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11-7-2024	U

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## **CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, co	ommittee or corporation Kin	P. BEISE		
Office sought or ballot	question CITY COUVE	District	10-1	
Type of	Candidate report Campaign committee repor		Period of time covered by report:	
	Association or corporation		11/7/24	

\_ Final report

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## 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.

TOTAL CASH-ON-HAND

CASH

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
		2
	TOTAL	$\mathcal{O}$

## 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	
	a full and true statement.	Signature	<u>/////////////////////////////////////</u>
Printed Name <u>K</u> Address <u>He C</u>	IM P. BELLE Tel AURONA CIRCI.	lephone <u>6512611854</u> Email (if avail EREN WING MN 33061	ilable <u>) KBEISE @</u> 

Report

Office

Name

For Office Use Only: