

RECEIVED
12/2/2021
TB/ML

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation RECALL CITY HALL

Office sought or ballot question _____ District _____

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

Period of time covered by report.
from 6/1/21 to 11/30/21

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 \$ 470.42 TOTAL CASH-ON-HAND \$ 547.35
IN-KIND + \$ 0
TOTAL AMOUNT RECEIVED = \$ 470.42

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 |
|---------|--------------------------|------------|
| 6/6/21 | Meatheads deposit | 327.28 |
| 9/9/21 | Meatheads refund | < 327.28 > |
| 7/14/21 | City of Red Wing deposit | 350.00 |
| 9/10/21 | Red Wing refund | < 350.00 > |
| 8/7/21 | USPS PO Box rental | |
| | TOTAL | 38.00 |

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 Paul Kampe 11/30/21
Signature Date

Printed Name PAUL KAMPE Telephone 6513887884 Email (if available) _____

Address 149 Spring Creek Rd S, Red Wing

Report
Office
Name
For Office Use Only