





**Furman for Duluth: Donors in excess of \$100 4/13/17 – 9/1/17**

Furman, DuWayne  
1007 S. Madison  
Macomb, IL 61455

Cash: \$300.00  
  
(Total to date: \$600.00)

Employer: Retired Professor, Western Illinois University

Kuitu, Michael  
1114 W. 6<sup>th</sup> St.  
Duluth, MN 55806

Cash: \$100.00  
In Kind: \$27.00  
  
(Total to date: \$232.00)

Employer: Retired Operating Engineer

Wigrin, Ron  
3808 W. 4th St.  
Duluth, MN 55897

Cash: \$210

Employer: Waste Management

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Tom Furman

Office sought or ballot question City Council District 4

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 \$ 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
7/19/17	Filing Fee	20.00
	TOTAL	20.00

## 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] 8/31/17  
 Signature Date

Printed Name Tom Furman Telephone (218) 727-4174 Email (if available) Tom@FurmanforDuluth.com

Address 141 W. Orange St. Duluth, MN 55811

Report  
Office  
Name  
For Office Use Only: