SEP 1 9 2014

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation PAUL S. MOTIN

Office sought or ballot question CITY COUNCIL District WARD 4

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

Period of time covered by report:

from 6/9/14 to 09/12/14

## 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

IN-KIND + $ 0

TOTAL AMOUNT RECEIVED = $ 0

TOTAL CASH-ON-HAND $ 0

(ALL DISBURSEMENTS PAID BY CANDIDATE)

## 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 |
|---|---|---|
| 6/9/2014 | Secretary of State - mailing list | 35.00 |
| 7/8/2014 | Vernon Co - signs | 556.18 |
| 7/21/2014 | ✓ ✓ ✓ | 107.29 |
| 9/12/2014 | ✓ ✓ ✓ | 227.35 |
| | TOTAL | 925.82 |

## 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 |
|---|---|---|---|
| | NONE | | |
| | | | |
| | | | |
| | | TOTAL | |

I certify that this is a full and true statement. Signature 9/12/14 Date

Printed Name PAUL S. MOTIN Telephone 763-241-0592 Email (if available) pmotin@aol.com

Address 10448 172nd LANE NW, ELK RIVER, MN 55330

Report

Office

Name

For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Paul S. Motin

Office sought or ballot question City Council District Ward 4

Type of report
- X Candidate report
- ___ Campaign committee report
- ___ Association or corporation report
- (X) Final report

Period of time covered by report:

from 10/20/14 to 12/3/14

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CASH $ -0-

IN-KIND + $ 29.92 (1)

TOTAL AMOUNT RECEIVED = $ 29.92

TOTAL CASH-ON-HAND $ -0-

(ALL OTHER EXPENSES WERE PAID BY CANDIDATE)

## 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 | (1) Amount |
|---|---|---|
| 10/29/14 | Amazon - Doorknob Bags | 29.92 |
| 10/28/14 | Postmaster - Postage for mailing | 420.40 |
| 10/28/14 | Inky Elf - Printing cost for mailer | 946.91 |
| | | |
| | TOTAL | 1397.23 |

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|---|---|---|---|
| | | | |
| | | | |
| | | TOTAL | |

I certify that this is a full and true statement. [signature] 12/3/14

Signature Date

Printed Name Paul S. Motin Telephone 763-241-0592 Email (if available) pmotin@aol.com

Address 10448 172nd Lane NW, Elk River, MN 55330

For Office Use Only: Name Office Report

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