

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Moore 4 Moorhead

Office sought or ballot question City Council - Ward 2 District _____

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

Period of time covered by report:

from 7/30 to 8/22

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 \$ 1,550.00 TOTAL CASH-ON-HAND \$ _____
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 1,550.00

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 of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement.

Emily Moore
Signature

8/22/24
Date

Printed Name Emily Moore Telephone 361-785-1119 Email (if available) moore4moorhead@gmail.com

Address 1802 36th St. S Moorhead, MN 56560

Report
Office
Name
For Office Use Only:

Name	Address	Employer	Amount	Date
Terry McBride	3511 29th Ave S, Moorhead, MN 56560	Retired	\$600	8/15/24
Susan McBride	3511 29th Ave S, Moorhead, MN 56560	Retired	\$600	8/15/24
Debbie Moore	4483 Straits View Drive, Carp Lake, MI 49718	Retired	\$200	8/12/24
Sarah Watson Curry	1123 22nd Ave S, Moorhead, MN 56560	Teacher	\$150	8/8/24

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Period of time covered by report:
 from 8/23 to 10/25

CONTRIBUTIONS RECEIVED

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CASH	\$ <u>2,065</u>	TOTAL CASH-ON-HAND	\$ <u>492.00</u>
IN-KIND	+ \$ _____		
TOTAL AMOUNT RECEIVED	= \$ <u>2,065</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
	<i>See attached</i>	
	TOTAL	<u>3,118.00</u>

CORPORATE PROJECT EXPENDITURES

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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. Emily Moore 10/25/24
Signature Date

Printed Name Emily Moore Telephone 301-785-1119 Email (if available) moore4moorhead@gmail.com
 Address 1802 36th St S Moorhead, MN 56560

Report Office Name For Office Use Only:

Contributions

Name	Address	Employer	Amount	Date
Brian Hulka	1613 Kiersten Court, Forest Hill, MD	Teacher Strategy and Digital Experience	\$600	08/29/2024
Alyssa Hulka	1613 Kiersten Court, Forest Hill, MD	Leader at Accella	\$600	08/29/2024
Friend			\$40	08/30/2024
Friend			\$25	08/30/2024
Friend			\$100	08/31/2024
Friend			\$100	08/31/2024
Family			\$100	09/03/2024
Family			\$100	09/03/2024
Family			\$100	09/03/2024
Family			\$100	09/03/2024
Family			\$100	09/06/2024
Friend			\$50	09/13/2024
Family			\$50	09/14/2024
		Amount Received during this report	\$2,065	
		Total Amount Received	\$3,615	

Expenses

Tshirts - First Ave PROMO	\$421	8/27/24
Signs- First Ave PROMO	\$1,133	9/9/24
website - Campaign partner	\$29	9/15/24
Candy for parade	\$432	10/4/24
Flyers - First Ave PROMO	\$647	10/14/24
Magnets - First Ave PROMO	\$104	10/15/24
website - Campaign partner	\$29	10/15/24
flyers - First Ave PROMO	\$324	10/8/24

Remaining Funds

\$497 24-Oct

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Type of report _____ Candidate report
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 _____ Final report

Period of time covered by report:
 from 10/25 to 12/5

CONTRIBUTIONS RECEIVED

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CASH \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ _____
 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
11/5	Legends Open Food	290.79
11/5	Cake	42.99
11/7	Stamps + Thank you cards	163.72
TOTAL		\$497.00

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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.

Emily Moore
Signature

12/5/24
Date

Printed Name Emily Moore Telephone 301-785-1119 Email (if available) moore@moorhead
 Address 1807 36th Street S Moorhead, MN 56560