

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation CLM DAVIS

Office sought or ballot question CITY COUNCIL District WARD 3

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

Period of time covered by report:  
 from 08/23/16 to 9/9/2016

PAGE 1 of 2

## 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 \$ 0 TOTAL CASH-ON-HAND \$ \_\_\_\_\_  
 IN-KIND + \$ 0  
 TOTAL AMOUNT RECEIVED = \$ 0



## EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.

| Date     | Purpose              | Amount |
|----------|----------------------|--------|
| 8/1/2016 | WEB ADDRESS          | 29.48  |
| 8/1/2016 | WEB SITE             | 54.00  |
| 8/2/2016 | FILING FEE           | 5.00   |
| 8/3/2016 | PAID ELECTION LETTER | 25.00  |
|          | CONTINUED            |        |
|          | 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. \_\_\_\_\_

Signature Date

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_

Address \_\_\_\_\_

see page 2

Report  
Office  
Name  
For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Jim Davis

Office sought or ballot question CITY COUNCIL District WARD 3

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

Period of time covered by report:  
 from 08/02/16 to 09/09/16

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## 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 = \$ \_\_\_\_\_



## EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.

| Date    | Purpose        | Amount        |
|---------|----------------|---------------|
| 9/6/16  | CAMPAIGN CARDS | 201.98        |
| 9/11/16 | CAMPAIGN SIGNS | 444.56        |
|         |                |               |
|         | <b>TOTAL</b>   | <b>760.02</b> |

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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. James Davis 09/09/2016  
 Signature Date

Printed Name JAMES DAVIS Telephone 612-708-9704 Email (if available) DAVISJ28@icloud.com

Address 880 TRENTON LANE NORTH, PLYMOUTH, MN 55441

Report

Office

Name

For Office Use Only: