CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation BOB STOGREN

Office sought or ballot question CITY COUNCIL District AT LARGE

Type of report
- X Candidate report
- ____ Campaign committee report
- ____ Association or corporation report
- ____ Final report

Period of time covered by report: from 5/25/2022 to 10/26/2022

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 $ Ø

IN-KIND + $ Ø

TOTAL AMOUNT RECEIVED = $ Ø

TOTAL CASH-ON-HAND $ Ø

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*
	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*
		TOTAL	

I certify that this is a full and true statement. Robert Stogren 10 26 2022

Signature Date

Printed Name ROBERT STOGREN Telephone 763-245-6715 Email (if available) ____

Address 677 TAFT LOOP S. CAMBRIDGE, MN 55008

For Office Use Only: Name Office Report