Date	Purpose	Name and Address	Expenditure or
		of Recipient	Contribution
			Amount
		TOTAL	
I certify that this is a fu	II and true statement.	black S. Fosse	r 11.1-18
Printed Name	Dorah Foster Telep	Signature Shone 507 335 8 Email (if avail	Date able) motoster mic
Address 601 S	horacies Or.	trainment, MN SbC	231
		1.20	

CAMPAIGN FINANCIAL REPORT (All of the information in this report is public information)

CONTRIBUTIONS RECEIVED

Candidate report

Final report

Campaign committee report

Association or corporation report

District

Period of time covered by report:

2018 Nov. 15+ 2018

Name of candidate, committee or corporation

Office sought or ballot question

Type of

report

Report	(money or in-kind) r contributions from a	I contributions received during the pather than contributor. See note on c	eriod of time covered by this report. Contribution limits on the back of this form. Using the calendar year. This itemization must in contributions.  TOTAL CASH-ON-HAND	e a separate sheet to itemize all
	IN-KIND	+ \$		
	TOTAL AMOUNT R	= \$ <u>185.8</u>	<u>'</u>	
			ISBURSEMENTS ements made during the period of time co	overed by report.
	Date		Purpose	Amount
	9-11-18	Designing Sign	1dina	33.10
Office	9-12-18	Photo Rivess		33,31
6	10-29-18	Photo Press		408.85
	10-29-18	Sentine	TOTAL	109.00
		CORPORATI	E PROJECT EXPENDITURES	total \$185.8
		(5)	ate message project for which contribution roject. Attach additional sheets if necessa	
	Project title or desc	ription		
	Date	Purpose	Name and Address	Expenditure or

Jarrod + Kather Dagle \$10000 4853 Walley Dr. NW Rochester, MN 55901

#### CAMPAIGN FINANCIAL REPORT (Photocopy version)

#### CAMPAIGN FINANCIAL REPORT

(All of the information in this report is public information) Name of candidate, committee or corporation Office sought or ballot question District Candidate report Period of time covered by report Type of Campaign committee report report Association or corporation report Final report 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) ratiker 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 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 TOTAL 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 Name and Address Expenditure or Purpose Contribution of Recipient Amount TOTAL I certify that this is a full and true statement. Date Signature Email (if available) **Printed Name** Telephone Address

For Office Use Only: Name

Office of the Minnesota Secretary of State

# CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by Minnesota Statutes <u>211A.02</u> have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (Minnesota Statutes <u>211A.05</u>, subdivision <u>1</u>).

Campaign Information
Name of candidate or committee
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign:
I do swear (or affirm) that all campaign financial reports required to date by Minnesota Statutes <u>211A.02</u> have been submitted to the filing officer.
I do swear (or affirm) that campaign contributions or disbursements did not exceed \$750 in the calendar year.
Signature of candidate or committee treasurer
Signature of carididate of committee treasurer
Date 11-9-18

CAMPAIGN FINANCIAL REPORT

Name of Committee: Friends of Wayne Hasek

Wayne Hasek Co-Chair, Friends of Wayne Hasek 1612 N. Park St. Fairmont, MN 56031 507-399-9292

Andrew Hasek Co-Chair, Friends of Wayne Hasek 3825 Cedar Grove Parkway #440 Eagan, MN 55122 arhasek@gmail.com; 507-399-4521

Christine Hasek Secretary, Friends of Wayne Hasek 1612 N. Park St. Fairmont, MN 56031 wchasek@yahoo.com; 507-399-3886

Name of candidate, committee, or corporation: Friends of Wayne Hasek Office Sought or Ballot Question: Fairmont City Council District: Ward 4

Type of Report: X Campaign Committee Report

Period of Time: 1/31/18 to 1/5/19

#### **Contributions Received:**

Cash: \$0

Total Cash-On Hand: \$205.39

In-Kind: N/A

Total Amount Received: \$0

#### Disbursements:

None during this reporting period

Total Spent (1/31/18 to 1/5/19): \$0.00

#### **Corporate Project Expenditures:**

N/A

I certify that this is a full and true statement <u>Mayn</u>. Hare

Printed Name Wayne Hasek

Telephone: 507-399-9292

Email: hasekforward4@gmail.com

Address: 1612 N. Park St., Fairmont, MN 56031

Friends of Wayne Hasek Itemized for Donors over \$100 For Reporting Period: 1/31/18 to 1/5/19

N/A for this reporting period

### CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT (All of the information in this report is public information) Name of candidate, committee or corporation Randy Lubenow Office sought or ballot question Ward 3 City Council District Type of Candidate report Period of time covered by report: Campaign committee report report Association or corporation report from 8-27-18 to 11-5-18 Final report 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-land) 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 IN-KIND **TOTAL AMOUNT RECEIVED** s 500 **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** -27-18 Yard Sians 110:00 Photo Press 10-29-18 114.75 KSUM-KFMC 11-1-18 TOTAL **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 Expenditure or

Report

		of Recipient	Contribution Amount
11-1-18	Radio Ads	KSUM-KFMC	500.00
		1371 W Lair Road	
		Fairmont, MN 56031 TOTAL	500.00

I certify that this is a full and true statement	and the Commen	11120
	Signature	Date
Printed Name Randy Lubenow	Telephone 507-236-3862 E	mail (if available)
Address 217 South Ham	Ito St, Fairmont,	MN 56031

## 11/12/18

To Whom it may concern:

I received \$500 from TPI, Junction of Hwy 15 & I90, Fairmont, MN 56031.

This money was used for radio ads on KSUM-KFMC radio, 1371 W Lair Road, Fairmont, MN 56031.

Respectfully Submitted, Randshiberon

Randy Lubenow

# **CAMPAIGN FINANCIAL REPORT**

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

Office sought or ba	allot question	Dis	strict	3 A
Type of	Candidate report Campaign com Association or Final report	mittee report		vered by report:
(money or in-kind) ra	contributions received during the their than contributor. See note on	TRIBUTIONS RECEIVED period of time covered by this repor	s form. Use a se	eparate sheet to item
	single source that exceeded \$100 demployed, amount and date for the	luring the calendar year. This itemizati se contributions.	on must include	e name, address, emp
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IN-KIND	* \$			
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Attach additional sh	neets if necessary.	Purpose		
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## AdMfg, Inc. 100 N State Street, Ste D Fairmont, MN 56031-4071

# **Invoice**

Date	Invoice #
10/18/2018	5600

Bill To

Ship To

Jeff Weber for Mayor Jeff Weber

	1				
		Terms	Client P.O. #	P.O. #	Project #
		Due on receipt		6022, 23,25,26	4975
Quantity	5000	cription		Price Each	Amount
1,000 1 5 5 1 2 12 4 50 50	Printing of Rackcards (4"x9") 4 Printing of Door Hangers (4.25 Shipping of rackcards and door #2700 Gildan Sleeveless Tshirt #2000 Gildan S/S Tshirt - Safet Screen Set-up Charge - Black p Printing Vehicle Magnets 24"x1 Printing Window Clings 24"x2.5 Printing Large Yard Signs 4'x3' Corrugated Yard Signs 24"x18" Economy Frames (stakes) Shipping Graphic Design - Hayley	/4 "X11") 4/4 r hangers : - Safety Green - X ty Green - XL print (full front) 2" full color (2 sets) " full color		0.108 0.178 84.17 11.35 7.10 23.00 85.00 8.00 77.00 5.40 1.98 59.29 80.00	216.00T 178.00T 84.17T 56.75 35.50

Thank you for your business.

Occasionally certain projects, either print or promotional items, may incur up to 10% over/under run charges and may be passed on to the client.

We prefer a payment be made by check. If a credit card is required, a 3.5% fee will be added to the invoice to allow for credit card processing fees. Thank you.

L	
Sales Tax (7.375%)	\$109.18
Total	\$2,084.89
Payments/Credits	\$0.00
Balance Due	\$2,084.89

Phone 507-238-1243 www.admfg.com

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certify that this is a full and true statement.	10121	6/18
Signature	,	
rinted Name Sava Pierro Telephone 507-739-4364 Email of	Date	
ddress S Ognation Plaza	Date if available) <u>Sル</u>	2 PARTE

**CAMPAIGN FINANCIAL REPORT**