

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation LeAnn M Theisen

Office sought or ballot question City Council District 15

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

Period of time covered by report:

from 8/16/16 to 11/18/16

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	\$	<u>0</u>		TOTAL CASH-ON-HAND	\$	<u>0</u>
IN-KIND	+	\$	<u>0</u>			
TOTAL AMOUNT RECEIVED	=	\$	<u>0</u>			

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
TOTAL		<u>0</u>

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
TOTAL			

I certify that this is a full and true statement. LeAnn M Theisen 11-10-16
 Signature Date

Printed Name LeAnn M Theisen Telephone 2183932167 Email (if available) _____

Address 708 1st St Carlton, MN 55718

Report

Office

Name

For Office Use Only:

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)

Campaign Information

Name of candidate or committee

LeAnn M Theisen

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

LeAnn M Theisen

Date

11-10-16

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Ruth A. Jorgenson
 Office sought or ballot question Council District City of Carlton

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

Period of time covered by report:
 from _____ to 11/8/17

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 \$ - 0 -
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ - 0 -

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
TOTAL		<u>- 0 -</u>

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
TOTAL			

I certify that this is a full and true statement. Ruth A. Jorgenson 11/10/16
 Signature Date
 Printed Name Ruth A. Jorgenson Telephone 218 384 4202 Email (if available) jorgensonruth@gmail.com
 Address 516 Hidden View Rd Carlton MN 55718

Report

Office

Name

For Office Use Only:

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

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Campaign Information

Name of candidate or committee: Ruth A Jorgenson
Office sought by candidate (if applicable): City of Carlton 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: Ruth A Jorgenson

Date: 11/10/16

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Kitty Bureau

Office sought or ballot question Mayor City of Carlton District _____

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

Period of time covered by report: 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 \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ _____

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
	none	
	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 of Recipient	Expenditure or Contribution Amount
	none		
		TOTAL	

I certify that this is a full and true statement. Kitty Bureau 11/10/16
Signature Date

Printed Name Kitty Bureau Telephone 218-341-9847 Mail (if available) _____

Address 729 2nd St. Carlton Mo. 55718

Report Office Name For Office Use Only:

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

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Campaign Information

Name of candidate or committee Kitty Bureau
Office sought by candidate (if applicable) Mayor City of Carlton
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 Kitty Bureau
Date 11-10-16

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Ann Gustafson

Office sought or ballot question City Councilor District _____

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

Period of time covered by report:

from 8/16 to 11/8

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	\$ <u>0</u>	TOTAL CASH-ON-HAND	\$ <u>0</u>
IN-KIND	+ \$ <u>0</u>		
TOTAL AMOUNT RECEIVED	= \$ <u>0</u>		

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
TOTAL		<u>0</u>

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
TOTAL			<u>0</u>

I certify that this is a full and true statement.

Ann Gustafson
 Signature _____ Date _____

Printed Name Ann Gustafson Telephone 218-349-7696 (if available) anniegustafson@gmail.com

Address 29 Myra Ave Carlton, MN 55718

Report

Office

Name

For Office Use Only:

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

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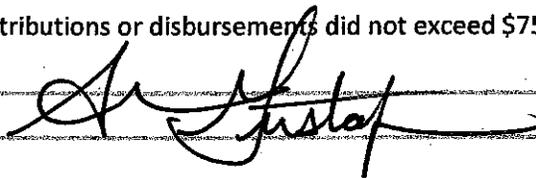
Campaign Information

Name of candidate or committee Ann Gustafson
Office sought by candidate (if applicable) City Councilor
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 11/14/16

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

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Campaign Information

Name of candidate or committee:

HEATHER MACDONALD

Office sought by candidate (if applicable):

Council Person

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:

Heather Macdonald

Date:

11/29/16