

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 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 9/12/24 to 10/9/24

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	\$	<u>400.00</u>	TOTAL CASH-ON-HAND	\$	<u>0</u>
IN-KIND	+	\$ <u>200.00</u>			
TOTAL AMOUNT RECEIVED	=	\$ <u>600.00</u>			

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>9/12/24</u>	<u>Signs</u>	<u>746.76</u>
<u>10/7/24</u>	<u>Postcard</u>	<u>1,981.20</u>
	TOTAL	<u>2,727.96</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. Tina Lobin 10/9/2024
Signature Date

Printed Name Tina Lobin Telephone 651-485-9009 Email (if available) _____
 Address 11034 Irish Ave N. Grant MN 55082

Report
Office
Name
For Office Use Only: