## **CAMPAIGN FINANCIAL REPORT**

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

ffice sought or bal	ot question	MAYOR	ζ		District _	56950	<b>.</b>
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Ramsey 14125 ST FRANCIS BLVD RAMSEY MN 55303

Please retain receipt for your records. Transaction is subject to verification.

DEPOSITODA

Posting Date

Account# No/34 00977-03

11:32:09 **09/09/2016** 96

09/2016

**AMOUNT** 

500.00 USD

AVAILABLE BALANCE CURRENT BALANCE

1,470.54 USD 1,870.54 USD

2016

CAMPAIGN CONTRIBUTION

1-800-488-BANK (2265)

# Office DEPOT Office Max

Office Max 6215 3400 124th ave nw " Coon Rapids, Mn 55433 763-323-9750

09/09/2016 16.4.2

12:07 PM

STR 6215 REG 4 TRN 8809 EMP 281902

SALE

Product ID

Description Total

167060 BW SS Letter

1,000 @ 0.14

Bulk @0.08

-60.00

You Pay

80.0055

Subtotal: 80.00
Sales Tax: 5.70 Order Management Invoice # 86345,74810014 Approval Code: 084924 gas and an arrangement

114318 JDA GMILL ORDE

1<u>07.13</u> E

Total: 192.83
Debit Card 4331: 103.02 Debit Card 4331:

TDS Chip Read

AID A0000000042203 424F5720444542495420

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TVR 0000048000

CVS PIN Verified

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Total Savings: \$60.00



# **INVOICE**

3745 Bridge St. • P.O. Box 428 St. Francis, MN 55070 763-753-2721 Fax 763-753-1652 Date 9/9/16

Ster	e Feldman			
_		Phone	э:	
		Cell:		
		Date	Called:	
Quantity	Descript	ion /Q <sup>N</sup>	24"	Amount
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20	states			32.00
	set up jee			12,50
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AID □ Cash	☐ Check# Credit Card	Date 9/15/16	Sub Total	229,50
	Thank You!		Tax	16,35
	Received By	Date	Tota (	245.85
A C	ERVICE CHARGE OF 1.5 % PER MONTH V			

## CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

## <u>Instructions</u>

Campaign Information
Name of candidate or committee
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)
<u>Certification</u>
Select the appropriate choice below, and sign.
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer
Date

#### **CAMPAIGN FINANCIAL REPORT**

(All of the information in this report is public information) Name of candidate, committee or corporation Office sought or ballot question District Type of Period of time covered by report: Candidate report report Campaign committee report from 5/23/16 to 11/8/16 Association or corporation report Final report **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 = \$ /50,00 **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 Amount **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 Date Purpose Name and Address Expenditure or of Recipient Contribution Amount **TOTAL** I certify that this is a full and true statement. ₹ Signature Date Telephone 7634390694 Email (if available) rabaner 200 St Francis, Mn 55070

#### Contributions

# 9/14/16 Marty LaBrie(Retired) 21799 Tyler St. NE East Bethel, MN 55011

\$150

## Disbursements

Signs (General)	\$232.46
Newspaper Ad (x2)	\$102.00
T-shirt	\$127.40
Cards & Flyers	\$132.27
Signs (primary)	\$245.85

#### CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

#### Instructions

<u>Campaign Information</u>
Name of candidate or committee Robert Bauer
Office sought by candidate (if applicable) City Council
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign.
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer

# CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

## **Instructions**

Campaign Information
Name of candidate or committee TIM BRUWN
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign.
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer with I have
Date ////4/10

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Address 3459 228th Le NW St. Francis, MN 55070



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Cell:

Date Called:

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## CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

#### **Instructions**

Campaign Information
Name of candidate or committee Garbage Haulers for Citizen Choice
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)
<u>Certification</u>
Select the appropriate choice below, and sign.
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer John M. Kysylyczyn, treasurer  Date 12/5/16

# **CAMPAIGN FINANCIAL REPORT**

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

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	X Final report	·	το
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