

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Tina Lobin

Office sought or ballot question City of Grant Council District _____

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

Period of time covered by report:

from 10/10/24 to 10/24/24

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 \$ 300.00 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 300.00

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>10/7/2024</u>	<u>Postcards</u>	<u>1,981.20</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.

Tina Lobin
 Signature

10/24/24
 Date

Printed Name Tina Lobin Telephone 651-485-9009 (mail (if available))

Address 11034 Irish Ave N. Grant MN 55082

Report

Office

Name

For Office Use Only:

Jeff Giefer Campaign Finance Report Itemized Contributions 10/24/24

Date of Contribution:

10/11/24

Amount of Contribution:

\$200

Name of Contributor:

Kathy Schwartz

Address of Contributor:

8540 Jewel Ave N.

City of Grant, MN 55082

Employer / Occupation of Contributor:

None

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Committee to Elect Lindsey Cremona
 Office sought or ballot question Grant City Council District _____

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

Period of time covered by report:
 from Sept 6 2024 to Oct 25 2024

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 \$ 1,420 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ —
 TOTAL AMOUNT RECEIVED = \$ 1,420

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
10/17/24	Rebark	\$177.91
10/8/24	Rebark	\$11.18
10/9/24	Website Hosting fee	\$29.00
9/4/24	Website Hosting fee	\$29.00
TOTAL		187.06

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. [Signature] Date 10-25-24
 Printed Name Lindsey Cremona Telephone 715-937-2164 Email (if available) vote@cremona@gmail.com
 Address 11529 140th St N, Grant, MN 55042

Report

Office

Name

For Office Use Only:

Name	Address	Employer/Occupation	Amount	Date
Andrew Erlandson	11750 97th Street N, Grant	Chiropractor	\$500	9/6/2024
Michael Kelly	9709 Heron Ave N, Grant	Retired	\$250	9/14/2024
John and Becky Siekmeier	1150 Lawn Ave N, Grant	Engineer	\$500	9/24/2024

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Tom Carr

Office sought or ballot question Mayor City of Gaunt District _____

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

Period of time covered by report:
 from 9-12 to 10-25-24

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 \$ 1981.20 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 1981.20

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>9-18-24</u>	<u>postcard paid by Tom Carr</u>	<u>1981.20</u>
TOTAL		<u>1981.20</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
TOTAL			

I certify that this is a full and true statement: _____

Signature

Date

Printed Name Tom Carr Telephone (410)-303-8001 Email (if available) TCarr@cbcount.com
 Address 9550 Joliet Ave, Gaunt, MD

Report

Office

Name

For Office Use Only: