

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

Office sought or ballot question \_\_\_\_\_ District Robbinsdale Area Schools

Period of time covered by report:

from 10/25/24 to 80/25/24

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.

or occupation if self-employed, amount and date for these contributions.

|                              |            |                           |          |
|------------------------------|------------|---------------------------|----------|
| CASH                         | \$ _____   | <b>RECEIVED</b>           |          |
| IN-KIND                      | + \$ _____ | <b>TOTAL CASH-ON-HAND</b> | \$ _____ |
| <b>TOTAL AMOUNT RECEIVED</b> | = \$ _____ | <b>OCT 25 2024</b>        |          |

ISD 281  
BUSINESS SERVICES

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               |
|----------|-------------------------------|----------------------|
| 10/23/24 | School Board Postcard expense | \$ 825 <sup>00</sup> |
|          |                               |                      |
|          |                               |                      |
|          | TOTAL                         | \$ 825 <sup>00</sup> |

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<br/>of Recipient</i> | <i>Expenditure or<br/>Contribution<br/>Amount</i> |
|-------------|----------------|------------------------------------------|---------------------------------------------------|
|             |                |                                          |                                                   |
|             |                |                                          |                                                   |
|             |                | <b>TOTAL</b>                             |                                                   |

I certify that this is a full and true statement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name Peter Peckhoff Telephone 763-546-5244 Email (if available) peckhoff@rftonline.org  
Address [REDACTED] Crystal, MN 55427

For Office Use Only:

# INVOICE



ROBBINSDALE FEDERATION OF TEACHERS, LOCAL  
0872  
ATTN: PETER ECKOFF, PRESIDENT  
[REDACTED]  
CRYSTAL, MN 55427

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   |
|-----------|------------|--------|------------|
| 45192     | 10/25/2024 | Net 30 | 11/24/2024 |

| DESCRIPTION                                                                                    | AMOUNT   |
|------------------------------------------------------------------------------------------------|----------|
| XPRESS MAILING SERVICES. INV #34099 10/22/2024<br>-2ND ORDER OF SB POSTCARD #1 MAILING - #5009 | \$825.00 |
| TOTAL DUE                                                                                      | \$825.00 |

Original Invoice

Remittance Copy

File Copy