

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Bob Byrnes

Office sought or ballot question Mayor District _____

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

Period of time covered by report:
 from 8/15/2020 to 11/04/2020

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 \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ 0
 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
<u>August/2020</u>	<u>Filing fee</u>	<u>5.00</u>
<u>09/18/2020</u>	<u>Signs - Signs on the Cheap 14010 7723158</u>	<u>305.40</u>
<u>09/03/2020</u>	<u>Signs - Signs on the Cheap, 14010 7769948</u>	<u>246.38</u>
<u>11/19 - 11/08</u>	<u>Facebook</u>	<u>101.00</u>
	TOTAL	<u>657.78</u>

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	<u> </u>

I certify that this is a full and true statement. Robert J Byrnes 08/09/2020

Signature

Date

Printed Name Robert J Byrnes Telephone _____ Email (if available) byrne007@umn.edu

Address 1218 Parkside Drive, Marshall, Mn 56258

Report

Office

Name

For Office Use Only: