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 100) Natmoen
Office sought by candidate (if applicable) School Board
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 campaign contributions or disbursements did not exceed \$750 in the calendar year.
Signature of candidate or committee treasurer
Date 1/11/16

CAMPAIGN FINANCIAL REPORT

Office sought or ballot q		oul Board	District Period of time	659	THEID
• •	Campaign co	•	Period of time		
	Association of			covered by rep	oort:
	Association or corporation report Final report		from Nou 20140 Nou 2016		
or in-kind) rather than cont from a single source that e	outions received during the pributor. See note on contribu	NTRIBUTIONS RECEIVE period of time covered by this reution limits on the back of this fundar year. This itemization must.	eport. Contributions s orm. Use a separate sh	eet to itemize a	ıll contributio
CASH	\$	O TOTAL CA	SH-ON-HAND	\$	0
IN-KIND	⁺ \$	0	4 : 1	1114	
TOTAL AMOUNT RECEIV	ED = \$	o func	el by Conc	hdok	Sol
10/17/16	Od For Ele	chón		240	00
			TOTAL	240	00
han \$200. Submit a sep Project title or descriptio	ny media project or corpor arate report for each pro on	ATE PROJECT EXPENDITE The attention of the state of the s	ch contribution(s) o ts if necessary.	·	
Date	Purpose	Name and A of Recip		Expenditur Contribut Amoun	tion
			TOTAL		
certify that this is a full	and true statement.	00/ Trednoe	e	,	
		Signature	Date		
rinted Name Nocl	Stradynami	elephone 507-29/-029	3A		