

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Friends of Donna Schmitt

Office sought or ballot question Mayor District _____

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

Period of time covered by report:
 from 5/25/16 to 8/29/16

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 \$ 130.00 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 130.00

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
5/25/16	Filing Fee	5.00
6/30/16	Brochures	332.09
7/31/2016	Signs	308.29
7/18/2016	Business Cards	23.72
8/29/16	Brochures	498.13
TOTAL		\$ 1167.23

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. Donna K. Schmitt 8/30/2016
 Signature Date

Printed Name Donna Schmitt Telephone 763-788-4905 Email (if available) friendsofDonnaSchmitt@gmail.com
 Address 4260 Tyler St NE

Report

Office

For Office Use Only: Name

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Friends of Donna Schmitt
 Office sought or ballot question Mayor District City of Columbia Heights

Type of report _____ Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report

Period of time covered by report:
 from 9/1/16 to 10/31/2016

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 \$ 650.00 TOTAL CASH-ON-HAND \$ 276.38
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 650.00

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
10/26/2016	Adt - Northwest	288.00
9/27/2016	Hubbards - Office Supplies	13.92
10/22/2016	Target - Meet & Greet	71.70
TOTAL		373.62

CORPORATE PROJECT EXPENDITURES

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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. Donna K Schmitt 10/31/2016
 Signature Date

Printed Name Donna Schmitt Telephone 763-788-4905 Email (if available) Friends of Donna Schmitt
 Address 4260 Tyler St. NE @gmail.com

Report

Office

Name

For Office Use Only:

Contributions

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9/1/16 - 10/31/2016

For: Friends of Donna Schmitt

<u>Date</u>	<u>Name</u>	
10/17/2016	Saint Paul Area Association of Realtors PAC 325 Roselawn Ave E Maplewood, MN 55117	\$600.00

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 Office sought or ballot question Mayor District City of Columbia Heights

Type of report _____ Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
X Final report

Period of time covered by report:
 from 11/1/2016 to 12/8/2016

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
12/8/2016	Pay off final Bills - Reimbursement for Credit Card Payments Paid to Donna Schmitt	\$ 276.38
TOTAL		276.38

CORPORATE PROJECT EXPENDITURES

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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. Donna K. Schmitt 12/8/2016
 Signature Date

Printed Name Donna Schmitt Telephone 763-788-4905 Email (if available) donna.schmitt@citycouncil@gmail.com
 Address 4260 Tyler St NE

Report

Office

For Office Use Only: Name