

Received 7-20-18
Lance Benckem

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Deb for Moorhead Committee

Office sought or ballot question Moorhead City Council District Ward 3

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

Period of time covered by report:
 from 07/09/18 to 07/19/18

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	\$ <u>1,642.60</u>	TOTAL CASH-ON-HAND	\$ <u>1,368.82</u>
IN-KIND	+ \$ _____		
TOTAL AMOUNT RECEIVED	= \$ <u>1,642.60</u>		

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
	See attached document	
	TOTAL	\$273.78

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	0.00

I certify that this is a full and true statement.  7/19/18
 Signature Date

Printed Name Deborah White Telephone 218-422-6515 Email (if available) debformoorhead@gmail.c
 Address PO Box 323, Moorhead MN 56561

Report Office Name For Office Use Only:

Deb for Moorhead Committee

Donations

July 9, 2018-July 19, 2018

Date	Name	Street	City	State	Zip	Employer	Amount
4/6/2018	Deb	515 9th St S	Moorhead	MN	56560	Minnesota State University Moorhead	\$ 127.60
7/9/2018	Donor						\$ 15.00
7/9/2018	Deb	515 9th St S	Moorhead	MN	56560	Minnesota State University Moorhead	\$ 200.00
7/9/2018	Del Rae	1011 10th St S	Moorhead	MN	56560	City of Moorhead	\$ 200.00
7/11/2018	Donor						\$ 50.00
7/11/2018	Donor						\$ 50.00
7/11/2018	Donor						\$ 100.00
7/11/2018	Donor						\$ 100.00
7/11/2018	Donor						\$ 100.00
7/12/2018	Julie White	201 4th st #511	Oakland	CA	94607	Dept of Housing and Urban Development	\$ 200.00
7/18/2018	Susan	2206 Sahalee Dr. E	Sammamish	WA	98074	Overlake Hospital Medical Center	\$ 500.00

**Deb for Moorhead Committee
Expenditures
April 6, 2018 to July 19, 2018**

Date	Purpose	Amount
4/6/2018	Web domain	\$ 127.60
7/6/2018	Bank checks	\$ 22.00
7/14/2018	Post office box rental	\$ 82.00
7/9/18-7/19/18	Paypal fees	<u>\$ 42.18</u>
		\$ 273.78

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Name of candidate, committee or corporation Deb for Moorhead Committee

Office sought or ballot question Moorhead City Council District Ward 3

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

Period of time covered by report:

from 07/20/18 to 10/24/18

CONTRIBUTIONS RECEIVED

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CASH	\$ <u>2,129.35</u>	TOTAL CASH-ON-HAND	\$ <u>207.93</u>
IN-KIND	+ \$ _____		
TOTAL AMOUNT RECEIVED	= \$ <u>2,129.35</u>		

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
	See attached document	
TOTAL		\$3,290.24

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			\$0.00

I certify that this is a full and true statement. _____ 10/24/18

Signature _____ Date

Printed Name Deborah White Telephone 218-422-6515 Email (if available) _____

Address PO Box 323, Moorhead MN 56561 debformoorhead@gmail.com

Report

Office

Name

For Office Use Only: