

Report

Office

Name

For Office Use Only:

from 08/01/2024 to 11/8/2024

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.

DISBURSEMENTS

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

<i>Date</i>	<i>Purpose</i>	<i>Amount</i>
	TOTAL	0

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

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	0

I certify that this is a full and true statement.

Signature

Date _____

Printed Name Kayla M. Jensen Telephone 320-420-2482 Email (if available) kaylaker11@gmail.com

Address 30707 113th Street, Pierz, MN 56364

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

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

Period of time covered by report:
 from to

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

IN-KIND + \$ 0

TOTAL AMOUNT RECEIVED = \$ 0

TOTAL CASH-ON-HAND \$ 0

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

[illegible]

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

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	0

I certify that this is a full and true statement.

Signature _____

Date _____

Printed Name David Stumpf Telephone 320-468-6527 Email (if available) _____

Address 12398 Lake RD Pierz, MN 56364

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

from _____ to _____

Flitz MN 56364