

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Horland Volunteer Committee
Office sought or ballot question Mayor District City of Edina, MN
Type of report _____ Candidate report
_____ Campaign committee report
_____ Association or corporation report
_____ Final report
Period of time covered by report:
from 12/9/16 to 12/31/19

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 \$ 7,198.85
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 |
|------------|---------------------------------|----------|
| 1/4/2017 | BANK FEES / CHARGES | 38.00 |
| 1/7/2017 | EVENT EXPENSES | 450.00 |
| 10/29/2017 | WEBSITE MAINTENANCE | 575.16 |
| 12/16/2019 | CHARITABLE CONTRIBUTIONS 100400 | 1,000.00 |
| | TOTAL | 2,063.16 |

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.

Paul Nelson
Signature

1/2/2020
Date

Printed Name PAUL NELSON Telephone 612/363-6169 Email (if available) _____

Address 520 PUGAN PLAZA, EDINA, MN 55439

Report

Office

Name

For Office Use Only: