

**CAMPAIGN FINANCIAL REPORT**  
**Chapter 211A Report Form**  
*(All of the information in this report is public information)*

Name of candidate, committee, or corporation Scott Arcand

Office sought or ballot question White Bear Lake School Board District ISD 624

Type of Organization: X Candidate Committee \_\_\_\_\_ Political (Action) Committee/Corporation

Type of report: \_\_\_\_\_ Initial report \_\_\_\_\_ Post-general  
\_\_\_\_\_ Pre-primary \_\_\_\_\_ January report  
\_\_\_\_\_ Pre-general X Final report (closes committee account – see M.S. Ch. 211A.03 for requirements)

Reporting period:  
From 10/26/24 to 11/11/24

**CONTRIBUTIONS**

Give the total for all contributions received during the period of time covered by this report. See note on contribution limits on the instructions page. Use a separate sheet to itemize all contributions from a single source that exceed \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount, and date.

CASH \$ 200.00  
+  
IN-KIND \$ \_\_\_\_\_  
=  
TOTAL RECEIVED \$ 200.00

**EXPENDITURES**

Include every disbursement made for a political purpose during period of time covered by report. Attach additional sheets if necessary. Itemization must include date, purpose, and amount for each expenditure.

| Date       | Purpose                              | Amount          |
|------------|--------------------------------------|-----------------|
| 10/14/2024 | Transaction Fees- Paypal             | 1.94            |
| 10/31/2024 | Mailers                              | 998.87          |
| 10/31/2024 | Mailers and Postage (Personal Funds) | 2,054.93        |
|            | <b>TOTAL</b>                         | <b>3,055.74</b> |

**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 & Address of Recipient | Expenditure or Contribution Amt |
|------|---------|-----------------------------|---------------------------------|
|      |         |                             |                                 |
|      |         |                             |                                 |
|      |         |                             |                                 |
|      |         | <b>TOTAL</b>                |                                 |

**CURRENT ACCOUNT BALANCE: \$0.00**

I certify that this is a full and true statement

Signature

Date

Printed Name Scott Arcand Email saarcand64@gmail.com & arcandforschoolboard@gmail.com

Address \_\_\_\_\_ Phone 651-270-0048