

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Michael Potter

Office sought or ballot question Wright County Commissioner District 4

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

Period of time covered by report:

from 5-17 to 11-15

## 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 = \$ \_\_\_\_\_

## 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
5-17	filing fee	50.00
8-4	New Signs	552.14
9-2	flyers	116.47
9-24	Sign Posts	30.65
<b>TOTAL</b>		

## CORPORATE PROJECT EXPENDITURES

Page 1 of 3

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
<b>TOTAL</b>			

I certify that this is a full and true statement. \_\_\_\_\_

Signature

Date

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_

Address \_\_\_\_\_

Report  
Office  
Name  
For Office Use Only:

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CASH \$ \_\_\_\_\_ TOTAL CASH-ON-HAND \$ \_\_\_\_\_  
 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
9-26	flyers	66.25
10-1	flyers	85.72
10-3	Sign Posts	30.18
10-7	flyers	115.60
<b>TOTAL</b>		

## CORPORATE PROJECT EXPENDITURES

Page 2 of 3

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

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

I certify that this is a full and true statement. \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_  
 Address \_\_\_\_\_

Report Office Name For Office Use Only:

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

## DISBURSEMENTS

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Date	Purpose	Amount
10-17	Flyers	99.36
10-21	Flyers	53.43
<b>TOTAL</b>		<b>1199.80</b>

## CORPORATE PROJECT EXPENDITURES

Page 3 of 3

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

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

I certify that this is a full and true statement. Michael Potter 11-15-16  
 Signature Date

Printed Name Michael Potter Telephone 263 497 3131 Email (if available) \_\_\_\_\_

Address 11650 57th St N.E. Albertville MN 55301

Report

Office

Name

For Office Use Only: