

Report

Office

Name

For Office Use Only:

from _____ to _____

TOTAL AMOUNT RECEIVED = \$

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
10/31/22	Postage + Mailings	7,085.89
	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

<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

Telephone

Email (if available)

Address

I certify that this is a full and true statement. JE Franklin 2-16-24
Signature Date
Printed Name Jennifer Franklin Telephone 651-238-6256 Email (if available) treasurer@jeffersonville.com
Address 14422 Riverwood Trl Pine City, MN 55063

INVOICE



FOREST LAKE EDUCATION ASSOCIATION
ATTN: ANTHONY J HANSEN
20960 EXLEY AVE N
FOREST LAKE, MN 55025

PLEASE REMIT TO:
Education Minnesota
Attn: Finance
41 Sherburne Avenue
St. Paul, MN 55103-2196
651-227-9541
FAX 651-767-1220

INVOICE #	DATE	TERMS	DUE DATE
40555	10/31/2022		12/01/2022

DESCRIPTION	AMOUNT
USPS POSTAGE 10/24/2022 JN 3247	\$1,816.61
USPS POSTAGE 10/24/2022 JN 3246	\$1,816.61
USPS POSTAGE 10/24/2022 JN 3245	\$1,816.61
XPRESS MAILING 10/29/2022 JN 3245	\$178.00
XPRESS MAILING 10/29/2022 INV #30879 JN 3247	\$178.00
XPRESS MAILING 10/29/2022 INV #30882 JN 3246	\$177.00
OCTOBER PRINTING ORDER JN 3260 POSTCARD HANDWRITTEN	\$14.02
OCTOBER PRINTING SALES TAX JN 3260 7.375%	\$1.03
OCTOBER PRINTING ORDER JN 3245 POSTCARD #1, JN 3246 POSTCARD #2, JN 3247 POSTCARD #3	\$1,013.28
OCTOBER PRINTING SALES TAX JN 3245, JN 3246, JN 3247 7.375%	\$74.73
TOTAL DUE	\$7,085.89

Original Invoice

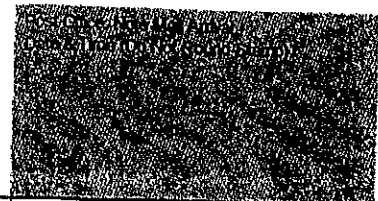
Remittance Copy

File Copy

United States Postal Service

Postage Statement - First-Class Mail and First-Class Package Service

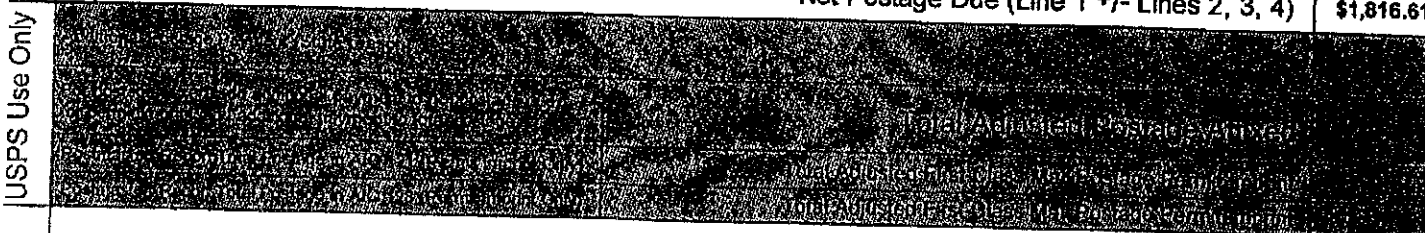
Use this form for First-Class Mail and First-Class Package Service.



Mailer	Permit Holder Name, Address, Email, Telephone EDUCATION MINNESOTA 41 SHERBURNE AVE ST PAUL MN 55103 651-490-0944 CRID 4429496		Mailing Agent (if other than permit holder) Name, Address, Telephone XPRESS MAILING 3600 LABOR RD VADNAIS HEIGHTS MN 55110 CRID 8897382 651-490-0944		Mail Owner (if other than permit holder) Name, Address FOREST LAKE EDUCATION ASSOC 2042 WOODDALE DRIVE WOODBURY MN 55125 CRID N/A	
	CAPS Cust. Ref. No. 3245					
Mailing	Post Office of Mailing SAINT PAUL MN 55121		Mailer's Mailing Date 10/24/2022		Federal Agency Cost Code N/A	
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels		For Mail Enclosed within Another Class <input type="checkbox"/> Marketing Mail Bound <input type="checkbox"/> Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail	
	Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS		<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		Weight of a Single Piece 0.0238 pounds	
					Statement Seq. No. N/A	
					Permit # 582	
				SSF Transaction ID# Total Pieces: 5,490 Total Weight: 130.6620		
				Parcels Only Hold For Pickup (HFPU) No. of pieces Customer Generated Electronic Labels <input type="checkbox"/> SigCon		
				Letter or flat-size mailpieces contain: <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk.		
				This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Parts Completed (Select all that apply): ☒ A ☐ B ☐ C ☐ D ☐ S ☐ NSA

Postage	1	Subtotal Postage (Add parts totals)		\$1,816.61
	2	Price at Which Postage Affixed (Check one): <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither		
	3	Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps.	0 pcs. x \$ - Postage Affixed	
	4	Incentive/Discount Flat Dollar Amount-		
	5	Fee Flat Dollar Amount+		
Net Postage Due (Line 1 +/- Lines 2, 3, 4)				\$1,816.61

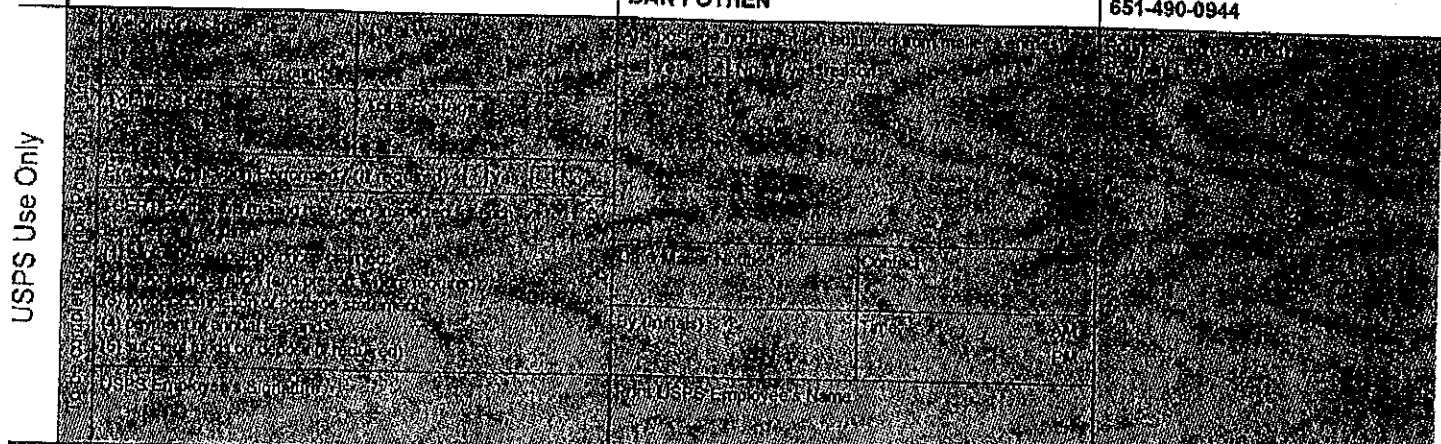


Incentive/Discount Claimed: _____ **Type of Fee:** _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form DAN POTHE	Telephone 651-490-0944
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Postage Statement - First-Class Mail and First-Class Package Service

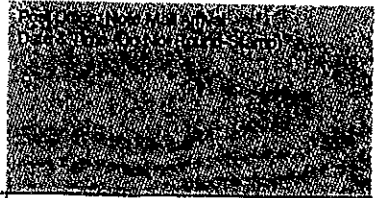
Use this form for First-Class Mail and First-Class Package Service.

Mailer	Permit Holder Name, Address, Email, Telephone EDUCATION MINNESOTA 41 SHERBURNE AVE ST PAUL MN 55103		Mailing Agent (if other than permit holder) Name, Address, Telephone XPRESS MAILING 3600 LABOR RD VADNAIS HEIGHTS MN 55110		Mail Owner (if other than permit holder) Name, Address FOREST LAKE EDUCATION ASSOC 2042 WOODDALE DRIVE WOODBURY MN 55125		
	651-490-0944 CRID 4429496		CAPS Cust. Ref. No. 3246 3246 CRID 8897382		651-490-0944 CRID N/A		
Mailing	Post Office of Mailing SAINT PAUL MN 55121		Mailing Date 10/24/2022		Federal Agency Cost Code N/A		
	Statement Seq. No. N/A		Permit # 582		No. and type of Containers 2 - 1"MM Trays 4 - 2"MM Trays		
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	For Mail Enclosed within Another Class <input type="checkbox"/> Marketing Mail Bound <input type="checkbox"/> Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail		Weight of a Single Piece 0.0238 pounds		
	Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS	Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	Combined Mailing <input type="checkbox"/> Single Class		Total Pieces 5,490		
				SSF Transaction ID#		Total Weight 130.6620	
				Letter or flat-size mailpieces contain: <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk.		Parcels Only Hold For Pickup (HFPU) No. of pieces Customer Generated Electronic Labels <input type="checkbox"/> SigCon	
				This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		For Automation Price Pieces, Enter Date of Address Matching and Coding 10/24/2022	
				This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Parts Completed (Select all that apply): <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> NSA							
Postage	1 Subtotal Postage (Add parts totals)					\$1,816.61	
	2 Price at Which Postage Affixed (Check one). <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps.					0 pcs. x \$ = Postage Affixed	
	3 Incentive/Discount Flat Dollar Amount -						
	4 Fee Flat Dollar Amount +						
	5 Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4)					\$1,816.61	
USPS Use Only	Incentive/Discount Claimed: _____ Type of Fee: _____ The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.						
	Privacy Notice: For information regarding our Privacy Policy visit www.usps.com .						
Certification	Signature of Mailer or Agent		Printed Name of Mailer or Agent Signing Form DAN POTHEN		Telephone 651-490-0944		
USPS Use Only							

United States Postal Service

Postage Statement - First-Class Mail and First-Class Package Service

Use this form for First-Class Mail and First-Class Package Service.



