

REMINDER: PLEASE SEE HIGHLIGHTED INFORMATION ON REVERSE SIDE. PLEASE SUBMIT YOUR REPORT TO THE CLERK'S OFFICE, C/O MARY ANN.

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation JENNIFER HOFFMAN SACCOMAN

Office sought or ballot question CITY COUNCILOR District WARD E

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

Period of time covered by report:
 from JULY 30, 2016 to OCT. 26, 2016

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 = \$ 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 |
|-------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| TOTAL | | <u>0</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 |
|-------|---------|-------------------------------|------------------------------------|
| | | | |
| | | | |
| TOTAL | | | <u>0</u> |

I certify that this is a full and true statement.

Jennifer Hoffman Saccoman Signature Date JHoffman@919@

Printed Name JENNIFER HOFFMAN SACCOMAN Telephone 218.996.1846 Email (if available) JHoffman@919@

Address 503 HIGHLAND TR HIBBING MN 55746 GMAIL.COM

Report

Office

Name

For Office Use Only: