| CA | M | PA | IGN | FIN | ANCI | AL | REF | PORT              |
|----|---|----|-----|-----|------|----|-----|-------------------|
|    |   |    |     |     |      |    |     | $\sim$ 1 $\sim$ 1 |

(All of the information in this report is public information) Name of candidate, committee or corporation Office sought or ballot question Mayor S District Candidate report Period of time covered by report: Type of Campaign committee report report from Aug 13 to Nov. 5, 2024 Association or corporation report Final 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. TOTAL CASH-ON-HAND **CASH** IN-KIND TOTAL AMOUNT RECEIVED **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 Stress Footballs News Paper Adds 250,00 800.00 1050,00 **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 Expenditure or of Recipient Contribution Amount TOTAL Printed Name Peter Kalar Telephone 218-244-2267 Email (if available) twins leafs ps/ Address 1.0, Box 1176 Intil Falls MN 56649