Mailer	Permit Holder Name, Address, Email, Telephone EDUCATION MINNESOTA 41 SHERBURNE AVE ST PAUL MN 55103		Mailing Agent (If other than permit holder) Name, Address, Telephone XPRESS MAILING 3600 LABOR RD VADNAIS HEIGHTS MN 55110		Mail Owner (If other than permit holder) Name, Address FOREST LAKE EDUCATION ASSOC 2042 WOODDALE DRIVE WOODBURY MN 55125		
	651-490-0944 CRID 4429496		CAPS Cust. Ref. No. 3247 CRID 8897382		651-490-0944 CRID N/A		
Mailing	Post Office of Mailing SAINT PAUL MN 55121		Mailing Date 10/24/2022		Federal Agency Cost Code N/A		
	Statement Seq. No. N/A		Permit # 582		No. and type of Containers 2 - 1' MM Trays 4 - 2' MM Trays		
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	For Mail Enclosed within Another Class <input type="checkbox"/> Marketing Mail Bound <input type="checkbox"/> Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail		Weight of a Single Piece 0.0238 pounds		
	Move Update Method <input type="checkbox"/> Ancillary Service Endorsement <input checked="" type="checkbox"/> NCOA SM <input type="checkbox"/> ACS	Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	Combined Mailing <input type="checkbox"/> Single Class		SSF Transaction ID# 5,490 Total Weight 130.6620		
				Letter or flat-size mailpieces contain: <input type="checkbox"/> Round Trip ONLY: One DVD/CD or other disk.		Parcels Only Hold For Pickup (HFPU) No. of pieces Customer Generated Electronic Labels <input type="checkbox"/> SigCon	
				This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		For Automation Price Pieces, Enter Date of Address Matching and Coding 10/24/2022	
				This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Parts Completed (Select all that apply): <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> NSA							
Postage	1 Subtotal Postage (Add parts totals)					\$1,816.61	
	2 Price at Which Postage Affixed (Check one): <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps.					0 pcs. x \$ = Postage Affixed	
	3 Incentive/Discount Flat Dollar Amount -						
	4 Fee Flat Dollar Amount +						
	5 Permit # _____ Net Postage Due (Line 1 +/- Lines 2, 3, 4)					\$1,816.61	
USPS Use Only	<p>Amount of Postage Due (Line 5) \$1,816.61</p> <p>Amount of Postage Paid (Line 2) \$0.00</p> <p>Amount of Postage Due (Line 5) minus Amount of Postage Paid (Line 2) \$1,816.61</p> <p>Amount of Postage Due (Line 5) minus Amount of Postage Paid (Line 2) \$1,816.61</p>						
	<p>Incentive/Discount Claimed: _____ Type of Fee: _____</p> <p>The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.</p> <p>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</p>						
Certification	Signature of Mailer or Agent		Printed Name of Mailer or Agent Signing Form DAN POTHE		Telephone 651-490-0944		
	<p>Signature of Mailer or Agent</p> <p>Printed Name of Mailer or Agent Signing Form</p> <p>Telephone</p>						
USPS Use Only	<p>Amount of Postage Due (Line 5) \$1,816.61</p> <p>Amount of Postage Paid (Line 2) \$0.00</p> <p>Amount of Postage Due (Line 5) minus Amount of Postage Paid (Line 2) \$1,816.61</p> <p>Amount of Postage Due (Line 5) minus Amount of Postage Paid (Line 2) \$1,816.61</p>						
	<p>Signature of Mailer or Agent</p> <p>Printed Name of Mailer or Agent Signing Form</p> <p>Telephone</p>						

✓

XPRESS MAILING

3600 LABORE RD
SUITE 2
VADNAIS HEIGHTS MN 55110
651 490 0944

Invoice

Date	Invoice #
10/29/2022	30879

Bill To
MINNESOTA EDUCATION 41 SHERBURNE AVE ST PAUL MN 55103

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	FOREST LAKE 3247 - BOB L MAIL PROCESSING	178.00	178.00
	<p>PAID 10/31/22</p> <p>OK TO PAY <i>Robert Lorenzen</i></p>		
Thank you for your business.		Total	\$178.00

✓TL

XPRESS MAILING

3600 LABORE RD

SUITE 2

VADNAIS HEIGHTS MN 55110

651 490 0944

Invoice

Date	Invoice #
10/29/2022	30895

Bill To
MINNESOTA EDUCATION 41 SHERBURNE AVE ST PAUL MN 55103

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	FOREST LAKE - 3245 - BOB L MAIL PROCESSING	178.00	178.00
<p>10/29/2022</p> <p>Forest Lake EA</p> <p>OK TO PAY</p> <p>Ther Loren</p>			
Thank you for your business.		Total	\$178.00

✓ TL

XPRESS MAILING

3600 LABORE RD
SUITE 2
VADNAIS HEIGHTS MN 55110
651 490 0944

Invoice

Date	Invoice #
10/29/2022	30882

Bill To
MINNESOTA EDUCATION 41 SHERBURNE AVE ST PAUL MN 55103

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	FOREST LAKE - BOB L 3246 MAIL PROCESSING	177.00	177.00
OK TO PAY <i>Robert L. Hansen</i>			
Thank you for your business.		Total	\$177.00

STATEMENT OF ACCOUNT

11/10/2022

EDUCATION MINNESOTA
41 SHERBURNE AVE.
ST. PAUL, MN 55103

Attention: FOREST LAKE EDUCATION
ASSOCIATION
THIS DOCUMENT IS NOT AN INVOICE

DATE	DOCUMENT	DOCAMOUNT	CHARGES	PAYMENTS
08/31/2022	40170	\$420.00	\$420.00	
10/31/2022	40555	\$7,085.89	\$7,085.89	
Totals:			\$7,505.89	\$0.00
Total Due:			\$7,505.89	

Current	1-30	31-60	61-90	Over 90	Total Due
0.00	7,085.89	0.00	420.00	0.00	7,505.89

EDUCATION MINNESOTA
41 SHERBURNE AVE.
ST. PAUL, MN 55103
United States

Customer Id:FOREST LAKE ED
ASSOC
Statement Date:11/10/2022

Bill to: FOREST LAKE EDUCATION
ASSOCIATION
ATTN: ANTHONY J HANSEN
20960 EXLEY AVE N
FOREST LAKE, MN 55025

Remit to: EDUCATION MINNESOTA
41 SHERBURNE AVE.
ST. PAUL, MN 55103
United States

Education Minnesota

Due: Friday, October 21, 2022 1:30:00 PM

Job Status: User approved

Tel: 6512279541 • Fax:

Order: 5410

Received: 10/17/2022 9:05 AM CDT

Price: 14.0200

Department: 700

Payment Method: Committee/Program Bill to Forest Lake Education Association

Customer: Kleren Steinhoff

Company: Education Minnesota

Department: -

Telephone 1: -

Telephone 2: -

Fax: -

E-Mail: kleren.steinhoff@edmn.org

- Washington County

Tax 7.375% 1.03
Total \$15.05

Job 1 of 1

Job Name:

3260_Forest Lake SB
postcard_handwritten

Quantity:

450

Part of kit:

Color Impressions: 114

Product Name:

1/4 Sheet Postcard no bleeds

B&W Impressions: 0

Product Type:

Ad Hoc

Total Impressions: 114

Buyer Deliverable:

Print Only

Total Sheets: 57

N-Up:

8

Original File(s)



File (1/1): 3260_2022_ForestLake_SB_Postcard_4.pdf

Type: Upload Digital

File(s)

Edit



File 1 / 1: 3260_2022_ForestLake_SB_Postcard_4.pdf

Type: Upload Digital

Note:

Size

Edit



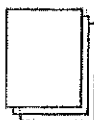
Final Width and Height: 4.25 Inches x 5.5 Inches

A

Orientation: Landscape

Print Options

Edit



Paper/Media: 100# Gloss Cover 11x17
 Media Size: 11" x 17"
 Media Weight: Cover (100 pound)/271 gsm
 Media Color: White
 Scale to Fit: No

Education Minnesota

Due: Thursday, October 20, 2022
11:30:00 AM

Job Status: User approved

Tel: 6512279541 • Fax:

Order: 5387
Received: 10/13/2022 5:51 PM CDT
Price: 1013.2800
Department: 700
Payment Method: Forest Lake Education Association
Committee/Program:

Customer: Sarah Cooke
Company: Education Minnesota
Department: PRA
Telephone 1: 651-292-4840
Telephone 2: -
Fax: -
E-Mail: cooker71@hotmail.com

-Washington
County

Tax 7.375% 74.73
Total \$1,088.01

Job 1 of 3

Job Name: 3245 Forest Lake SB postcard #1
Part of kit:
Product Name: 1/2 Sheet Postcard no bleeds
Product Type: Ad Hoc
Buyer Deliverable: Print Only
N-Up: 4
Quantity: 5491
Color Impressions: 2746
B&W Impressions: 0
Total Impressions: 2746
Total Sheets: 1373

Original File(s)



File (1/1): 3245_2022_ForestLake_SB_Postcard_1.pdf

Type: Upload Digital

File(s)

Edit



File 1 / 1: 3245_2022_ForestLake_SB_Postcard_1.pdf

Type: Upload Digital

Note:

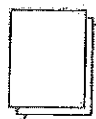
Size

Edit

Final Width and Height 8.5 Inches x 5.5 Inches

Print Options

Edit



Paper/Media: 100# Gloss Cover 11x17
Media Size: 11" x 17"
Media Weight: Cover (100 pound)/271 gsm
Media Color: White
Scale to Fit: No

Orientation: Portrait

A

[Print](#)

Education Minnesota

Due: Thursday, October 20, 2022

11:30:00 AM

Job Status: In production

Tel: 6512279541 • Fax:

Order: 5387
Received: 10/13/2022 5:51 PM CDT
Price: 1013.2800
Department: 700
Payment Method: Committee/Program Forest Lake Education Association

Customer: Sarah Cooke
Company: Education Minnesota
Department: PRA
Telephone 1: 651-292-4840
Telephone 2: -
Fax: -
E-Mail: cooker71@hotmail.com

Job 2 of 3

Job Name:	3246 Forest Lake SB postcard #2	Quantity:	5491
Part of kit:		Color Impressions:	2746
Product Name:	1/2 Sheet Postcard no bleeds	B&W Impressions:	0
Product Type:	Ad Hoc	Total Impressions:	2746
Buyer Deliverable:	Print Only	Total Sheets:	1373
N-Up:	4		

Original File(s)File (1/1): 3246 2022 ForestLake SB Postcard 2.pdf

Type: Upload Digital

File(s)File 1 / 1: 3246 2022 ForestLake SB Postcard 2.pdf

Type: Upload Digital

Note:

[Edit](#)**Size**

Final Width and Height 8.5 Inches x 5.5 Inches

[Edit](#)**Print Options**

Paper/Media 100# Gloss Cover 11x17
Media Size 11" x 17"
Media Weight Cover (100 pound)/271 gsm
Media Color White
Scale to Fit No

Orientation Portrait[Edit](#)

A

[Print](#)

Education Minnesota

Due: Thursday, October 20, 2022
11:30:00 AM

Job Status: In production

Tel: 651.227.9541 • Fax:

Order: 5387
Received: 10/13/2022 5:51 PM CDT
Price: 1013.2800
Department: 700
Payment Method: Committee/Program Forest Lake Education Association

Customer: Sarah Cooke
Company: Education Minnesota
Department: PRA
Telephone 1: 651-292-4840
Telephone 2: -
Fax: -
E-Mail: cooker71@hotmail.com

Job 3 of 3

Job Name: 3247 Forest Lake SB postcard #3
Part of kit:
Product Name: 1/2 Sheet Postcard no bleeds
Product Type: Ad Hoc
Buyer Deliverable: Print Only
N-Up: 4
Quantity: 5491
Color Impressions: 2746
B&W Impressions: 0
Total Impressions: 2746
Total Sheets: 1373

Original File(s)

File (1/1): 3247_2022_ForestLake_SB_Postcard_3.pdf

Type: Upload Digital

File(s)

[Edit](#)File 1 / 1: 3247_2022_ForestLake_SB_Postcard_3.pdf

Type: Upload Digital

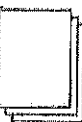
Note:

Size

[Edit](#)

Final Width and Height 8.5 Inches x 5.5 Inches

Print Options

[Edit](#)

Paper/Media 100# Gloss Cover 11x17
Media Size 11" x 17"
Media Weight Cover (100 pound)/271 gsm
Media Color White
Scale to Fit No



Orientation Portrait

INSTRUCTIONS

(Reference: Minnesota Statutes, Chapters 211A and 211B)

This CAMPAIGN FINANCIAL REPORT is for use by candidates and committees for county, municipal, school district and special district office who receive contributions or make disbursements of more than \$750 in a calendar year; committees or corporations spending more than \$750 for or against a ballot question in a calendar year; and corporations spending more than \$200 on activities to encourage participation in precinct caucuses, voter registration or voting.

