



# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Kristine Osbakken

Office sought or ballot question city council at-large District     

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

Period of time covered by report:

from 9/5 to 10/23/15

## 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 \$ 1500.00 TOTAL CASH-ON-HAND \$ 1500.00  
IN-KIND + \$       
TOTAL AMOUNT RECEIVED = \$ 1500.00

*see attached schedule*

## 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
	<i>all expenses paid personally,</i>	
	<i>to be reported on Dec 3rd report</i>	
	<i>when candidate is reimbursed</i>	
	<b>TOTAL</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. *Gail Matthews* 10/22/15

Signature

Date

Printed Name Gail Matthews Telephone 391-6115 Email (if available) wynciel@gmail.com

Address     

Report  
Office  
Name  
For Office Use Only:

KRISS OSBAKKEN  
 SCHEDULE OF RECEIPTS/DISBURSEMENTS  
 2015

DATE	DONOR	ADDRESS	EMPLOYER	PURPOSE (disbursements only)	AMOUNT	REPORT DATE
8/15/2015	Rayanne Swanson	824 8th Ave E Duluth MN	retired		<u>\$500</u>	(8/31/2015)
9/1/2015	Hanni Hourmas	1679 Case Ave St. Paul MN			500	10/23/2015
10/1/2015	Gary Kohls	1306 E 8th St Duluth MN	self-employed		100	10/23/2015
10/15/2015	Henry Helgen	5422 Wyoming St Duluth MN			100	10/23/2015
10/15/2015	Mary Osbakken	29 Walnut Lar Philadelphia PA	retired		200	10/23/2015
10/15/2015	Ron Miller	224 N. 2nd Ave E #623 Duluth MN			<u>100</u>	10/23/2015
					<u>1000</u> period	
					<u>1500</u> ytd	

All disbursements are being paid personally by candidate. Expenses will be reported on the December 3rd report after candidate is reimbursed for expenses.