## 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 Anthony Misenor
Office sought by candidate (if applicable) City Council Ward 4
dentification of ballot question (if applicable)

## **Certification**

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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 Anthony Misenor Date 11/15/2022

		on in this report is public information)			
lame of candidate, c	ommittee or corporation	thony Misenor	rod 4		
Office sought or ballo	t question City Cord	en cal District w			
ype of	Candidate report		of time covered by report:		
report		Campaign committee report Association or corporation report $f_{rom} 6^2/1/2.2 + 0.11$			
	Association of con Final report	from $5/1/2$	from <u>5/1/22</u> to <u>11/7/2</u> 2		
		IBUTIONS RECEIVED			
ive the total for all c	ontributions received during the pe	eriod of time covered by this report. Contribut	tions should be listed by type		
money or in-kind) rath	er than contributor. See note on con ngle source that exceeded \$100 duri	ntribution limits on the back of this form. Use a ing the calendar year. This itemization must inc	a separate sneet to itemize an lude name, address, employer		
or occupation if self-em	ployed, amount and date for these of	contributions.			
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Report

Office

For Office Use Only: Name