

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Steve Kane

Office sought or ballot question Mayor of St. Francis District _____

Type of report _____ Candidate report _____ Period of time covered by report: _____
 _____ Campaign committee report _____
 _____ Association or corporation report _____ from 4/28/14 to 5/20/14
 _____ 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.

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

EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.


Date	Purpose	Amount
4/28/14	Printing of Campaign Literature	\$471.67
5/20/14	Application Fee for Election	\$5.00
TOTAL		\$476.67

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.  5.20.14
 Signature Date

Printed Name Steve Kane Telephone 763.235.2312 Email (if available) skane@stfrancismn
 Address 23104 Guarani Street NW, St. Francis, MN 55070 .org

Report Office Name For Office Use Only:

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Steve Kane

Office sought or ballot question Mayor of St Francis District _____

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

Period of time covered by report:
 from 3/15/14 to 4/19/14

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

EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.


Date	Purpose	Amount
3/15/14	Booth at St Francis Business Expo	\$50.00
3/22/14	Campaign Buttons	\$25.00
4/17/14	Campaign Signs	\$689.62
4/19/14	Campaign Sign and Literature Design	\$95.00
TOTAL		\$859.62

CORPORATE PROJECT EXPENDITURES

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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.  5.20.14
 Signature Date

Printed Name Steve Kane Telephone 763.235.2312 Email (if available) skane@stfrancismn
 Address 23104 Guarani Street NW, St. Francis, MN 55070 .org

Report Office Name For Office Use Only:

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation STEVEN KANE

Office sought or ballot question MAYOR District _____

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

Period of time covered by report:
 from 5-20-14 to 11-4-14

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

EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
	<u>NOTHING SINCE MAY 2014</u>	<u>0</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
		TOTAL	

I certify that this is a full and true statement.

[Signature]
 Signature

11-12-14
 Date

Printed Name STEVEN KANE Telephone 763.753.3920 Email (if available) _____

Address 23104 GUARDIAN ST. N.W., ST. FRANCIS, MN. 55070

Report

Office

Name

For Office Use Only:

Office of the Minnesota Secretary of State

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 RICH. SKORDAHL
Office sought by candidate (if applicable) ST FRANCIS 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 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

Richard Skordahl

Date

11/11/14

Office of the Minnesota Secretary of State

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Campaign Information

Name of candidate or committee: Chris McClish
Office sought by candidate (if applicable): City Council Member - 4yr
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: 

Date: 11/12/14

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

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Campaign Information

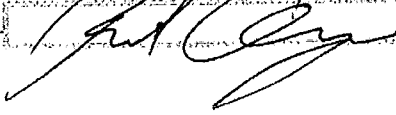
Name of candidate or committee: Richard Orpen
Office sought by candidate (if applicable): City Council
Identification of ballot question (if applicable): _____

Certification

Select the appropriate choice below, and sign.

I do swear (or affirm) that all campaign financial reports required 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: 11/17/2014