

# CAMPAIGN FINANCIAL REPORT

Received 8/19/24

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

Name of candidate, committee or corporation Laurel E. Kilde

Office sought or ballot question Fergus Falls City Council - Ward 4 District Fergus Falls Ward 4

Type of report  Candidate report  
 Campaign committee report  
 Association or corporation report  
 Final report

Period of time covered by report:  
 from 8/7/24 to 8/19/24

## 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 \$ 1500.00 TOTAL CASH-ON-HAND \$ 47.44  
 IN-KIND + \$ 0  
 TOTAL AMOUNT RECEIVED = \$ 1500.00

## 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         |
|--------|---|----------------|
| 8/7/24 | Signworks - Yard Signs                        | 1240.56        |
| 8/9/24 | West Central Initiative - Run for Rural Class | 160.00         |
| 8/9/24 | MN Secretary of State - Maps                  | 22.00          |
| 8/9/24 | MN Secretary of State - Voter list            | 30.00          |
|        | <b>TOTAL</b>                                  | <b>1452.56</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>                  |                                    |

I certify that this is a full and true statement. Laurel Kilde 8/19/24  
 Signature Date

Printed Name Laurel Kilde Telephone 218-205-6687 Email (if available) laurelkilde@gmail.com  
 Address 506 South Union Avenue, Fergus Falls, MN 56537

List of Donations -  
 Laurel Kilde (candidate) \$1500.00 on 8/7/24  
 506 South Union Avenue, Fergus Falls, MN 56537  
 occupation - self employed - Retail Business owner & Office Manager - Robert L. Russell, Atty @law

Report Office Name For Office Use Only: