

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Morgan Baum

Office sought or ballot question Mayor District \_\_\_\_\_

Type of report \_\_\_\_\_ X \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from 5/22/2020 to 6/15/2020

## 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	\$2,004.46	TOTAL CASH-ON-HAND	\$ 1,346.01
IN-KIND	\$ 00.00		
<b>TOTAL AMOUNT RECEIVED</b>	<b><u>2,004.46</u></b>		

## 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
6/1/2020	Marketing - photo	300.00
6/1/2020	Operating - filing fee	20.00
6/3/2020	Marketing - Square Space	216.00
6/3/2020	Operating - PayPal	27.00
	<b>SUBTOTAL</b> (SEE ADDITIONAL PAGE)	<b>563.00</b>

## 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.

*Lori Krenik*  
Signature

6/15/2020  
Date

Printed Name Lori Krenik Telephone 804-840-8460 Email lorikrenik@gmail.com

Address 646 Glen St SW Hutchinson MN 55350

Report  
Office  
Name  
For Office Use Only:

**DISBURSEMENTS**

Include the amount, date and purpose for all disbursements made during the period of time covered by report.  
Attach additional sheets if necessary.

Office

<i>Date</i>	<i>Purpose</i>	<i>Amount</i>
6/4/2020	Operating - PayPal	10.99
6/15/2020	Operating – Post Office Box	40.00
6/15/2020	Reimbursement from candidate	44.46
		<b>SUBTOTAL</b>
		95.45
		<b>SUBTOTAL PAGE 1</b>
		563.00
		<b>TOTAL</b>
		658.45