

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation North St. Paul Municipal - Oneida Education Association
 Office sought or ballot question School Board District ISO 622

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

Period of time covered by report:
 from 9-12-24 to 11-12-24

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

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

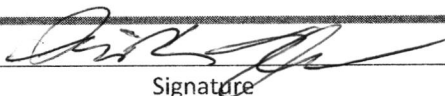
| Date | Purpose | Amount |
|----------|---|---------------------|
| 9-12-24 | Pizza for screening School board candidates | \$ 107.48 |
| 10-10-24 | Postcard mailing for endorsed candidates | \$ 26,146.83 |
| 10-24-24 | Postcard mailing for endorsed candidates | \$ 5,362.84 |
| 10-25-24 | Postcard mailing for endorsed candidates | \$ 3,464.74 |
| | TOTAL | \$ 35,081.89 |

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.  11-12-24
 Signature _____ Date _____
 Printed Name Timothy Kappes Telephone 701-640-3177 Email (if available) tim.kappes54@gmail.com
 Address 2576 7th Ave East North St. Paul, MN 55109

Report Office Name For Office Use Only: