CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

<u>Campaign Information</u>
Name of candidate or committee CASSI dy Bicklund
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.
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 11.8.16
submitted to the filing officer. do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING 2016

Instructions

<u>Campaign information</u>
Name of candidate or committee MELISSA BURGARD
Office sought by candidate (if applicable) School Board DISTRICT 152
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 bee
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 Mee
Date 11-13-16

CAMPAIGN FINANCIAL REPORT

T 4	estion <u>Schoo</u>		
Type of	Cand date repo Campalgn comi		tlme covered by repo
	Association or o	corporation report from G	14 to 11/5/
	Final report	10111	······································
ANNO 1-01-160 D		RIBUTIONS RECEIVED	
(money or in-kind) rather that	an contributor. See note on ource that exceeded \$100 du	period of time covered by this report. Con contribution limits on the back of this form uring the calendar year. This itemization mu e contributions.	. Use a separate sheet t
CA5H	\$	TOTAL CASH-ON-HAND	\$
IN-KIND	+ 5		
TOTAL AMOUNT RECEIVED) = \$ <u> </u>	 _	
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		тот	AL ()
nore than \$200. Submit a	media project or corpor separate report for each p	E PROJECT EXPENDITURES ate message project for which contrib project. Attach additional sheets if nec	ution(s) or expenditi
nore than \$200. Submit a	media project or corpor separate report for each p	E PROJECT EXPENDITURES ate message project for which contrib project. Attach additional sheets if nec	ution(s) or expendit essary. Expenditure of
nore than \$200. Submit a	media project or corpor separate report for each p	E PROJECT EXPENDITURES ate message project for which contrib project. Attach additional sheets if nec	ution(s) or expenditions essary. Expenditure of Contribution Amount

For Office Use Only: Name

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

<u>Campaign Information</u>
Name of candidate or committee! Cheviel Clark
Office sought by candidate (if applicable) School Bouvol
Name of candidate or committee! Chevil Clark Office sought by candidate (if applicable)! School Bouvol Identification of ballot question (if applicable)!
Certification
Select the appropriate choice below, and sign.
O 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

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Campaign Information
Name of candidate or committee Scott Stettes
Name of candidate or committee Scott Steffes Office sought by candidate (if applicable) Moorhead 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 South

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

<u>Campaign Information</u>
Name of candidate or committee and Marquardt
Office sought by candidate (if applicable) School Boc(1
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 1 will large
Date

CAMPAIGN FINANCIAL REPORT

		ation in this report is public informati	1 [
Name of candidate	e, committee or corporation	David Mague	
Office sought or ba	allot question School	130000 Dis	trict Macheal
Type of report 	Candidate report Campaign comm Association or c	nittee report	od of time covered by report:
	CONT	RIBUTIONS RECEIVED	ANTIGOTORIA II IN ARTICO DE LA COMPANIO DE
(money or in-kind) ra contributions from a	ather than contributor. See note on	contribution limits on the back of thi uring the calendar year. This itemizati	t. Contributions should be listed by ty s form. Use a separate sheet to itemize ion must include name, address, employ
CASH	\$	TOTAL CASH-ON-H	IAND \$
IN-KIND	+ \$		
TOTAL AMOUNT R	ECEIVED = \$		
Date		Purpose	Amount
			TOTAL
	CORPORAT	TE PROJECT EXPENDITURES	
more than \$200. S	: list any media project or corpo submit a separate report for each	rate message project for which c	contribution(s) or expenditure(s) to if necessary.
Project title or des			
Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
			TOTAL
		$\sim \sim 1$	
I certify that this is	a full and true statement.	will love	1/14/16
Dainte d Nove e	Manual -	Signature /	Date /
Printed Name <u>_</u>	suria / jun juar at Tel	lephone <u>218-4-17-0250</u> Em 1 COX h <i>ec.</i>	nail (if available)

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Campaign Information
Name of candidate or committee Name
Office sought by candidate (if applicable) SUND BOALD
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign.
do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer
11/14/16 MM

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

<u>Campaign Information</u>
Name of candidate or committee KEITH Vo 6T
Office sought by candidate (if applicable) SCHOOL BUARD
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign.
l do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
O 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 11/9 2016

	(CAMPAIG	SN FINA	ANCIAL REPORT	
		(All of the infor	4 .	report is public information)	
Name of candidate,	committee or	corporation	KEI	TH VOGT	
Office sought or bal	lot question	Ettroc	BUARD	District	2
Type ofreport	<u> </u>	_ Candidate rep _ Campaign cor	nmittee repo	ort	covered by report:
=		_ Association o _ Final report	r corporatior	report from 8/20/1	to [[]]/[b
(money or in-kind) rat	ther than contrib single source tha	ceived during the outor. See note of t exceeded \$100	e period of tir on contribution during the ca	NS RECEIVED me covered by this report. Contribu n limits on the back of this form. Use lendar year. This itemization must incons.	a separate sheet to itemize all
CASH	• • •	\$		TOTAL CASH-ON-HAND	\$
IN-KIND	+	\$			
TOTAL AMOUNT RE	CEIVED =	\$ <u>0</u>			
Include the amount Attach additional sh			DISBURS ursements m	EMENTS nade during the period of time co	vered by report.
Date			Purpose		Amount
8/25/16	CAMP	Alba SIGN	5		\$ 664.78
9/10/16	CAMP	Alon RY	RS		\$ 169.34
10/14/16		irts '			f32.24
				TOTAL	t 866.36
more than \$200. Su	ıbmit a separat	project or corp e report for eac	oorate messa	CT EXPENDITURES age project for which contribution in the contrib	
Project title or desc	7				
Date	PL	ırpose		Name and Address of Recipient	Expenditure or Contribution Amount

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.	44 %	11/9/2016
	Signature	Date
Printed Name CEITH VOGT	Telephone 21 8 - 284 - 080	Email (if available)
Address 4112 (0T/4 ST 5	MORRHEAD, MN	54560
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