

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Say No To the Taxman Committee

Office sought or ballot question RPS Referendum + City Sales Tax Extension District Olmsted

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ X Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from 9/25/23 to 10/4/23

## 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>1,083.17</u>	TOTAL CASH-ON-HAND	\$ <u>238.23</u>
IN-KIND	+ \$ <u>1,421.48</u>		
TOTAL AMOUNT RECEIVED	= \$ <u>2,504.65</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
<u>9/25/23</u>	<u>Bank Fee</u>	<u>2.00</u>
<u>10/3/23</u>	<u>Signs</u>	<u>210.67</u>
<u>10/3/23</u>	<u>Signs</u>	<u>356.81</u>
<u>10/3/23</u>	<u>Signs</u>	<u>275.46</u>
<u>10/18/23</u>	<u>Registration</u>	<u>50.00</u>
	<b>TOTAL</b>	<u>894.94</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
		<b>TOTAL</b>	

I certify that this is a full and true statement. Kim Rishay 10/4/23  
 Signature Date

Printed Name Kim Rishay Telephone 507-208-1838 Email (if available) \_\_\_\_\_

Address 4741 Common PL NW - Rochester, MN 55901

Report

Office

Name

For Office Use Only:

In Kind Contribution

10/4/23	MNRed.org	\$1,000. <sup>00</sup>	
10/4/23	Casey's Spa	100. <sup>00</sup>	2649 Monroe Dr NW - Roch. MN 55901
10/3/23	Casey's Spa	100. <sup>00</sup>	2649 Monroe Dr NW - Roch. MN 55901
10/1/23	Casey's Spa	60. <sup>00</sup>	2649 Monroe Dr NW - Roch. MN 55901
9/21/23	Kim Rishavy	76. <sup>40</sup>	4741 Common PL NW - Roch. MN 55901