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City Administrator's Office

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation David B. McGuire

Office sought or ballot question St Peter City Council District _____

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

Period of time covered by report:

from 8-1-17 to 1- -18

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 $ _____

IN-KIND + $ _____

TOTAL AMOUNT RECEIVED = $ _____

TOTAL CASH-ON-HAND $ _____

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
8-01-17	filing Fee	5.00
10-01-17	Campaign Ad. St. Peter Herald	139.00
	TOTAL	144.00

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. David B McGuire 01- -18

Signature Date

Printed Name DAVID B. McGuire Telephone _____ Email (if available) davidmcg@hickory.net

Address 1685 S. 3rd St. Saint Peter, MN 56082

For Office Use Only: Name McGuire David Office Council Ward 2 Report Final

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CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation St. Peter City Council

Office sought or ballot question David B. McGuire District Ward 2

Type of report
- ____ Candidate report
- ____ Campaign committee report
- ____ Association or corporation report
- ____ Final report

Period of time covered by report: from 8/1 to 8/14 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 = $ ____

DISBURSEMENTS

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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. David B. McG 10-14-17
Signature Date

Printed Name David B McGuire Telephone 507-931-1664 Email (if available) davidmcg@hotmail.com

Address 1685 S. 3rd St. St. Peter, MN 56082

For Office Use Only: Name McGuire, David Office Council Ward 2 Report 2nd

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CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation David B McGuire

Office sought or ballot question City Council District Ward 2

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

Period of time covered by report: from 8/1/17 to 10/1/17

CONTRIBUTIONS RECEIVED

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CASH $ _____ TOTAL CASH-ON-HAND $ _____

IN-KIND + $ _____

TOTAL AMOUNT RECEIVED = $ _____

DISBURSEMENTS

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Date	Purpose	Amount
~~5.00~~	~~Filing Fee~~	
8/1/17	Filing Fee	5.00
	TOTAL	

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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. David B McGuire

Signature Date

Printed Name David B McGuire Telephone 507-931-1689 Email (if available) _____

Address 1686 S. 3rd St. Stewartville MN 55976

davidmcg@hickorytech.net

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