

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation ROBIN REID

Office sought or ballot question CITY COUNCIL, MEDINA 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 \$ _____ 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
8/16/20	WIX WEBSITE HOSTING	\$156
8/19/20	DN VOTERS MAILING LIST	\$30
8/22/20	CITY OF MEDINA RESIDENTS LIST	\$25
9/24/20	HOF MEISTER DESIGN - GRAPHIC DESIGN	\$590
TOTAL		\$801

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. Robin Reid 9/14/20
Signature Date

Printed Name ROBIN REID Telephone 763-670-7614 Email (if available) rreidcs@

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Report Office Name For Office Use Only: