

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Shannon Bryant For Mayor Committee

Office sought or ballot question City of Grant Mayor District \_\_\_\_\_

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

Period of time covered by report:

11/01/16 to 11/08/16

## 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 0  
 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
11/16	Flyers	\$91.05
<b>TOTAL</b>		<b>\$91.05</b>

## 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
<b>TOTAL</b>			

I certify that this is a full and true statement. Shannon Bryant 11/10/16

Signature Date

Printed Name Shannon Bryant Telephone 6514260328 Email (if available) \_\_\_\_\_

Address 10170 Jody Avenue Court North, Grant, MN 55082

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 Sandra Knaeble  
 Office sought or ballot question Grant City Council District Grant

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

Period of time covered by report:  
 from 08/30/16 to 10/17/16

## 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 \$ 1301.22 TOTAL CASH-ON-HAND \$ 1301.22  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ 1301.22

## 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
09/12/16	Signs	565.03
09/16/16	flyers	91.54
10/21/16	Flyers	225.79
10/22/16	SIGNS	418.86
<b>TOTAL</b>		<b>1301.22</b>

## 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
<b>TOTAL</b>			

I certify that this is a full and true statement. Sandra Knaeble 11/03/16  
 Signature Date

Printed Name Sandra Knaeble Telephone 651 351 9007 Email (if available) hknaeble@AOL.com  
 Address 11675 Keets Ave North Stillwater, MN 55082

Report

Office

For Office Use Only: Name