

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 <i>Patrick John Carlson</i>	Occupation <i>Retired Police Officer</i>
Address at which you wish to receive mail from the metropolitan governmental unit (You may use either a home or business address.) <i>12143 Lily Street NW</i>	Name of employer - indicate if self-employed or not employed (include employer as a source of compensation on page 3) <i>City of Coon Rapids (Retired)</i>
City, state, zip <i>Coon Rapids, MN 55433</i>	Business address <i>11155 Robinson Drive NW</i>
Telephone (daytime) <i>763-568-0714</i>	City, state, zip of business <i>Coon Rapids, MN 55433</i>
Name of office <i>City of Coon Rapids Council at Large</i>	Email Address <i>carlson11349@gmail.com</i>

Period covered

Original statement

May 19th, *2020*
date filed for office

Certification

I, *Pat Carlson*, certify that the information contained on this form, including information on the schedules on page 3, is complete, true, and correct.
(print or type name)

Pat Carlson
Signature of candidate or elected local official

05/19/2020
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.

This document is available in alternative formats to individuals with disabilities by calling 651-539-1180; 800-657-3889; or through the Minnesota Relay Service at 800-627-3529.

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
Public Employees Retirement Assoc.				X				
* State of Minnesota (Independent Contractor)							X	
The Church of the Epiphany							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
* Educational Services		X

Securities

Name of business in which security is held	Name of business in which security is held

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)

Pari-mutuel horse racing

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

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