

Campaign Finance & Public Disclosure Board

190 Centennial Office Building, 658 Cedar St, St Paul, MN 55155

cfb.mn.gov



Statement of Economic Interest

Candidate for local official position in a metropolitan governmental unit under Minn. Stat. § 10A.01, subd. 22; and 10A.09, subd. 6a

Filing instructions

(General instructions for completing the form are on page 2)

- Your statement is due at the governing body of the metropolitan governmental unit within 14 days after signing an affidavit of candidacy.
- This form may be filed by mail or fax sent to the metropolitan governmental unit.
- Address questions to the governing body of the metropolitan governmental unit.

Individual information	Employment information
Name <u>William A. Kiecker</u>	Occupation <u>Healthcare Manager</u>
Address at which you wish to receive mail from the metropolitan governmental unit (You may use either a home or business address.) <u>13065 Yellow Pine Circle NW</u>	Name of employer - indicate if self-employed or not employed (include employer as a source of compensation on page 3) <u>CVS/Aetna</u>
City, state, zip <u>Coon Rapids, MN 55448</u>	Business address <u>1405 Xenium Ln. N. #140</u>
Telephone (daytime) <u>763 234-4393</u>	City, state, zip of business <u>Minneapolis, MN 55441</u>
Name of office <u>Coon Rapids City Council - Ward 2</u>	Email Address <u>BKiecker@comcast.net</u>

Period covered

Original statement

May 19, 2020
date filed for office

Certification

I, William A. Kiecker, certify that the information contained on this form, including information on the schedules on page 3, is complete, true, and correct.

William A. Kiecker
Signature of candidate or elected local official

6-4-2020
Date

Notice: Any person who signs and certifies to be true a statement which the person knows contains false information or 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.

Attach additional pages if necessary to complete any of these schedules.

Sources of compensation

----- Check each applicable box -----

Name of source	Director	Officer	Owner	Member	Partner	Employer	Employee	Honorarium
CVS/Aetna							X	

Business or professional activity categories

----- Check the applicable box -----

Business or professional activity category (See page 4)	Employee: \$250 in income in month and owns 25% or more of business	Independent contractor: More than \$2,500 in compensation

Securities

Name of business in which security is held	Name of business in which security is held
CVS	Oakmark Fund
CISCO SYSTEMS	Stable Value Option 401K
TCF FINANCIAL CORP	SIP 500 INDEX FUND / W BOND INDEX 401K
TARGET RETIREMENT 2030 FUND 401K	International Developed Market Index 401K
BEST BUY / FORD MOTOR	

Real property

----- Check one -----

County	Street address and city; or section, township, and range	Own	Mortgage (Held as seller)	Contract for deed (As buyer or seller)	Option to buy - option worth more than \$2,500	Option to buy - property worth more than \$50,000	Acreage (if applicable)
Cook	565 South Shore Drive Grand	X					
Wright	14215 68th St, NW Annandale	X					
Amokh	8604 MISSISSIPPI BLVD NW COORP	X					

Pari-mutuel horse racing

----- Check one -----

	Partial interest	Full interest	Description of interest (horse, stable, etc.)
Official direct interest			
Official indirect interest			
Family interest			