

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation United For MACCRAY

Office sought or ballot question Operating Levy / Building Referendum District 2180

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

Period of time covered by report:
 from 7-1-19 to 10-22-19

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 \$ 2,190.49 TOTAL CASH-ON-HAND \$ 444.36
 IN-KIND + \$ —
 TOTAL AMOUNT RECEIVED = \$ 2,190.49

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 |
|----------|------------------------------|----------|
| 7-1-19 | Deluxe Checks - Check blanks | 19.60 |
| 7-8-19 | PO Box Rent | 23.00 |
| 8-30-19 | Bank Fee | 4.00 |
| 10-2-19 | Promotional Items | 275.74 |
| 10-10-19 | Promotional Items | 100.93 |
| 10-15-19 | Promotional Items | 1,322.86 |

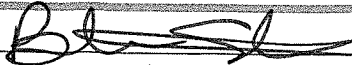
Total 1,746.13

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.  10-22-19
 Signature Date

Printed Name Brandon Smith Telephone 320-905-2987 Email (if available) _____

Address PO Box 67 Raymond, MN 56282

Report

Office

Name

For Office Use Only: