

CAMPAIGN FINANCIAL REPORT
CERTIFICATION OF FILING

Each county, municipal or school district level 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 no later than seven days after the general or special election. (Minnesota Statutes 211A.05, subdivision 1).

Name of candidate or committee Stephanie Lynn Miller

Office sought by candidate School Board member
(if applicable)

or

Identification of ballot question _____ (if applicable)

Check appropriate box below:

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 campaign contributions or disbursements did not exceed \$750 in the calendar year.

Smiller
(Signature of candidate or committee treasurer)

11/25/19
(Date)

Telephone (507) 319-5715

Email, if available miller.stephanie3@
hotmail.com

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Stephanie Miller
 Office sought or ballot question School Board District 2805
 Type of report _____ Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report
 Period of time covered by report: from _____ to _____

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 TOTAL CASH-ON-HAND \$ 0
 + \$ 0
 IN-KIND \$ 0
 = \$ 0
 TOTAL AMOUNT RECEIVED \$ 0

EXPENDITURES

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

Date	Purpose	Amount
TOTAL		<u>0</u>

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			<u>0</u>

I certify that this is a full and true statement. Stephanie Miller 11/25/19

Printed Name Stephanie Miller Telephone (507) 319-5115 Email (if available) miller.stephanie3@hotmail.com
 Address 986 Golfview Ave Zumbrota, MN 55992

Report

Office

Name

For Office Use Only:

Minnesota
**Campaign Finance and
 Public Disclosure Board**

Suite 190 . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603 . 651-539-1180 . 800-657-3889



**Registration and Statement of Organization
 Political Committee or Political Fund**
 under Minn. Stat. § 10A.14

Instructions

- A political committee or fund is required to register with the Campaign Finance and Public Disclosure Board office within 14 days after the committee or fund raises or spends in excess of \$750, (\$5,000 for Ballot Question committees or funds) or amend the registration within 10 days after any change in previously filed information.
- All required sections must be filled in before the committee or fund can be registered.
- This form may be emailed to cf.board@state.mn.us or faxed to 651-539-1196; 800-357-4114
- All information on this form or report is public information and may be published on the Board's website at www.cfboard.state.mn.us
- It is unlawful to use this information for commercial purposes.
- Do not use pencil or red ink.
- Board staff may also be reached by phone at 651-539-1187 or 800-657-3889 or by email at cf.board@state.mn.us

Registration

New registration Amendment: registration no. _____

Committee or Fund Name

Chair (for political committee only)

Committee name ZM Vote Yes Committee	Chair name
Address 61921 410th Avenue	Address
City, state, zip Zumbro Falls, MN 55991	City, state, zip
Telephone (Daytime) 520-488-1014	Telephone (Daytime)
Committee website NA	Email address (Required or write No Email)

Treasurer (Required)

Deputy Treasurer (Optional)

Treasurer name Melanie Lodermeier	Deputy Treasurer name
Address 277 W 3rd St	Address
City, state, zip Zumbrota, MN 55992	City, state, zip
Telephone (Daytime) 520-488-1014	Telephone (Daytime)
Email address (Required or write No Email) melanielodermeier@gmail.com	Email address

This document is available in alternative formats to individuals with disabilities by calling 651-539-1180; 800-657-3889; or through the Minnesota Relay Service at 800-627-3529.

Type of entity registering (check one)

- Political Committee - An association of two or more persons whose major purpose is to support or oppose the nomination or election of one or more candidates.
- Ballot Question Committee - An association of two or more persons whose major purpose is to support or oppose a constitutional amendment or proposition that will be voted on state wide.
- Political Fund - An account established by an association whose major purpose is other than to support or oppose the nomination or election of one or more candidates.
- Ballot Question Fund - An account established by an association whose major purpose is other than to support or oppose a constitutional amendment or proposition that will be voted on state wide.

If you are registering a **Political or Ballot Question Fund**, list the name and address of the association that is establishing the fund.

Association Name
Address
City, state, zip

Nonprofit corporation providing administrative assistance (if any)

Nonprofit corporation name
Address
City, state, zip

Depository (financial institution) of committee or fund (Required)

1. Depository	Bank of Zumbrota	2. Depository	
Address	PO Box 8	Address	
City, state, zip	Zumbrota, MN 55992	City, state, zip	

Certification

I, Melanie Lodermeier, certify that the information contained on this form is complete, true, and correct.
(print or type name)


Signature of treasurer

September 2, 2019
Date

Any person who signs and certifies to be true a report or statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation ZM Vote Yes

Office sought or ballot question Nov 5 Referendum District ZM Schools

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

Period of time covered by report:
 from 10/1 to 10/27

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 TOTAL CASH-ON-HAND \$ 293.25
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 0

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		<u>0</u>

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			<u>0</u>

I certify that this is a full and true statement. Josh Brown 10/27/19

Signature

Date

Printed Name Josh Brown Telephone 507-843-4848 Email (if available) _____

Address 61921 410th Ave Zumbro Falls, MN 55991

Report

Office

Name

For Office Use Only:

