

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Katie Schwartz

Office sought or ballot question 033 School Board District 033

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

Period of time covered by report:

from 9/10 to 10/7

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 \$ 755 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ 55
 TOTAL AMOUNT RECEIVED = \$ 810

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>9/10</u> | <u>Filing fee</u> | <u>\$12</u> |
| <u>9/16</u> | <u>signs</u> | <u>\$342.80</u> |
| <u>10/1</u> | <u>T-shirts</u> | <u>\$184</u> |
| <u>11/3/11</u> | <u>facebook ad</u> | <u>\$13.89</u> |
| TOTAL | | <u>continued</u> |

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 _____ Date _____

Printed Name Katie Schwartz Telephone 651-353-4446 Email (if available) Schwartz Family @ msn.com
 Address 1712 Gary Dr - St. Paul Park MN 55071

Report Office Name For Office Use Only:

9/16 stands \$56.97

9/12 flyers \$115.96

10/5 flyers \$161.02

10/6 parade fee \$15

\$891.64