

Tracy Kelly

1933 Cressy Ave
Anoka, MN 55303
(507) 273-2609

Invoice

Submitted on 08/07/2018

Invoice for

Jeff Weaver
The Weaver Volunteer Committee
314 Rice St
Anoka, MN 55303

Payable to

Tracy Kelly

Project

Website

Description	Unit price	Total price
Elect Jeff Weaver Website	\$600.00	\$600.00
Domain - electjeffweaver.com (1 year)	n/c	\$0.00
Hosting (2 months)	n/c	\$0.00
Facebook promotion plan	n/c	\$0.00

Notes:

Thank you for the opportunity to build your site!

\$600.00

*PK 8-10-2018
PK# 7370*

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation JEFF WEAVER
 Office sought or ballot question ANACA City Council District ANACA
 Type of report Candidate report
 Campaign committee report
 Association or corporation report
 Final report
 Period of time covered by report:
 from 7/6/18 to 8/1/18

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 \$ 0 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
7-6-18	DOWN PAYMENT SIGNS	600.00
8-1-18	FINAL PAYMENT SIGNS RECEIVED	856.89
TOTAL		\$ 1465.89

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.

Printed Name JEFF WEAVER Signature [Signature] Date 8/9/2018
 telephone 763-421-8552 Email (if available) _____
 Address 314 ROCK ST ANACA, MO 65203

Report Office Name For Office Use Only: