# **CAMPAIGN FINANCIAL REPORT**

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

Office cought as half-		Ames Samborn (Jim)	
nuce sought of pallo.	t question Mayor	District <u>C</u>	ty of Waconia
Type of	Candidate repo Campaign come Association or of Final report	ort Period of tim mittee report	ne covered by report:  2014 to Nodembr 2014
(money or in-kind) rathe contributions from a sin	ontributions received during the per than contributor. See note on gle source that exceeded \$100 diployed, amount and date for thes	period of time covered by this report. Contricontribution limits on the back of this form. Usuring the calendar year. This itemization must be contributions.  TOTAL CASH-ON-HAND	se a separate sheet to itemize
		EXPENDITURES	33. \$ C
nclude the amount, d Attach additional shee	ate and purpose for all expendets if necessary.	ditures made during the period of time cov	vered by report.
Date		Purpose	Amount
			£
		TOTAL	(4)
		TOTAL	(F)
orporations must list nore than \$200. Subn roject title or descript	t any media project or corpor nit a separate report for each	FE PROJECT EXPENDITURES rate message project for which contributi project. Attach additional sheets if necess	ion(s) or expenditure(s) to ary.  Expenditure or
nore than \$200. Subn	t any media project or corpor nit a separate report for each tion	TE PROJECT EXPENDITURES  rate message project for which contributi project. Attach additional sheets if necess	ion(s) or expenditure(s) to eary.
ore than \$200. Subn	t any media project or corpor nit a separate report for each tion	rate message project for which contribution project. Attach additional sheets if necess Name and Address of Recipient	ion(s) or expenditure(s) to sary.  Expenditure or Contribution
ore than \$200. Subn	t any media project or corpor nit a separate report for each tion	FE PROJECT EXPENDITURES rate message project for which contributi project. Attach additional sheets if necess	ion(s) or expenditure(s) to sary.  Expenditure or Contribution
ore than \$200. Subnroject title or descript	t any media project or corpor mit a separate report for each tion	rate message project for which contribution project. Attach additional sheets if necess Name and Address of Recipient	ion(s) or expenditure(s) to sary.  Expenditure or Contribution
pore than \$200. Subn roject title or descript Date	t any media project or corpormit a separate report for each tion	rate message project for which contribution project. Attach additional sheets if necess  Name and Address  of Recipient  TOTAL	ion(s) or expenditure(s) to sary.  Expenditure or Contribution
ore than \$200. Subn roject title or descript Date  Date  ertify that this is a fu	t any media project or corpormit a separate report for each tion  Purpose	rate message project for which contribution project. Attach additional sheets if necess Name and Address of Recipient	Expenditure(s) to ary.  Expenditure or Contribution Amount  Date

### Office of the Minnesota Secretary of State

# **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 Lynn Ayers

Office sought by candidate (if applicable) City Council, City of Waconia, Ward I Identification of ballot question (if applicable) NA

### Certification

Selec	it the appropriate choice below, and sign.
0	I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
	submitted to the filing officer.
<b>(•)</b>	I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar

Signature of candidate or committee treasurer

Date 11/20/2014

year.

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Campaign Information
Name of candidate or committee KENT BLOUDEK
Office sought by candidate (if applicable) CITI Cancil WARD II (WACONIA)
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
Date 10/25/14

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Campaign Information
Name of candidate or committee JEFF EYENS
Office sought by candidate (if applicable) CITY COUNCIL WARD IT
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.   yearson accompany and accompany accomp
Signature of candidate or committee treasurer
Date 11-20-14