement.

Signature Cathy Cella Date 12-2-15

Printed Name CATHY CELLA Telephone 952-829-5302 Email (if available) CAC7123@AOL.COM

Address 7123 TUPA DR. EDINA MN 55439

Report
Office
Name
For Office Use Only: