

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation LINDA M. KITTOCK

Office sought or ballot question _____ District _____

Type of report

Candidate report
 Campaign committee report
 Association or corporation report
 Final report

Period of time covered by report:

from Sept. 2022 to Nov. 2022

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
IN-KIND + \$ 0
TOTAL AMOUNT RECEIVED = \$ 0

RECEIVED TOTAL CASH-UNITEMIZED \$ 0

NOV 23 2022

CITY OF BUFFALO

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> </u>	<u>None</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
		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
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
			TOTAL

I certify that this is a full and true statement.

Linda M. Kittock
Signature

11/22/2022
Date

Printed Name LINDA M. KITTOCK Telephone 612-594-2647 Email (if available) LINDAKittock63@gmail.com
Address 103 14th St NE Apt 3 BUSTAB MN 55313

Report

Office

Name

For Office Use Only: