

**CAMPAIGN FINANCIAL REPORT (Photocopy version)**

**CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, committee or corporation Robert White  
 Office sought or ballot question Mayor District Spring Lake Park  
 Type of report  Candidate report Period of time covered by report:  
 Campaign committee report  
 Association or corporation report from 9/8/2020 to 10/6/2020  
 Final report

Report

**CONTRIBUTIONS RECEIVED** None

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
9/8/2020	Signs/Banners/Deeds	1457.97
9/21/2020	Letters	107.54
9/24/2020	Letters/Masks/Sanitizers/Water/Snacks	253.08
9/30/2020	Letters	15.80
TOTAL		1834.39

**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. [Signature] 10/6/2020  
 Signature Date

Printed Name Robert White Telephone 6128675312 Email (if available) bobwhite@pcymn.com  
 Address 7920 Hartig Circle Spring Lake Park MN 55432

2nd Page Attached

For Office Use Only: Name

**CAMPAIGN FINANCIAL REPORT (Photocopy version)**

**CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, committee or corporation Robert White  
 Office sought or ballot question Mayor District Spring Lake Park

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

Period of time covered by report:  
 from 9/8/2020 to 10/6/2020

Report

**CONTRIBUTIONS RECEIVED** None

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 = \$ \_\_\_\_\_

Office

**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
10/5/2020	Snacks/Water	58.28
10/4/2020	Letters	230.95
	<b>TOTAL</b>	<b>289.23</b>

For Office Use Only: Name

**CORPORATE PROJECT EXPENDITURES**

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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. Robert White Signature 10/6/2020 Date

Printed Name Robert White Telephone 612 867 5312 Email (if available) bobwhite.slp@gmail.com  
 Address 7920 Hartig Circle Spring Lake Park MN 55432

## CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

### Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by Minnesota Statutes 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (Minnesota Statutes 211A.05, subdivision 1).

### Campaign Information

Name of candidate or committee Robert White

Office sought by candidate (if applicable) Mayor

Identification of ballot question (if applicable) \_\_\_\_\_

### Certification

Select the appropriate choice below, and sign:

- I do swear (or affirm) that all campaign financial reports required to date by Minnesota Statutes 211A.02 have been submitted to the filing officer.
- I do swear (or affirm) that campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer Robert White

Date 10/6/2020

# Office DEPOT OfficeMax

BLAINE - (763) 783-8033  
09/30/2020 2:47 PM



VPVT394PMMY5YXXW6

SALE 6181-1-8791-903145-20.9.2  
167060 BW SS Letter  
100 @ 0.15 15.00  
Bulk @ 0.14 -1.00  
**You Pay 14.00SS**  
161838 CUT MACH PER C 0.75 SS  
Subtotal: 14.75  
Sales Tax: 1.05  
Total: 15.80  
MasterCard 9837: 15.80

JTH CODE 144825  
TDS Chip Read  
ID A0000000042203 BOW DEBIT CARD  
TR 0000088000  
/S No Signature Required

*Campaign*

Total Savings:  
\$1.00

\*\*\*\*\*  
WE WANT TO HEAR FROM YOU!  
Visit [survey.officedepot.com](http://survey.officedepot.com)  
and enter the survey code below:  
15RC P31J S671  
\*\*\*\*\*

*Nicole*

# SAH'S CLUB Self Checkout

CLUB MANAGER LISAHU HEKURIA  
(763) 784 - 4102  
150 UNIVERSITY AVE FRIDLEY, MN  
05/20 08:13 1675 06310 094 9094

HKA

960118332 HSY HUN CNDF 19.98 T  
980042498 UTZ PRETZEL 6.96 H  
980010669 HNDONUT100CF 22.96 H  
980042196 UTZ CHSBALLF 6.96 H  
SUBTOTAL 56.86

TAX 1 7.125 % 1.42  
TOTAL 58.28  
HCARD TEND 58.28

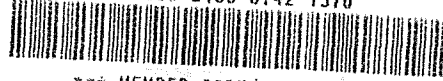
DEBIT CARD \*\*\*\* \* 9837 I 2  
CARD # 001417  
A0000000042203  
C985C956E00E881D  
INITIAL # SC010215  
CHANGE DUE 0.00

*Campaign*

Visit [sahclub.com](http://sahclub.com) to see your savings

# ITEMS SOLD 4

TC# 3031 2995 2486 6742 1570



\*\*\* MEMBER COPY \*\*\*

# Office DEPOT OfficeMax

BLAINE - (763) 783-8033  
10/04/2020 2:13 PM



VPTT799PXMQ5EXRF6

6181-1-9068-905226-20.9.2  
Color SS Letter  
J.71 266.25  
0.55 -60.00  
- 27870513 -63.75  
**You Pay 142.50SS**

BW SS Letter  
0.15 56.25  
10.13 -7.50  
- 27870513 -15.00  
**You Pay 33.75SS**

1101b Index -  
0.12 44.88  
n - 27870513 -11.22  
**You Pay 33.66SS**

RBRBND5,SZ33,1 7.99  
m - 27870513 -2.39  
**You Pay 5.60SS**

224744 RECYCLING PROG  
10 @ 0.01 0.10  
**You Pay 0.00SS**

167228 1101b Index - 0.12  
Coupon - 27870513 -0.04  
**You Pay 0.08SS**

Coupon Number - 17QH8TW55C7WNX

Subtotal: 215.59  
Sales Tax: 15.36  
Total: 230.95  
MasterCard 9837: 230.95

*Campaign*

AUTH CODE 141446  
TDS Chip Read  
AID A0000000042203 BOW DEBIT CARD  
TVR 0000088000  
CVS No Signature Required

Total Savings:  
\$160.00

\*\*\*\*\*  
WE WANT TO HEAR FROM YOU!  
Visit [survey.officedepot.com](http://survey.officedepot.com)  
and enter the survey code below:  
15RD VB4H XDUX  
\*\*\*\*\*

Office DEPOT  
OfficeMax

BLAINE - (763) 783-8033  
09/21/2020 2:17 PM



Office DEPOT  
OfficeMax

BLAINE - (763) 783-8033  
09/24/2020 10:26 AM



SALE	6181-4-6150-967180-20.7.2	
856297 RBRBND, #32, 1/		4.19
Coupon - 16331879		-1.04
<b>You Pay</b>		<b>3.15SS</b>
166962 Color SS Lette		
150 @ 0.71		106.50
Bulk @0.64		-10.50
Coupon - 16331879		-24.00
<b>You Pay</b>		<b>72.00SS</b>
167060 BW SS Letter		
126 @ 0.15		18.90
Bulk @0.14		-1.26
Coupon - 16331879		-5.04
<b>You Pay</b>		<b>12.60SS</b>
167228 1101b Index -		
50 @ 0.12		6.00
Coupon - 16331879		-1.00
<b>You Pay</b>		<b>5.00SS</b>
746882 White, 28#, Te		
100 @ 0.05		5.00
<b>You Pay</b>		<b>5.00SS</b>
167060 BW SS Letter		
24 @ 0.15		3.60
Bulk @0.14		-0.24
Coupon - 16331879		-0.72
<b>You Pay</b>		<b>2.64SS</b>
Coupon Number - 14H1SJCXB8DWNJ		

Subtotal: 100.39  
Sales Tax: 7.15  
Total: 107.54  
Debit Card 0608: 107.54

TDS Chip Read  
AID A0000000980840 US DEBIT  
TVR 8000048000  
CVS PIN Verified

*Campaign*

Total Savings:  
**\$43.80**

XX

**WE WANT TO HEAR FROM YOU!**  
Visit [survey.officedepot.com](http://survey.officedepot.com)  
and enter the survey code below:  
**R5RA 28TX JW6Z**

XX

SALE	6181-4-6501-905226-20.9.2	
166962 Color SS Lette		
300 @ 0.71		213.00
Bulk @0.55		-48.00
Coupon - 16331879		-42.00
<b>You Pay</b>		<b>123.00SS</b>
167060 BW SS Letter		
300 @ 0.15		45.00
Bulk @0.13		-6.00
Coupon - 16331879		-9.00
<b>You Pay</b>		<b>30.00SS</b>
167228 1101b Index -		
300 @ 0.12		36.00
Coupon - 16331879		-9.00
<b>You Pay</b>		<b>27.00SS</b>
861838 CUT MACH PER C		
3 @ 0.75		2.25
Coupon - 16331879		-0.57
<b>You Pay</b>		<b>1.68SS</b>
9944345 3-PLY MASK, BO		
Instant Savings		29.99SS
<b>You Pay</b>		<b>19.99SS</b>
855595 RBRBND, SZ32, 1#		
Coupon - 16331879		-2.25
<b>You Pay</b>		<b>6.74SS</b>
918249 Candy, SP, Water		
2 @ 2.49		4.98
Coupon - 16331879		-1.24
<b>You Pay</b>		<b>3.74SS</b>
4346040 CNDY, GMYBR, MLT		
2 @ 3.99		7.98
Coupon - 16331879		-2.00
<b>You Pay</b>		<b>5.98SS</b>
4279656 SNTZ, HND, ALOE,		
<b>You Pay</b>		<b>10.99SS</b>
759194 HLDR, LIT, WM, CN		
Coupon - 16331879		-2.36
<b>You Pay</b>		<b>7.13SS</b>
4279656 SNTZ, HND, ALOE,		
Promotion		10.99
<b>You Pay</b>		<b>0.00SS</b>
Coupon Number - 14H1SJCXB8DKGE		

Subtotal: 236.25  
Sales Tax: 16.83  
Total: 253.08  
MasterCard 9837: 253.08

AUTH CODE 102813  
TDS Chip Read  
AID A000000042203 BOW DEBIT CARD  
TVR 0000088000  
CVS No Signature Required

*Campaign*



**Twin Pines Imprinting LLC**  
8018 Hayes St NE  
Spring Lake Park, MN 55432  
(763) 780-4994  
pat@tpipromo.com / nathan@tpipromo.com  
www.tpilogos.net

**BILL TO**

Bob White  
7920 Hartig Cir  
Spring Lake Park, MN 55432  
USA

**SHIP TO**

Bob White  
7920 Hartig Cir  
Spring Lake Park, MN 55432  
USA

**INVOICE 2632**

**DATE 09/08/2020 TERMS Net due in 0 days**

**DUE DATE 09/08/2020**

**SHIP DATE**

09/11/2020

**SHIP VIA**

Best Way

**SALES REP**

Nathan Dufek

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Signs & Banners	Corrugated Plastic Yard Signs 24"W x 18"H. With full color print on 2-sides. 2-beefy stakes per sign included. "Bob White" design.	100	8.00	800.00T
Signs & Banners	Corrugated Plastic Yard Signs 48"W x 36"H. With full color print on 1-side. 2-beefy stakes per sign included. "Bob White" design.	3	28.00	84.00T
Signs & Banners	Vinyl Banner 72"W x 36"H. With full color on 1-side. 2-beefy stakes per sign included. "Bob White" design.	3	81.00	243.00T
Freight	Shipping - Yard Signs.	1	85.00	85.00T
Signs & Banners	Vinyl Decals 96"W x 48"H, Full color print on 1-side with adhesive back. "Bob White" design.	2	65.00	130.00T
Freight	Shipping	1	19.00	19.00T

Thank you for your business!

**SUBTOTAL** 1,361.00  
**TAX** 96.97  
**TOTAL** 1,457.97

**TOTAL DUE \$1,457.97**

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Robert White  
 Office sought or ballot question Mayor - SUP District Spring Lake Park

Type of report:  Candidate report  Campaign committee report  Association or corporation report  Final report  
 Period of time covered by report: from 10/7/20 to 10/19/20

## 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
<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. Robert White Signature Date 11/9/2020

Printed Name Robert White Telephone 612 867 5312 Email (if available) brinkadrywall@msn.com  
 Address 7920 Hartig Circle SUP MN 55432

Report

Office

Name

For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Robert White

Office sought or ballot question Mayor - SLP District Spring Lake Park

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

Period of time covered by report:

from 10/19 to 11/28

## 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
<b>TOTAL</b>		

## CORPORATE PROJECT EXPENDITURES

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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. Robert White Signature 11/9/2020 Date

Printed Name Robert White Telephone 612 867 5312 Email (if available) brinda.drywall@msa.com  
 Address 7920 Hertig Circle SLP MN 55432

Report

Office

Name

For Office Use Only:



Office of the Minnesota Secretary of State

**CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING**

**Instructions**

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**Campaign Information**

Name of candidate or committee: Robert White  
Office sought by candidate (if applicable): Mayor  
Identification of ballot question (if applicable): \_\_\_\_\_

**Certification**

Select the appropriate choice below, and sign.

I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been submitted to the filing officer.

I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer: Robert White

Date: 11/9/2020