

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation BOB HEALES

Office sought or ballot question CITY COUNCIL District _____

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

Period of time covered by report:
 from 8-12-24 to 8-31-24

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 \$ 470.00 TOTAL CASH-ON-HAND \$ 470.00
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 470.00

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
8-17-24	SIGNS AND STAKES	1255.64
8-18-24	MAGNETIC SIGN	29.99
8-18-24	BROCHURES	136.20
8-17-24	BUTTONS	79.85
TOTAL		<u>SEE PAGE 2</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. *Bob Heales* 8-31-24
 Signature Date

Printed Name BOB HEALES Telephone 218 866 0336 Email (if available) RAHEALES@

Address 36820 CO RD 66 #3, CROSSLAKE, MN 56442 MINDSPRING.COM

Report Office Name For Office Use Only:

Campaign Financial Report Form (Printable)

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

DISBURSEMENTS

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Date	Purpose	Amount
8-29-24	ZIP TIES AND STARTS	27.90
8-30-24	REBAR	53.31
	TOTAL	1582.89

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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 _____ Telephone _____ Email (if available) _____
 Address _____

Report

Office

For Office Use Only: Name