

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 *Kim (Kotomias) McLaughlin*  
Office sought by candidate (if applicable) *School Board - ISD 701*  
Identification of ballot question (if applicable) *N/A*

**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 *Kim (Kotomias) McLaughlin*  
Date *11/04/2020*

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Kim (Kotornias) McLaughlin

Office sought or ballot question School Board District ISD 701

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

Period of time covered by report:  
 from 9/24/20 to 10/23/2020

## 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	\$ _____	TOTAL CASH-ON-HAND	\$ _____
IN-KIND	+ \$ <u>26.50</u>		
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
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. Kim McLaughlin 10/23/2020  
 Signature Date

Printed Name Kim (Kotornias) McLaughlin Telephone 318-969-3073 Email (if available) kimnpaul@oahsi.com

Address 1929 E 37th St, Hibbing, MN 55746

Report  
Office  
Name  
For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Kim (Koravins) McLaughlin

Office sought or ballot question School Board District 701

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

Period of time covered by report: from 7/28/20 to 9/23/2020

## 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 \$ 0 TOTAL CASH-ON-HAND \$ \_\_\_\_\_  
 IN-KIND + \$ 0  
 TOTAL AMOUNT RECEIVED = \$ 0

## 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
9/17/2020	AP6 MEDIA OF MN - DISPLAY ADVERTISING	847.60
9/21/2020	BARK DESIGN - SIGNS & POSTCARDS	1,071.30
	TOTAL	1,918.90

## 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 N/A

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	0

I certify that this is a full and true statement Kim (Koravins) McLaughlin 9/23/2020  
 Signature Date

Printed Name Kim (Koravins) McLaughlin Telephone 718-969-3023 Email (if available) KIM.MC LAUGHLIN@XCHSD.COM

Address 1929 EAST 37th Street, Hubbing, MN 55746

Report Office Name For Office Use Only:

Office of the Minnesota Secretary of State

**CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING**

**Instructions**

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**Campaign Information**

Name of candidate or committee: JOHN BERKLICH  
Office sought by candidate (if applicable): SCHOOL BOARD ISD #701  
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: John Berklisch  
Date: 11/04/20

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation JOHN BERKLICH

Office sought or ballot question SCHOOL BOARD DIRECTOR District # 701

Type of report:  Candidate report  
 Campaign committee report  
 Association or corporation report  
 Final report

Period of time covered by report:  
 from 10/1/20 to 10/24/20

## 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 \$ -0- TOTAL CASH-ON-HAND \$ -0-  
 IN-KIND + \$ -0-  
 TOTAL AMOUNT RECEIVED = \$ -0-

## 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
10/12/20	NEWSPAPER ADS	\$ 409
	TOTAL	\$ 409

## 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	-0-

I certify that this is a full and true statement. John Berklisch 10/12/20  
 Signature Date

Printed Name JOHN BERKLICH Telephone 218-969-3376 Email (if available) \_\_\_\_\_

Address 3718 4<sup>th</sup> AVE. E. HIBBING, MN. 55746

Report Office Name For Office Use Only:

## CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

### Instructions

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### Campaign Information

Name of candidate or committee

MICHAEL EGAN

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

Signature of candidate or committee treasurer

Michael Egan

Date

11/3/20

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Paul Cicchetto

Office sought or ballot question School Board District 1SD 701

Type of report  Candidate report Period of time covered by report:  
 Campaign committee report  
 Association or corporation report from \_\_\_\_\_ to \_\_\_\_\_  
 Final report

## 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>0</u>		TOTAL CASH-ON-HAND	\$	<u>0</u>
IN-KIND	+	<u>0</u>				
TOTAL AMOUNT RECEIVED	=	<u>0</u>				

## DISBURSEMENTS

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

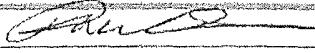
Date	Purpose	Amount
<b>TOTAL</b>		

## 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.  11/11/2020

Signature Date

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

Address \_\_\_\_\_

Report  
Office  
Name  
For Office Use Only: