

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)

Campaign Information

Name of candidate or committee

Ben Bakken

Office sought by candidate (if applicable)

School Board

Identification of ballot question (if applicable)

Certification

Select the appropriate choice below, and sign.

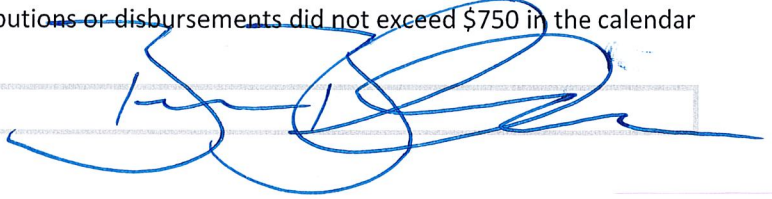


I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer.



I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer



Date

11/5/2020

Report

Office

Name

from 8/1/20 to 11/5/20

For Office Use Only:

benbakken@collegcitybeverage.com

Office of the Minnesota Secretary of State

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Campaign Information

Name of candidate or committee

Sherry Eichler

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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer

Sherry Eichler

Date

Dec 1, 2020

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Campaign Information

Name of candidate or committee

James Jarvis

Office sought by candidate (if applicable)

School Board

Identification of ballot question (if applicable)

Certification

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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

11/4/20

Report

Office

Name

For Office Use Only:

from P/20 to 11/20

CASH	\$	<u>400</u>	TOTAL CASH-ON-HAND	\$	<u>0</u>
IN-KIND	+	\$			
TOTAL AMOUNT RECEIVED	=	\$			
		<u>400</u>			

<i>Date</i>	<i>Purpose</i>	<i>Amount</i>
	TOTAL	

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

Date _____

Address 651 Beverly St Waukegan, MN 55983

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Campaign Information

Name of candidate or committee

AJ LINDBER

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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer

G. Cull

Date

11/9/2020

Report

Office

Name

For Office Use Only:

I certify that this is a full and true statement. *AJ Lindell* 11/9/20
Signature Date
Printed Name AJ LINDELL Telephone 651-336-8413 Email (if available) aj.lindell@mr.com
Address 45395 20th Ave KENYON, MN 55946

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Campaign Information

Name of candidate or committee Junie Sommer

Office sought by candidate (if applicable) School Board - District 2172

Identification of ballot question (if applicable)

Certification

Select the appropriate choice below, and sign.

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☒ 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 Junie Sommer

Date 11/5/2020

[illegible]

Name of candidate, committee or corporation Amie Sommer

Type of report _____ Candidate report _____ Period of time covered by report: _____
 _____ Campaign committee report _____
 _____ Association or corporation report _____ from 8/2020 to 11/2020
 _____ Final report _____

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	+	\$			
TOTAL AMOUNT RECEIVED	=	\$			


Include the amount, date and purpose for all disbursements made during the period of time covered by report.
Attach additional sheets if necessary.

<i>Date</i>	<i>Purpose</i>	<i>Amount</i>
	TOTAL	

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 _____

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

I certify that this is a full and true statement.  Signature 11/5/2020 Date

Printed Name: Jamie Sommer Telephone: 507-271-5501 Email (if available): jsommer@kw, kiz, mw, us
Address: 313 2nd St. E Wyaning MN 55983

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Campaign Information

Name of candidate or committee Michelle Wood

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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer Michelle Wood

Date 11-10-20

Report

Office

Name

For Office Use Only:

Period of time covered by report:

from 8/11/20 to 11/20

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.

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report.
Attach additional sheets if necessary.

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.

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	\$ 5.00

Printed Name Michelle Wood Telephone 612-810-4893 Email (if available) wood.kids.mn@gmail.com
Address 3014 Soogn Valley Dr. Dennison, MN 55018