CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

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 211A.02* 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 211A.05*, subdivision 1)

Name of candidate or committee Sala Las
Office sought by candidate Super 15 un E
(if applicable)
Or ·
Identification of ballot question
Check the appropriate box below:
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 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.
Bula W 3-22-2021
(Signature of candidate or committee treasurer) (Date)

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

Office sought or ballot question	on Super	عِلِين مِنْ اللهِ	District	<u>F</u>
Type of report	Candidate repo	mittee report	Period of	time covered by rep
	Association or e	corporation report	from Jan	200 to MARCH
		BUTIONS		•
Give the total for all contribution by type (money or in-kind) rational sheet to itemize all contribution include name, address, employed	ner than contributor. Se ns fròm a single source	e note on contribution that exceed \$100 di	on limits on the back uring the calendar ye	or this form. Use a se ear. This itemization r
CASH	\$ 100	TOTAL CAS	SH ON HAND \$	
IN-KIND	* 			
TOTAL AMOUNT RECEIVED	\$ <u>/00</u>	<u>-</u>		
	EXPEN	DITURES		
Include the amount, date, and Attach additional sheets if nece	purpose for all expendi essary.	ures made during th	ne period of time cov	ered by this report.
Date	Purpose			Amount
3-1-202	517~1.			/00 00
			TOTA	<u>L</u>
Pornorations must list any med	ia project or corporate	ROJECT EXPEND	r which contribution(s) or expenditure(s) ary.
nore than \$200. Submit a sepa		Jeon Amaon addino		•
more than \$200. Submit a sepa	Purpose	. Name ar	nd Address ecipient	Expenditure of Contribution Amount
nore than \$200. Submit a sepa	Purpose	. Name ar		Contribution Amount
nore than \$200. Submit a sepa	Purpose	. Name ar	ecipient	Contribution Amount
nore than \$200. Submit a sepa		. Name ar	ecipient	Amount