



### **Campaign Financial Report for Sharon Eklund**

1. \$300.00 8/16/18 Sylvia Gubbe 7848 Bavaria Rd. Victoria, MN 55386, retired
2. \$200.00 8/31/18 Mark Schneider 1950 Edgewater Place Victoria, MN 55386 , retired
3. \$300.00 9/1/18 Sylvia Gubbe 7848 Bavaria Rd Victoria, MN 55386, retired
4. \$600.00 9/3/18 Lawrence Gubbe 7848 Bavaria Rd Victoria, MN 55386, retired

**CAMPAIGN FINANCIAL REPORT (Photocopy version)**

**CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, committee or corporation SHARON EKLUND

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 9/05/18 to 10/26/18

**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 \$ 200.00 TOTAL CASH-ON-HAND \$ 330.50  
 IN-KIND + \$ 1275.00  
 TOTAL AMOUNT RECEIVED = \$ 1475.00

**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
9/19-25/2018	Bus cards + handouts	495.00
9/24/2018	Gazette Ad	127.50
10/18/2018	Meet + greet Vic House	108.35
9/15 2018	Misc supplies + maps	41.12
10/22 2018	50 signs	380.00
<b>TOTAL</b>		<b>1151.97</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. Sharon Eklund 10/26/18  
 Signature Date

Printed Name Sharon Eklund Telephone 952-443-3092 Email (if available) Shargara@mchsi.com  
 Address 1200 79 St. Victoria, MN 55386

Report Office Name For Office Use Only: