

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Maddon for School Committee

Office sought or ballot question School board District ISD 278

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

Period of time covered by report:

from 8/7 to 8/31

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 |
|------|---------------------|--------|
| 8/7 | Campaign yard signs | 569.51 |
| | | |
| | | |
| | | |
| | TOTAL | 569.51 |

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 TODD MADSON

Telephone (630) 639-9251

Email (if available)

Address

Report

Office

Name

For Office Use Only:

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

Office sought or ballot question School board District ISD 278

from 9/17 to 9/17

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

| Date | Purpose | Amount |
|------|---------------------|--------|
| 7/17 | meet and greet food | 36.55 |
| | | |
| | | |
| | TOTAL | 36.55 |

| <i>Date</i> | <i>Purpose</i> | <i>Name and Address of Recipient</i> | <i>Expenditure or Contribution Amount</i> |
|-------------|----------------|--------------------------------------|---|
| | | | |
| | | | |
| | | TOTAL | |

Address

For Office Use Only:

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Madson for School Committee

Office sought or ballot question School board District ISD 278

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

Period of time covered by report:

from 9/8 to 9/30

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 \$ 1,500 TOTAL CASH-ON-HAND \$ 1,500
IN-KIND + \$
TOTAL AMOUNT RECEIVED = \$ 1,500

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 |
|-----------------|----------------------------------|----------|
| 9/8 | Campaign materials | 1,285.03 |
| 9/14 | Campaign materials | 513.54 |
| 9/23 | Pizza - Campaign event | 107.52 |
| 9/30 | Pizza - Campaign event | 111.15 |
| 9/27 | Campaign meeting food | |
| TOTAL | | 2,017.24 |

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

9/30

Date

Printed Name TODD MADSON

Telephone 103010349251

Email (if available)

Address

Report

Office

Name

For Office Use Only:

| Name | Address | Occupation | Amount |
|----------------|---------|---------------|--------|
| Sarah Borchers | | Self Employed | 600 |
| Brian Kingsley | | Self Employed | 600 |
| Gretchen Piper | | Consultant | 50 |
| Robert Tunheim | | Lawyer | 250 |

| Date |
|------|
|------|

| |
|--------|
| 12-Sep |
|--------|

| |
|--------|
| 12-Sep |
|--------|

| |
|--------|
| 16-Sep |
|--------|

| |
|--------|
| 30-Sep |
|--------|

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Madson for Orono Schools

Office sought or ballot question School Board District ISD 278

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

Period of time covered by report:

from 10/1 to 10/28

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 \$ 300.00 TOTAL CASH-ON-HAND \$ 300.00
IN-KIND + \$ 125.59
TOTAL AMOUNT RECEIVED = \$ 425.59

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 |
|-------|---|----------|
| 10/24 | VistaPrint - Campaign mailer | 2,472.66 |
| 10/24 | ECM Publishers - Lake Pioneer advertisement | 575.73 |
| 10/22 | Stamps | 480.00 |
| 10/27 | Stamps | 60.00 |
| TOTAL | | 3,588.39 |

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

10/28/22

Date

Printed Name TODD MADSON

Telephone 630 639 9251

Email (if available)

Address

Report

Office

Name

For Office Use Only:

Report

Office

Name

For Office Use Only:

from 10/1 to 10/23

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.

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 |
|-------|--|-------------------|
| 10/23 | Wendy Lundsgaard - Campaign signs & misc | 488 ²² |
| | | |
| | | |
| | TOTAL | 499 ²² |

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

| <i>Date</i> | <i>Purpose</i> | <i>Name and Address of Recipient</i> | <i>Expenditure or Contribution Amount</i> |
|-------------|----------------|--------------------------------------|---|
| | | | |
| | | | |
| | | TOTAL | |

I certify that this is a full and true statement.

Signature _____

Date _____

Printed Name TODD MADSON Telephone (0306) 99251 Email (if available) _____

Address

| Name | Address | Occupation | Amount | Date |
|-------------|---------|------------|--------|-------|
| Jeanne Cook | | Consultant | 125.59 | 10/6 |
| Jeff Brown | | Retired | 100 | 10/1 |
| Amy Alworth | | Consultant | 200 | 10/15 |

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
Office sought by candidate (if applicable)
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
Date

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

Office sought or ballot question School Board District

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

Period of time covered by report: from 11/1 to 11/3

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> | | | |

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 |
|------|---|--------|
| 11/1 | SWT Campaign mailer - split by three | 899.87 |
| 11/1 | Rainbow Park Reservation - split by three | 16.47 |
| | TOTAL | 916.54 |

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Project title or description

| <i>Date</i> | <i>Purpose</i> | <i>Name and Address of Recipient</i> | <i>Expenditure or Contribution Amount</i> |
|-------------|----------------|--------------------------------------|---|
| | | | |
| | | | |
| | | TOTAL | |

I certify that this is a full and true statement.

Signature

Date _____

Printed Name Todd Madison

Telephone 6030 631 9251

Email (if available)

Address

Report

Office

Name

For Office Use Only:

Address _____