

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 Tanner Balfany

Office sought by candidate (if applicable) City Council

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 Tanner Balfany

Date 11/18/22

## CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

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### Campaign Information

Name of candidate or committee Mark Duchene

Office sought by candidate (if applicable) City Council

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 11/15/2022

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee *Suzanne Eckel*

Office sought by candidate (if applicable) *Mayor*

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 *Suzanne Eckel*

Date *11-16-2022*

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Suzanne Erkel

Office sought or ballot question Mayor District \_\_\_\_\_

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

Period of time covered by report:

from 8-22 to 11-22

## 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 \$ \_\_\_\_\_  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ 0

## 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
9-21	Signs	306.24
8-26	Signs	459.56
11-19	Social media	100.00
<b>TOTAL</b>		<b>860.80</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. Suzanne Erkel Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name Suzanne Erkel Telephone 612-240-9495 Email (if available) Suzanne.erkel@msrl.com  
 Address 26788 Okinawa St East Bethel MN 55011

Report  
Office  
Name  
For Office Use Only:

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

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Campaign Information

Name of candidate or committee Tim Harrington  
Office sought by candidate (if applicable) MAYOR  
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 [Signature]

Date 11-9-2022

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Tim Harrington

Office sought or ballot question MAYOR District \_\_\_\_\_

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

Period of time covered by report:  
 from \_\_\_\_\_ to \_\_\_\_\_

## 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 \$ \_\_\_\_\_  
 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
7-18-2022	Political Signs	1,128.45
7-14-2022	Political Flyers	422.35
7-22-2022	Political Banners	120.00
	TOTAL	1,675.80

## CORPORATE PROJECT EXPENDITURES

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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. Tim Harrington July 26 2022  
 Signature Date

Printed Name Tim Harrington Telephone 763-200-2581 Email (if available) timharr0464@gmail.com  
 Address 4887- 201st Ave. N.E. East-Bethel, 55092

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 Tim Harrington

Office sought or ballot question MAYOR District \_\_\_\_\_

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

Period of time covered by report:  
 from \_\_\_\_\_ to \_\_\_\_\_

## CONTRIBUTIONS RECEIVED

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CASH \$ \_\_\_\_\_ TOTAL CASH-ON-HAND \$ \_\_\_\_\_  
 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
9-10-22	POLITICAL SIGNS	\$ 497.32
	TOTAL	

## 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. \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_  
 Address \_\_\_\_\_

Report

Office

Name

For Office Use Only:

KLCOPY

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

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Campaign Information

Name of candidate or committee KEVIN B. LEWIS
Office sought by candidate (if applicable) EAST Bethel City Council
Identification of ballot question (if applicable) N/A

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 Kevin B Lewis
Date 11/11/2022

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee Wanda McLaurin  
Office sought by candidate (if applicable) City Council  
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 w. mclaurin

Date 11/18/22

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Wanda McLaughlin  
 Office sought or ballot question City Council District 31

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

Period of time covered by report:  
 from \_\_\_\_\_ to \_\_\_\_\_

## 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 \$ 0 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
9/17	Signs - Innovations Plus	804.40
10/14	Mailing - Custom Graphics	1995.56
	<b>TOTAL</b>	<b>2799.96</b>

## CORPORATE PROJECT EXPENDITURES

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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. W. McLaughlin 11/18/22  
 Signature Date

Printed Name Wanda McLaughlin Telephone 717-817-1563 Email (if available) wlmcLaughlin@msn.com  
 Address 23380 London St NE  
E Bethel, MN 55005

Report

Office

Name

For Office Use Only:

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**Campaign Information**

Name of candidate or committee Tim Miller

Office sought by candidate (if applicable) City Council East Bethel MN

Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

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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 11-17-2022

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee

Jim Smith

Office sought by candidate (if applicable)

City Council

Identification of ballot question (if applicable)

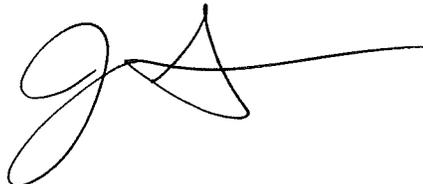
**Certification**

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 11-14-22

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Jim Smith

Office sought or ballot question City Council District SD 31

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

Period of time covered by report:  
 from 8-16-22 to 11-8-22

## 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 \$ 0 TOTAL CASH-ON-HAND \$ 0  
 IN-KIND + \$ 0  
 TOTAL AMOUNT RECEIVED = \$ 0

## 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
10-1-22	CAMPAIGN SIGNS	\$450.00
	TOTAL	\$450.00

## CORPORATE PROJECT EXPENDITURES

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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. [Signature] 11-14-22  
 Signature Date

Printed Name Jim Smith Telephone 612-221-2028 Email (if available) jim.smith@gmml.com  
 Address 23620 DAVENPORT ST NE EAST BETHEL MN 55005

Report Office Name For Office Use Only: