

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Lisa A. Leifeld

Office sought or ballot question Council Member District Ward 3

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

Period of time covered by report:
 from 10-17-16 to 1-27-17

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 \$ 0
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 0

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 |
|------------------|--|---------------|
| 10-25-16 | Signs / Don & Semington | 295.39 |
| 11-28-16-1-27-17 | Nov 2016, Dec 2016, Jan 2017 (Bank Service Fee) | 30.00 |
| 1-5-17 | KDNA | 300.00 |
| TOTAL | | 625.39 |

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 1-27-17

Printed Name Lisa A. Leifeld Signature _____ Date _____
 Telephone 651-334-0306 Email (if available) _____

Address 1802 13th St W. Hastings MN 55033

Report Office Name For Office Use Only: