

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 Cory Samora

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 to date 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 [Signature]

Date 11/10/2020

Office of the Minnesota Secretary of State

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Campaign Information

Name of candidate or committee: Nicholas Michael Sorensen
Office sought by candidate (if applicable): Medford City Council
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: 11/10/2020

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Campaign Information

Name of candidate or committee

Matt Dempsey

Office sought by candidate (if applicable)

City Council

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

Matt Dempsey

Date

11-10-20

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Campaign Information

Name of candidate or committee Amanda Mueller
Office sought by candidate (if applicable) City Council
Identification of ballot question (if applicable) Mandy Mueller

Certification

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Signature of candidate or committee treasurer Amanda Mueller
Date 11/6/2020

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation hois m Nelson
 Office sought or ballot question Medford Mayor District City
 Type of report _____ Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
1 Final report
 Period of time covered by report:
 from 9/1/20 to 11/4/20

Report

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 \$ 620.00 TOTAL CASH-ON-HAND \$ 2.50
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 620.00

Office

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
9/16/20	City of Medford - Park Rental	120.00
9/23/20	Insty Prints - Flyer + Postcard	267.25
9/24/20	Steele Co Times - Inserting	149.00
10/7/20	Steele Co Times - Ribbon Ad 10 papers	49.00
11/4/20	Medford Coert - Oct Ad	32.00
	TOTAL	617.50

For Office Use Only: Name

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. [Signature] 11/4/20
 Signature Date
 Printed Name hois m Nelson Telephone 507 390 4553 Email (if available) dmelson1167@gmail.com
 Address Box 161, Medford, MN 55049

Office of the Minnesota Secretary of State

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Campaign Information

Name of candidate or committee: Danny Robert THOMAS
Office sought by candidate (if applicable): _____
Identification of ballot question (if applicable): _____

Certification

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Signature of candidate or committee treasurer: Danny Thomas
Date: 11/4/20

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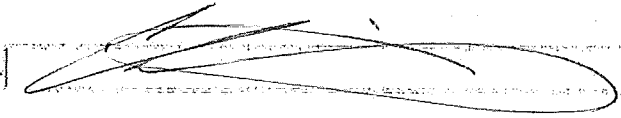
Campaign Information

Name of candidate or committee: Chael Morrissett
Office sought by candidate (if applicable): City Council
Identification of ballot question (if applicable): _____

Certification

Select the appropriate choice below, and sign.

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Signature of candidate or committee treasurer: 
Date: 11/4/2020