

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation LISA LEIFELD

Office sought or ballot question WARD 3 COUNCIL District _____

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

Period of time covered by report: from 9-7-16 to 10-14-16

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 |
|--------------|--------------------------------------|---------------|
| 10-12-16 | Green Mill - G.C. for Bags Tourney | \$40- |
| 10-14-16 | Bella Vista - G.C. for Bags Tourney | \$25- |
| 10-14-16 | YMCA - 2 Bags 2 T's for Bags Tourney | \$31.- |
| 10-14-16 | Culvers - 2 Value Baskets | \$14.- |
| 10-14-16 | Watt's - G.C. for Bags Tourney | \$40- |
| 10-14-16 | Marcus Theatres - | \$20- |
| TOTAL | | \$170- |

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. Lisa A. Leifeld 10.14.16
 Signature Date

Printed Name LISA A. LEIFELD Telephone 651-334-0304 Email (if available) leifeld2@gmail.com
 Address 1802 135th W. Hastings MN 55033

Report Office Name For Office Use Only: