



### 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

*Tom Prins*

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.

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

*Tom Prins*

Date

*11-13-18*

# CAMPAIGN FINANCIAL REPORT

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

RECEIVED  
NOV 13 2018  
BY: 518

Name of candidate, committee or corporation Tom Prins  
Office sought or ballot question School Board District 518

Type of report 1 Candidate report  
Campaign committee report  
Association or corporation report  
Final report  
Period of time covered by report:  
from 11-3-18 to 11-13-18

## 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>8-31-18</u>	<u>Parade</u>	<u>50.00</u>
	TOTAL	<u>50.00</u>

## 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>[Signature]</u>		
		TOTAL	

I certify that this is a full and true statement. Tom Prins

Signature

Date

Printed Name Tom Prins Telephone 360-6214 Email (if available) \_\_\_\_\_

Address 21335 McCall Ave Reading MN

Report

Office

Name

For Office Use Only:

Sent via email  
11/3/18

**CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, committee or corporation Tom Prins  
 Office sought or ballot question School Board District 518  
 Type of report  Candidate report  
 Campaign committee report  
 Association or corporation report  
 Final report  
 Period of time covered by report:  
 from 8-31-18 to 11-3-18

**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 \$ 6 TOTAL CASH-ON-HAND \$ 6  
 IN-KIND + \$ 0  
 TOTAL AMOUNT RECEIVED = \$ 6

**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
8-31-18	Filing Fee	\$ 2.00
	Keith Merrick Signs	\$ 920.07
	Keith Merrick Banners	\$ 316.02
	Hand Outs bot Print	181.26
	<b>TOTAL</b>	<b>1419.35</b>

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Project title or description \_\_\_\_\_

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
	NA		
			<b>TOTAL</b>

I certify that this is a full and true statement. Tom Prins  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name Tom Prins Telephone 502-360-6211 Email (if available) \_\_\_\_\_  
 Address 21335 Meloll Ave Reading MN

Report

Office

Name

For Office Use Only: