Office of the Minnesota Secretary of State

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 Tecl Kozlowsky Office sought by candidate (if applicable) Mayor
Office sought by candidate (if applicable)
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.
do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer Date ///5/22

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Office sought or ball	ot question	Mayor	5	District	3711-1/6
Type of		Candidate report Campaign committee Association or corpora Final report			time covered by report:
		CONTRIBU	ITIONS RECEIVED		
money or in-kind) ratl contributions from a si	ner than contribungle source that	itor. See note on contrib	ution limits on the back one calendar year. This iter	of this form	ntributions should be listed b . Use a separate sheet to iten ust include name, address, em
CASH		\$	TOTAL CASH-	ON-HAND	\$
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TOTAL AMOUNT REC	CEIVED =	. 0			
nclude the amount, Attach additional sh Date		ose for all disbursemer	JRSEMENTS on the performance of	riod of tim	e covered by report. Amount
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Corporations must li more than \$200. Sub	st any media pr mit a separate ption	CORPORATE PR	OJECT EXPENDITUI ssage project for which t. Attach additional sho	TOT RES a contributi eets if nece	Amount FAL ion(s) or expenditure(s) totessary. Expenditure or Contribution Amount