

Report

Office

Name

For Office Use Only:

Period of time covered by report:

Printed Name Ross Lorinser Telephone 763-587-3841 Email (if available) ross.lorinser@gmail.com
Address 749 Park Brook Rd NW, Isanti, MN 55040

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 Steven Donald Lundeen
Office sought by candidate (if applicable) City Council
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 12-6-16

Office of the Minnesota Secretary of State

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Campaign Information

Name of candidate or committee

Ross Lorinser

Office sought by candidate (if applicable)

City Council

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

 #213

Date

12-6-16

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

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Campaign Information

Name of candidate or committee

Office sought by candidate (if applicable)

Identification of ballot question (if applicable)

Certification

Select the appropriate choice below, and sign.

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Signature of candidate or committee treasurer

Date 12/1/2016

Juanta Stunne

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Ross Lorinser
Office sought or ballot question City Council District Isanti

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

Period of time covered by report:

from 5-19-16 to 11-7-16

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
	Total Campaign expenditures from previous reports.	1103.90
	TOTAL	1103.90

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.

Signature

Date

Printed Name

Telephone

Email (if available)

Address

Report

Office

Name

For Office Use Only:

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

Office sought or ballot question City Council District N/A

Period of time covered by report:

from 5-19-16 to 9-15-16

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 \$ 100

IN-KIND + \$ 100

TOTAL AMOUNT RECEIVED = \$ 200

TOTAL CASH-ON-HAND \$ 100

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
5-19-16	Candidate Filing	15.00
8-6-16	Signs	691.48
9-15-16	Literature	302.42
	TOTAL	1,008.90

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>
N/A			
		TOTAL	

I certify that this is a full and true statement.

Signature _____

Date _____

Printed Name Ross Lorinse Telephone 763-587-3841 Email (if available) ross.lorinse@gmail.com
Address 749 Park Brook Rd NW Isanti MN 55040

For Office Use Only: Name Lindsey Melneris Office City Clerk - City of South Report Rec'd 9-16-16