

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Education MN - STMA, Local 1994

Office sought or ballot question STMA levy District 15th 885

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

Period of time covered by report:
from 9/22/22 to 10/10/22

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 \$ 877.78 TOTAL CASH-ON-HAND \$ 0
IN-KIND + \$ _____
TOTAL AMOUNT RECEIVED = \$ 877.78

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 |
|---------|---|-------------|
| 9/22/22 | In-kind to Say Yes For STMA kids - Signs | \$ 684.78 |
| 10/6/22 | In-kind to Say Yes For STMA kids - flyers | \$ 328.42 |
| 10/9/22 | In-kind to Say Yes For STMA kids - flyers | \$ 322.05 |
| 10/9/22 | In-kind to Say Yes For STMA kids - Signs | \$ 171.76 |
| | TOTAL | \$ 1,507.01 |

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. Robert Zahler 10/12/22
Signature Date

Printed Name Robert Zahler Telephone 7638433176 Email (if available) _____

Address 231 Terrace Rd NE, St. Michael, MN 55376

Report

Office

Name

For Office Use Only:

Addendum to Campaign Financial Report for period 9/22/22 to 10/10/22
STMA Levy, ISD 885

Education Minnesota St. Michael-Albertville, Local 1994
Bob Zahler, President

Individual Contributions in excess of \$100

| Date | Name | Address | Amount |
|-----------|----------------|---|----------|
| 9/23/2022 | Andrew Merfeld | 11700 47th CT NE, St. Michael, MN 55376 | \$684.78 |
| | | | |