

Received 9/7/22

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Mark Leighton

Office sought or ballot question City Council Ward 2 District \_\_\_\_\_

Type of report X Candidate report  
\_\_\_\_\_ Campaign committee report  
\_\_\_\_\_ Association or corporation report  
\_\_\_\_\_ Final report

Period of time covered by report:  
**1st Report** **09/07/22**  
from \_\_\_\_\_ to \_\_\_\_\_

## 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 \$ \$220.00  
IN-KIND + \$ \_\_\_\_\_  
TOTAL AMOUNT RECEIVED = \$ 0.00

## 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     | Purpose                 | Amount            |
|----------|-------------------------|-------------------|
| 08/25/22 | Yard Signs              | \$960.09          |
| 09/01/22 | Postage                 | \$110.00          |
| 09/01/22 | Copy Paper              | \$ 30.22          |
|          | Actual Payments pending |                   |
|          | <b>TOTAL</b>            | <b>\$1,100.31</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 and Address of Recipient | Expenditure or Contribution Amount |
|------|---------|-------------------------------|------------------------------------|
|      |         |                               |                                    |
|      |         |                               |                                    |
|      |         | <b>TOTAL</b>                  | <b>None</b>                        |

I certify that this is a full and true statement. \_\_\_\_\_ 09/07/22

Signature

Date

Printed Name Mark Leighton Telephone 612 910 5413 Email (if available) \_\_\_\_\_

Address 1802 Minnehuta Drive, Fergus Falls, MN 56537

Report

Office

Name

For Office Use Only: