

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Em Westerlund

Office sought or ballot question City Council District 3

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

Period of time covered by report:  
 from 3/16/15 to 8/31/15

## 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  
 + \$ 0  
 IN-KIND \$ 0  
 = \$ 0  
 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 |
|-------|---------|--------|
|       |         |        |
|       |         |        |
|       |         |        |
|       |         |        |
| TOTAL |         |        |

## 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 \_\_\_\_\_

Date 9/3/15

Printed Name EMILY WESTERLUND Telephone 218/3551137 Email (if available) \_\_\_\_\_

Address 517 E 7th St, Duluth MN 55805



Report

Office

For Office Use Only: Name