

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Christopher for Council

Office sought or ballot question Coon Rapids City Council Member District At-Large

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

Period of time covered by report:  
 from 07/13/2020 to 08/01/2020

## 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>850.00</u>   | TOTAL CASH-ON-HAND | \$ <u>1460.78</u> |
| IN-KIND               | + \$ <u>0.00</u>   |                    |                   |
| TOTAL AMOUNT RECEIVED | = \$ <u>850.00</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 |
|--------------|------------------|--------|
| 07/21/2020   | Website          | 12.00  |
| 07/27/2020   | Marketing        | 550.00 |
| 07/28/2020   | Transaction Fees | 10.21  |
| 07/29/2020   | Marketing        | 150.00 |
| <b>TOTAL</b> |                  | 722.21 |

## 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. Christopher Geisler 08/01/2020  
Signature Date

Printed Name Christopher Geisler Telephone 763-458-1928 Email (if available) ChristopherForCouncil@gmail.com  
 Address 10840 Mississippi Blvd NW, Coon Rapids, MN 55433

Report

Office

Name

For Office Use Only:

| Type     | Name            | Address   | Employer            | Amount    | Date      |
|----------|-----------------|---|---------------------|-----------|-----------|
| Monetary | SD36            | N/A   | Organizing Unit     | \$ 600.00 | 7/20/2020 |
| Monetary | Sara Gangelhoff | 10845 Magnolia Street NW, Coon Rapids, MN 55433 | City of Minneapolis | \$ 100.00 | 7/20/2020 |
| Monetary | Mark Brakke     | 3508 Mississippi Dr NW, Coon Rapids, MN 55433   | Retired             | \$ 100.00 | 7/28/2020 |