

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation BRIAN S LARSON

Office sought or ballot question CITY COUNCIL - EGF District At Large

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

Period of time covered by report:
 from 1/1/2020 to 11/13/2020

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 | \$ | <u>ϕ</u> | | TOTAL CASH-ON-HAND | \$ | <u>ϕ</u> |
| IN-KIND | + | <u>ϕ</u> | | | | |
| TOTAL AMOUNT RECEIVED | = | <u>ϕ</u> | | | | |

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 |
|------|--------------|--------|
| | N/A | |
| | | |
| | | |
| | 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 N/A

| Date | Purpose | Name and Address of Recipient | Expenditure or Contribution Amount |
|------|---------|-------------------------------|------------------------------------|
| | | | |
| | | | |
| | | TOTAL | |

I certify that this is a full and true statement. [Signature] 11/13/2020
 Signature Date

Printed Name BRIAN S LARSON Telephone 701 213 3016 Email (if available) _____

Address 1400 Laurel Drive SE East Grand Forks, MN 56721

Report
Office
Name
For Office Use Only: