

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Orono Vote Yes

Office sought or ballot question School levy referendum District Orono District 278

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

Period of time covered by report:
 from 11/22 to 9/22/22

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 \$ 1,700.00 TOTAL CASH-ON-HAND \$ 4,746.34
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 1,700.00

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>See attached</u>	
	TOTAL	<u>\$1,166.15</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

9/22/22

Date

Printed Name Deb Van de Ven

Telephone 612-719-2513 Email (if available) _____

Address 1442 Homestead Trail, Long Lake, MN 55356

Report

Office

Name

For Office Use Only:

Contributions Received During Time Period

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Amount</u>	<u>Employer</u>	<u>Date</u>
Cindy & Tad Piper	1745 Hunter Dr	Medina	MN	55391	\$600	retired	8/13/2022
Martha Van de Ven	1765 Medina Rd	Medina	MN	55356	\$200	retired	9/5/2022
Sarah Borchers	1512 Tamarack Dr	Medina	MN	55356	\$600	retired	9/4/2022
Ali & Aaron Howe	695 Hillstrom Rd	Independence	MN	55369	\$200	RBC Wealth Mgt	9/7/2022
Mike & Ruth Bash	1680 Bollum Ln	Long Lake	MN	55356	\$100	retired	9/20/2022

Disbursements

3/15/2022	PO box renewal	\$156.00
7/22/2022	Name renewal	\$59.90
9/2/2022	Yard signs	\$458.00
9/2/2022	T-shirts	\$182.25
9/4/2022	Buttons	\$78.00
9/4/2022	Website -2 years	\$192.00
9/15/2022	Voter list	\$40.00
	TOTAL	\$1,166.15

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Office sought or ballot question School levy referendum District Orono District 278

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

Period of time covered by report:
 from 9/23/22 to 10/24/22

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 \$ 250.00 TOTAL CASH-ON-HAND \$ 3,931.14
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 250.00

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
9/23/22	Stickers	60.00
9/24/22	Print + postage for postcards	821.20
10/12/22	Postage	84.00
10/18/22	Writing + singing song	100.00
TOTAL		1,065.20

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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.  10/24/22
 Signature Date

Printed Name Jeb Van de Ven Telephone 612-719-2513 Email (if available) _____

Address 142 Homestead Trail, Long Lake, MN 55356

Report Office Name For Office Use Only:

Contributions Received During Time Period

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Amount</u>	<u>Employer</u>	<u>Date</u>
Cindy & Tad Piper	1745 Hunter Dr	Medina	MN	55391	\$600	retired	8/13/2022
Martha Van de Ven	1765 Medina Rd	Medina	MN	55356	\$200	retired	9/5/2022
Sarah Borchers	1512 Tamarack Dr	Medina	MN	55356	\$600	retired	9/4/2022
Ali & Aaron Howe	695 Hillstrom Rd	Independence	MN	55369	\$200	RBC Wealth Mgt	9/7/2022
Mike & Ruth Bash	1680 Bollum Ln	Long Lake	MN	55356	\$100	retired	9/20/2022
Bob & Kathi Tunheim	679 Minnetonka Hglnds Ln	Orono	MN	55356	\$250	Gustavus/Ballard Spahr	9/29/2022

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 Orono Vote Yes
Office sought by candidate (if applicable) _____
Identification of ballot question (if applicable) School levy referendum

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 [Signature]

Date 11/14/22

CAMPAIGN FINANCIAL REPORT

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Name of candidate, committee or corporation Orono Vote Yes

Office sought or ballot question school levy referendum District Orono - District 278

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

Period of time covered by report:

from 10/25/22 to 11/30/22

CONTRIBUTIONS RECEIVED

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CASH \$ _____ TOTAL CASH-ON-HAND \$ 3,796.68
 IN-KIND + \$ _____
 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
10/20/22	Note cards	15.00
10/21/22	Stamps	60.00
11/3/22	Calling event volunteer refreshments	59.46
TOTAL		134.46

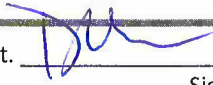
CORPORATE PROJECT EXPENDITURES

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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

11/30/22

Date

Printed Name Deb Van de Ven Telephone 612-719-2513 Email (if available) _____

Address 1442 Homestead Trail, Long Lake, MN 55356

Report

Office

Name

For Office Use Only:

CAMPAIGN FINANCIAL REPORT

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Name of candidate, committee or corporation Orono Vote Yes

Office sought or ballot question school levy referendum District Orono - District 278

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

Period of time covered by report:
 from 12/1/22 to 1/9/23

CONTRIBUTIONS RECEIVED

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CASH	\$ _____	TOTAL CASH-ON-HAND	\$ <u>3,796.68</u>
IN-KIND	+ \$ _____		
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
TOTAL		<u>0</u>

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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]

Signature

Date

Printed Name Deb Van de Ven Telephone 612-719-2513 Email (if available) _____

Address 1442 Homestead Trail, Long Lake, MN 55356

Report

Office

Name

For Office Use Only:

