

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>Sheila Joy Rose</i>	Occupation <i>Retired</i>
Address at which you wish to receive mail from the metropolitan governmental unit (You may use either a home or business address.) <i>3955 119TH AVE NW #316</i>	Name of employer - indicate if self-employed or not employed (include employer as a source of compensation on page 3) <i>Ramsey County Sheriff</i>
City, state, zip <i>COON RAPIDS MN 55433</i>	Business address
Telephone (daytime) <i>651-487-7575</i>	City, state, zip of business
Name of office <i>City Council - Ward 4</i>	Email Address

Period covered

Original statement

JUNE 20, 20
date filed for office

Certification

I, *SHEILA JOY ROSE*, certify that the information contained on this form, including information on the schedules on page 3, is complete, true, and correct.

Sheila Joy Rose
Signature of candidate or elected local official

6-1-20
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
Pera				✓				
Social Security				✓				

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
NONE		

Securities

Name of business in which security is held	Name of business in which security is held
NONE	

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)
NONE							

Pari-mutuel horse racing

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

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