

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 DAVID P. Anderson
Office sought by candidate (if applicable) Director of School Board Position 6
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



Date 11-9-2020

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Campaign Information

Name of candidate or committee Pamela Ann Carlson

Office sought by candidate (if applicable) director of school board #1

Identification of ballot question (if applicable) _____

Certification

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Signature of candidate or committee treasurer

Pamela A. Carlson

Date

11/9/20

Office of the Minnesota Secretary of State

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Campaign Information

Name of candidate or committee:
Office sought by candidate (if applicable):
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:

Date:

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Campaign Information

Name of candidate or committee Judd Hoff
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 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 Judd Hoff

Date 11-16-20

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Judd Hoff

Office sought or ballot question School Board District 206

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

Period of time covered by report:
 from All to All

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 + \$ 0
 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
	<u>0</u>	<u>NA</u>
		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
	<u>0</u>	<u>NA</u>	
			TOTAL

I certify that this is a full and true statement.

Signature Judd Hoff

Date 11-15-20

Printed Name Judd Hoff

Telephone 320-400-0214

Email (if available) _____

Address 68 S. Maple Court

SE -
6600 Wood M
56377

Report

Office

For Office Use Only: Name