# 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 SCOTI EHUCE
Office sought by candidate (if applicable)
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 3 - 10 - 35

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Campaign Information
Name of candidate or committee KWHY Blawe Office sought by candidate (if applicable)
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)
Certification
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Date 3-10-35

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Campaign Information
Name of candidate or committee DUWRYNE SONNENBERG
Office sought by candidate (if applicable) SUPPERVISOR
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 Letty again Administry  Date 3-10-19
Signature of candidate or committee treasurer Kelly ayal Abundan Ang
Date 3-10-19

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Cam	naigr	1 Int	orm	ation

Name of candidate or committee

Office sought by candidate (if applicable)

Identification of ballot question (if applicable)

# Certification

Select	the	annro	nriate	choice	below,	and	cian
Select	rue	applo	priace	CHOICE	Delow,	allu	Sign.

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year. Signature of candidate or committee treasurer Thousand

3-11-25