

# CAMPAIGN FINANCIAL REPORT

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

**PAID**  
OCT 5 - 2018

Name of candidate, committee or corporation DAVID EAREN FIGHT District \_\_\_\_\_  
Office sought or ballot question \_\_\_\_\_

BY: Type of report X Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report  
 Period of time covered by report:  
 from 9-1-18 to 10-20-18

## 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 \$ \_\_\_\_\_ 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
	Paper	395.00
	Belt funds	200.00
	Signs partials plaster	560.00
	Belt funds	
	<b>TOTAL</b>	<b>1155.00</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. David Earen Fight Signature 10-26-18 Date  
 Printed Name DAVID EAREN FIGHT Telephone 612-226-2775 Email (if available) N/A  
 Address 25874 Hwy 169 7 55358

Report

Office

Name

For Office Use Only: