

RECEIVED

# CAMPAIGN FINANCIAL REPORT

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

SEP 15 2020

Name of candidate, committee or corporation Susan Ellen Mattson

Office sought or ballot question Mayor

District Buffalo City

Type of report	<input checked="" type="checkbox"/>	Candidate report	Period of time covered by report: from <u>08-11-2020</u> to <u>09-15-2020</u>
	<input type="checkbox"/>	Campaign committee report	
	<input type="checkbox"/>	Association or corporation report	
	<input type="checkbox"/>	Final report	

## 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	\$ _____	TOTAL CASH-ON-HAND	\$ _____
IN-KIND	+ \$ _____	<i>*none - ALL funds are originated by the Candidate in her own behalf.</i>	
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
08-11-2020	Filing Fee	5.00
08-11-2020	Secretary of State for Registration Under List	30.00
09-01-2020	Flyers and Yard Signs	2143.15
09-04-2020	Postage	594.00
		<b>TOTAL</b> 2772.15

## 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.

Susan E Mattson

Signature

Date

Printed Name Susan Ellen Mattson Telephone 763-412-9872 Email (if available) mattsonformayor@gmail.com

Address 917 Circle Dr Buffalo, mn 55313

Report

Office

Name

For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Susan Ellen Mattsm  
 Office sought or ballot question Mayor District Buffalo City  
 Type of report  Candidate report - *10 days before election.*  
 Campaign committee report  
 Association or corporation report  
 Final report  
 Period of time covered by report:  
 from 09-16-2020 to 10-22-2020

## 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	\$ _____	TOTAL CASH-ON-HAND \$ _____
IN-KIND	+ \$ _____	<i>* none - ALL funds are originated by the candidate in her own behalf.</i>
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
9/21/2020	Signs for yard & flyers	990.00
9/29/2020	Postage	220.00
10/01/2020	Campaign shirts	90.00
TOTAL		1300.00

## 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 CITY OF BUFFALO

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

I certify that this is a full and true statement.

Susan E Mattsm Signature

10-22-2020 Date

Printed Name Susan Ellen Mattsm Telephone 763-412-9872 Email (if available) mattsmformayor@gmail.com

Address 917 Circle Dr Buffalo Mn 55313

Report

Office

Name

For Office Use Only:

Office of the Minnesota Secretary of State

**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 Susan Ellen Mattson  
Office sought by candidate (if applicable) Mayor of City of Buffalo mn  
Identification of ballot question (if applicable) N/A

**Certification**

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 Susan E Mattson  
Date 11/06/2020

RECEIVED  
NOV 06 2020  
CITY OF BUFFALO

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Susan Ellen MATTSON

Office sought or ballot question NA District -

Type of report Candidate report Period of time covered by report:  
Campaign committee report  
Association or corporation report  
Final report *due following  
close of election.* from 10-22-2020 to 11-06-2020

## CONTRIBUTIONS RECEIVED

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CASH	\$ _____	TOTAL CASH-ON-HAND	\$ <u>50</u>
IN-KIND	+ \$ _____	no contributions	all funds provided by Candidate
TOTAL AMOUNT RECEIVED	= \$ _____	<i>in her own behalf.</i>	

## 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
11-03-2020	Thank you in Wright County Journal Press	133.50
	WC Journal Press Campaign ads	398.75
		<b>TOTAL</b> 532.25

## 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. Susan E. Mattson 11-06-2020

Signature

Date

Printed Name Susan E. Mattson Telephone 763-410-9872 Email (if available) mattsonformayor@gmail.com  
Address 917 Circle Dr Buffalo mn 55313

RECEIVED  
November 2020  
CITY OF BUFFALO  
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