

Office of the Minnesota Secretary of State

**CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING**

**Instructions**

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*)

**Campaign Information**

Name of candidate or committee David J. Friese  
Office sought by candidate (if applicable) Mayor  
Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

- 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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer D. Friese

Date ~~10/22/2020~~  
11/16/2020

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation David J. Friese

Office sought or ballot question Mayor District \_\_\_\_\_

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

Period of time covered by report:  
 from 6/26/20 to 10/22/20

## 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 \$ 150 TOTAL CASH-ON-HAND \$ 0  
 IN-KIND + \$ 20  
 TOTAL AMOUNT RECEIVED = \$ 170

## 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
	<u>Affidavit of cand.</u>	<u>(7/28/2020) 2.00</u>
<u>7/26/2020</u>	<u>Fence post, tie, awl</u>	<u>43.69</u>
<u>6/26/2020</u>	<u>Campaign signs</u>	<u>606.30</u>
<u>8/04/2020</u>	<u>Campaign signs</u>	<u>402.66</u>
	<b>TOTAL</b>	<u>1009.65</u>

## 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
		<b>TOTAL</b>	

I certify that this is a full and true statement. DFriese 10/22/2020  
 Signature Date

Printed Name David Friese Telephone 6125322009 Email (if available) Friesedave@gmail.com

Address 406 N Main St, PO Box 371, Pine Island, MN 55963

Report  
Office  
Name  
For Office Use Only:

Disbursements continued:

<u>Date</u>	<u>Purpose</u>	<u>Amount</u>
9/29/2020	House rack cards	158.38

David Friese Continued.

Total \$158.38

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation David J. Friese

Office sought or ballot question Mayor District \_\_\_\_\_

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

Period of time covered by report:

from 6/26/20 to 10/22/20

## CONTRIBUTIONS RECEIVED

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CASH \$ 150 TOTAL CASH-ON-HAND \$ 0  
 IN-KIND + \$ 20  
 TOTAL AMOUNT RECEIVED = \$ 170

## 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
<u>7/26/2020</u>	<u>Affidavit of Cash</u>	<u>2.00</u>
<u>7/26/2020</u>	<u>Fence post, tie, awl</u>	<u>43.69</u>
<u>8/04/2020</u>	<u>Campaign signs</u>	<u>1,003.96</u>
<u>NOV 9, 2020</u>	<u>NR Ad</u>	<u>67.20</u>
<b>TOTAL</b>		<u>1,118.85</u>

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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.

D Friese  
Signature

11/16/2020  
Date

Printed Name David Friese Telephone 6175322009 Email (if available) Frieseclave@gmail.com

Address PO Box 371, Pine Island, MD 55963

Report  
Office  
Name  
For Office Use Only:

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee: Michael S Hildenbrand  
Office sought by candidate (if applicable): City Council, Pine Island MN 55963  
Identification of ballot question (if applicable):

**Certification**

Select the appropriate choice below, and sign.

- 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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer: Michael S Hildenbrand  
Date: 10/20/2020

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee: Jonathan W. Pahl

Office sought by candidate (if applicable)

Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer: 

Date: 10/19/2020

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Jonathan Pahl

Office sought or ballot question Pine Island City Council District N/A

Type of report X Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from \_\_\_\_\_ to \_\_\_\_\_

## CONTRIBUTIONS RECEIVED

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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
10/10/2020	News Paper Advertising	\$239.60
8/24/2020	Campaign Signage	\$44.25
10/19/2020	Facebook Ads	189.05
<b>TOTAL</b>		<b>\$1,072.90</b>

## CORPORATE PROJECT EXPENDITURES

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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

Jonathan Pahl  
 Signature

10/19/2020  
 Date

Printed Name Jonathan W. Pahl Telephone (607) 259-2025 Email (if available) \_\_\_\_\_

Address 300 N. Main ST  
Pine Island, MN  
55963  
jonathan@pahl4council.com

Report  
Office  
Name  
For Office Use Only:

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**CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING**

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**Campaign Information**

Name of candidate or committee: Terri Lynn Twaddle  
Office sought by candidate (if applicable): Mayor  
Identification of ballot question (if applicable):

**Certification**

Select the appropriate choice below, and sign.

- 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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer: Terri Lynn Twaddle  
Date: 10-20-2020



# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Terrilynn Twaddle

Office sought or ballot question Mayor District \_\_\_\_\_

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

Period of time covered by report:  
 from 7/28/20 to 10/20/20

## 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	\$	<u>0</u>	TOTAL CASH-ON-HAND	\$	<u>1,300.00</u>
IN-KIND	+	<u>0</u>			
TOTAL AMOUNT RECEIVED	=	<u>0</u>			

## 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
<u>11-14-20</u>	<u>Signs + Flyers Invoice</u>	<u>962.28</u>
	<b>TOTAL</b>	<u>962.28</u>

## CORPORATE PROJECT EXPENDITURES

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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.

Terrilynn Twaddle 10-20-20  
 Signature Date

Printed Name Terrilynn Twaddle Telephone 952-738-2055 Email (if available) Terrilynn.twaddle@gmail.com  
 Address 1080 21st Ln SE, Pine Island, MN 55963

Report Office Name For Office Use Only:

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee: Terrilynn Twaddle  
Office sought by candidate (if applicable): Mayor  
Identification of ballot question (if applicable):

**Certification**

Select the appropriate choice below, and sign.

- 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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer: Terrilynn J. Twaddle  
Date: 11-10-2020

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Terrilynn Twaddle

Office sought or ballot question Mayor District \_\_\_\_\_

Type of report X Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from 7/28/20 to 11/10/20

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CASH \$ Ø TOTAL CASH-ON-HAND \$ 1300.00  
 IN-KIND + \$ Ø  
 TOTAL AMOUNT RECEIVED = \$ Ø

## 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
10-14-20	Signs + Flyer Invoice	912.28
10-25-20	Newspaper Ad	278.40
<b>TOTAL</b>		<b>1240.68</b>

## CORPORATE PROJECT EXPENDITURES

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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.

Terrilynn Twaddle  
 Signature

11-10-2020  
 Date

Printed Name Terrilynn Twaddle Telephone 952-738-2055 Email (if available) terrilynn.twaddle@gmail.com  
 Address 1080 21st Ln SE, Pine Island, MN 55963

Report  
Office  
Name  
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**Campaign Information**

Name of candidate or committee Brandi Veith Staloch

Office sought by candidate (if applicable) City Council Pine Island MN

Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

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 all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer Brandi V Staloch

Date 10/9/2020