

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation DAVID GERHARTZ  
 Office sought or ballot question WARD 2 City Council District \_\_\_\_\_

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

Period of time covered by report:  
 from 8-7-24 to 10-25-24

## 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 \$ 0 TOTAL CASH-ON-HAND \$ 0  
 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
10-23-24	Fleet Farm Post + Cable Ties	83 <sup>55</sup> / <sub>100</sub>
10-27-24	" " Post Driver	15 <sup>34</sup> / <sub>100</sub>
11-8-24	Legacy Signs	322 <sup>13</sup> / <sub>100</sub>
8-7-24	Filing Fee	20 <sup>00</sup> / <sub>100</sub>
<b>TOTAL</b>		<b>441 <sup>02</sup>/<sub>100</sub></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. David Gerhartz 10-25-24  
 Signature Date

Printed Name DAVID GERHARTZ Telephone 502-456-1609 Email (if available) davestreecare@yahoo.com  
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Report Office Name For Office Use Only: