CAMPAIGN FINANCIAL REPORT

(All of the information in this report is public information) ALAN W. KRUEGER Name of candidate, committee or corporation Office sought or ballot question CITY District Type of Candidate report Period of time covered by report: report Campaign committee report Association or corporation report from AUGOZO to NOV2020 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 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 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 Expenditure or of Recipient Contribution Amount I certify that this is a full and true statement. Printed Name KLAN W. KRUEGER Telephone 952.467.3317 Email (if available) a lan. Krueger Address 201 SE 2000 NVE, YOUNG AMERICA, MN 55397

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 ALTIN W. KRUEGER Office sought by candidate (if applicable)
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)
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 Date 11-16-2026
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CAMPAIGN FINANCIAL REPORT (All of the information in this report is public information) Name of candidate, committee or corporation _____ Carol Lagergrem Office sought or ballot question District City of Norwood

Young america

Period of time covered by report: Type of __ Candidate report report Campaign committee report Association or corporation report from______to_11-3-2020 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 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** 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 Expenditure or of Recipient Contribution Amount TOTAL I certify that this is a full and true statement. __ Printed Name Carol Lagergran Telephone 952-292-492 (if available) carollagergran Address 513 Devonshire Drive Ogmail. com

Norwood Young America MN 55397

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 Carol Lagorgren
Office sought by candidate (if applicable) Mayor
Identification of ballot question (if applicable)
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
vear.
Signature of candidate or committee treasurer Carol Lagergren

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	(All of the information	tion in this report is public information)	0.
Name of candidate	, committee or corporation	MICHHEL MCPA	UNAN,
Office sought or ba	llot question COUNCIA	District	N/A
Type of	Candidate report Campaign comm Association or co	ittee report	me covered by report: $1-2a_0 = 11-3-20$
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Project title or desc	list any media project or corpora ubmit a separate report for each p ription	E PROJECT EXPENDITURES ate message project for which contributoroject. Attach additional sheets if necessary	ation(s) or expenditure(s) tota
Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
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I certify that this is a	a full and true statement.	utral Modelen	- 11/11/20
Printed Name	ICHAEL MCKADOEN Tele	Signature Phone 952-467-3994 Email (if as	Date /
Address	IA MIN	Linai (II a	valiable
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