

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Committee to Elect Shannon Bruce  
 Office sought or ballot question Minnetrista City Council District \_\_\_\_\_

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

Period of time covered by report:  
 from 10/1/16 to 11/8/16

## 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 \$ 635.59  
 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        |
|--------------|--|---------------|
| 11-8-16      | Facebook Advertising                       | 209.38        |
| 10-17-16     | Printing FedEx Kinkos Flyers               | 125.22        |
| 10-31-16     | Herald Jnl Marketing - Campaign Yard Signs | 17.08         |
| 10-4-16      | Reimbursement for cash to open account     | 50.00         |
| <b>TOTAL</b> |  | <b>401.68</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. Shannon Bruce 11/14/16  
 Signature Date  
 Printed Name Shannon Bruce Telephone 763-479-9970 Email (if available) \_\_\_\_\_  
 Address 7500 Fielding Trl, Minnetrista, MN 55359

Report Office Name For Office Use Only: