CAMPAIGN FINANCIAL REPORT (Photocopy version)

Report

for Office Use Only: Name

Received 11/23/22

CAMPAIGN FINANCIAL REPORT

	0 1	South Raches	1. 1.1
Office sought or ball	at question	District District	word 4
Type of eport	Candidate repor Campaign comm Association or co Final report	rittee report	f time covered by report:
win-kind) rather than or from a single source th	ntributions received during the perion contributor. See note on contribution at exceeded \$100 during the calendar and date for these contributions. \$	RIBUTIONS RECEIVED ad of time covered by this report. Contribut In limits on the back of this form. Use a separt year. This itemization must include name TOTAL CASH-ON-HANE	arate sheet to itemize all contribut ne, address, employer or occupation
nclude the amount, Attach additional she Date 10/29/22	date and purpose for all disburse	SISBURSEMENTS ements made during the period of tin Purpose	Amount
		7	OTAL /557.80
han \$200. Submit a Project title or descri	t any media project or corporate separate report for each project ption	E PROJECT EXPENDITURES e message project for which contributi t. Attach additional sheets if necessar Name and Address	ion(s) or expenditure(s) total m
Date	Purpose	of Recipient	Contribution Amount
		-	OTAL
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certify that this is a		Signature Dephone 218 772 939 Email (i	1/23/25 ate

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes* 211A.05, subdivision 1)

<u>Campaign Information</u>
Name of candidate or committee Swill Karchels
Name of candidate or committee Swith Rachels Office sought by candidate (if applicable) Cuty Lound with
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
Date ///23/ 22