

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Dave Kleis
 Office sought or ballot question Mayor District St Cloud
 Type of report X Candidate report (Primary) Period of time covered by report:
 _____ Campaign committee report
 _____ Association or corporation report from 6-26-20 to 7-31-20
 _____ Final report

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 \$ 665 TOTAL CASH-ON-HAND \$ 14680.22
 IN-KIND + \$ ---
 TOTAL AMOUNT RECEIVED = \$ 665

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 |
|--------------|--------------------|-------------------|
| 7-1-20 | Electronic Sign | \$ 1000 |
| 7-29-20 | Printing + mailing | \$ 3162.60 |
| 7-30-20 | Website Hosting | \$ 98 |
| TOTAL | | \$ 4260.60 |

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. Dave Kleis 7-31-20
 Signature Date

Printed Name Dave Kleis Telephone 320-253-9535 Email (if available) _____
 Address 45-20th AVE No St Cloud MN 56303

Report Office Name For Office Use Only: