

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Hani Jacobson
 Office sought or ballot question ISD 742 School Board District 742

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

Period of time covered by report:
 from 7-3-20 to 10-27-20

RECEIVED
 OCT 27 2020
 REG-20X

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 \$ 79.26
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 2139.75 (total)
Dates 6-5-20 - 10-27-20

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
7-3	campaign arts/crafts	20.93
7-23	minuteman press-campaign materials	125.00
8-5	minuteman press-campaign materials	125.00
8-28	minuteman press-campaign materials	240.00
9-4	Franklin advertising billboard	1,000.00
10-19	Walmart-campaign event food	107.98
	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 of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. Hani Jacobson 10/27/20
 Signature Date

Printed Name Hani Jacobson Telephone 321-310-9657 Email (if available) _____
 Address 1627 Timberdale Dr St Cloud 56303

For Office Use Only: Name

Office