CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Therese Wisocki

Office sought or ballot question Duluth City Council District At Large

Type of report
- ____ Candidate report
- X Campaign committee report
- ____ Association or corporation report
- ____ Final report

Period of time covered by report:

from 06/05/23 to 07/06/23

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 $ 970.00

IN-KIND + $ ____

TOTAL AMOUNT RECEIVED = $ 970.00

TOTAL CASH-ON-HAND $ 751.32

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*
06/18/2023	UPS Store- Rack cards print fee	$ 19.42
06/29/2023	UPS Store- Business cards print fee	$ 16.05
06/29/2023	Sheldon- Rack cards and business cards print fee	$ 207.21
07/05/2023	Advantage Emblem and Screen Printing- Lawn Signs	$ 871.00
	TOTAL	$1113.68

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. Kathryn Goldschmidt (Signature) 07/06/2023 (Date)

Printed Name Kathryn Goldschmidt Telephone (218)348-4698 Email (if available) goldsch777@gmail.con

Address 417 Lakeview Avenue Duluth MN 55812

For Office Use Only: Name Office Report

NAME	ADDRESS	CITY	STATE	ZIP	EMPLOYER	OCCUPATION	DATE	AMOUNT
James R. Landwehr	1946 Kenwood Drive	Duluth	MN	55811	Interim HealthCare of Lake Superior, Inc.	Owner/President	06/05/23	$500.00
Susan Schober Cutshall	116 Northfield Street	Duluth	MN	55803	Self	C.P.A./Owner	06/06/23	$100.00
Joy M. Pyle	3232 E. 4th Street	Duluth	MN	55804-1830		Retired	06/28/23	$100.00
Daniel D. Dougherty	600 E. 2nd Street	Duluth	MN	55805	Self- Dougherty Funeral Home	Funeral Director	06/30/23	$200.00
								$900.00