Where to file this report:

Hospital Districts	The municipal (city or town) clerk – same place where filed affidavit of candidacy
Park Districts	The county auditor or municipal clerk – same place where filed affidavit of candidacy
School Districts	School district clerk
Townships	Town clerk
Cities	City clerk
Soil & Water Conservation Districts	County auditor
Counties	County auditor

Candidate or committee report: The initial report must be filed within 14 days after the candidate or committee receives contributions or makes disbursements of more than \$750 in a calendar year. Subsequent reports must be filed.

During an Election Year - An "election year" is any year in which the candidate's name or a question appears on the ballot.

In such a year (if an initial report has been filed) reports are required to be filed:

- 10 days before the primary or special primary
- 30 days after a general election or special election
- 10 days before the general election or special election
- By January 31 of each year following the year when the initial report was filed.

During a non-election year - By January 31 of each year following the year when the initial report was filed.

Once a final report* is filed, no further subsequent reports are required to be filed.

CONTRIBUTIONS: Means anything of monetary value that is given or loaned to a candidate or committee for a political purpose. "Contribution" does not include a service provided without compensation by an individual. **Each candidate or committee must list the total amount of cash-on-hand designated to be used for political purposes as of the close of the reporting period.**

CONTRIBUTION LIMITS: Candidates or candidate's committees for county, municipal, school district offices may not accept aggregate contributions in excess of \$600 in an election year or in excess of \$250 in a non-election year made or delivered by an individual or committee. However, candidates seeking election from districts with a population in excess of 100,000 may not accept aggregate contributions in excess of \$1,000 in an election year and \$250 in a non-election year.

BALLOT QUESTIONS: Any political committee, association or corporation that makes a contribution or expenditure to promote or defeat a ballot question as defined in Minnesota Statutes, section 211A.01 shall file reports with the filing officer responsible for placing the question on the ballot. Reports must be filed within 14 days of receiving contributions or making disbursements of more than \$750 in one calendar year, using the same schedule as above.

CONGRESSIONAL CANDIDATES: Candidates for election to the United States House of Representatives and Senate and any committee raising funds exclusively on behalf of any one of those candidates may file copies of the reports required by federal law in lieu of those required by Minnesota Statutes Chapter 211A.

CORPORATE ACTIVITIES TO ENCOURAGE PARTICIPATION: Corporations may contribute to or conduct public media projects to encourage individuals to attend precinct caucuses, register or vote if the projects are not controlled by or operated for the advantage of a candidate, political party or committee. The total amount of expenditures or contributions for any one project greater than \$200, together with the date, purpose and the names and addresses of the persons receiving the contribution or expenditures must be reported. Reports must be filed with the Secretary of State, 180 State Office Building, St. Paul, MN 55155-1299, using the same schedule as above.

***FINAL REPORT:** A final report may be filed any time after the candidate, committee or corporation has settled all debts and disposed of all assets in excess of \$100 in the aggregate. Check final report under "type of report".

PROHIBITED TRANSFERS: Candidates for county, municipal, school district or special district offices may not accept contributions from the principal campaign committees of any candidate for legislative, judicial or state constitutional office. In addition, a candidate may not make contributions to the principal campaign committee of any candidate for legislative, judicial or state constitutional office unless the contributions are made from the candidate's personal funds.

STATE CANDIDATES: Candidates and committees for state constitutional offices, the state legislature, supreme court, court of appeals, district court and committees for state constitutional amendments are governed by Minnesota Statutes Chapter 10A. Contact the Campaign Finance and Public Disclosure Board for further information at (651) 539-1180.

Note: The filing officer must restrict public access to the address of any individual who has made a contribution that exceeds \$100 and who has filed with the filing officer a written statement signed by the individual that withholding the individual's address from the financial report is required for the safety of the individual or the individual's family.