

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Charlene Whitbred Hemmingson

Office sought or ballot question City Council District \_\_\_\_\_

Type of report  Candidate report Period of time covered by report: \_\_\_\_\_  
 Campaign committee report  
 Association or corporation report from \_\_\_\_\_ to \_\_\_\_\_  
 Final report

## 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 \$ 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
10-12-23	Campaign signs	252. <sup>00</sup>
<b>TOTAL</b>		

## 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. Charlene Whitbred Hemmingson

Signature 442-5075 Date \_\_\_\_\_

Printed Name Charlene Whitbred Hemmingson Telephone 651-442-5075 Email (if available) \_\_\_\_\_

Address 1211 Laurel Ave SPO MN 55071

RECEIVED NOV 16 2023

Report

Office

Name

For Office Use Only: