

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Dave Balawix
 Office sought or ballot question City Council - Brainerd District ward - 3
 Type of report _____ Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report
 Period of time covered by report:
 from 11-1-16 to 11-30-16

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 \$ _____ TOTAL CASH-ON-HAND \$ 960.56
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ _____

RECEIVED
 12-7-16
 CITY OF BRAINERD
 ADMINISTRATION

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 |
|--------------------|-----------------|--------------|
| 11-4-16 | Post Driver | 54.57 |
| 11-5-16 | officemax stamp | 26.96 |
| 11-1-16 | sign posts | 17.13 |
| TOTAL | | 78.60 |

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.

Signature [Signature] Date 12-7-16
 Printed Name Dave Balawix Telephone 215-330-5244 Email (if available) _____
 Address 823 12th Ave NE Brainerd, MN 56401

Report
Office
Name
For Office Use Only:

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes* 211A.05, subdivision 1)

Campaign Information

Name of candidate or committee: Dave Budeaux
Office sought by candidate (if applicable): Brainerd City Council - ward 3
Identification of ballot question (if applicable): _____

Certification

Select the appropriate choice below, and sign.

I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been submitted to the filing officer.

I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer: Dave Budeaux
Date: 12/5/16

RECEIVED
DEC 05 2016
CITY OF BRAINERD
ADMINISTRATION

RECEIVED

OCT 28 2016

CAMPAIGN FINANCIAL REPORT

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

CITY OF BRAINERD ADMINISTRATION

Name of candidate, committee or corporation Dave Bodeaux
Office sought or ballot question Braierd City Council District Ward 3

Type of report Candidate report
Period of time covered by report: from 9/30 to 10/31

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 \$ 1400 TOTAL CASH-ON-HAND \$ 1400
IN-KIND + \$
TOTAL AMOUNT RECEIVED = \$ 1400

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Table with 3 columns: Date, Purpose, Amount. Row 1: 10/21/16, Door Hangers, 560.84. Row 2: 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.

Table with 4 columns: Date, Purpose, Name and Address of Recipient, Expenditure or Contribution Amount. Row 1: TOTAL

I certify that this is a full and true statement. Signature Dave Bodeaux Date 10/28/2016
Printed Name Dave Bodeaux Telephone 218-330-8204 Email (if available) iknowBodeaux@gmail.com
Address 823 12th Ave NE Brainerd MN 56401

Report

Office

For Office Use Only: Name

Name – Clarence Witschen

Address – 804 Mil Avenue NE Brainerd, MN 56401

Employer – Self Employed. Electrical Options

Contribution - \$200 Cash

Dates – 10/14/16

Name – Douglas Eckstein

Address – 610 SE 15th St Brainerd, MN 56401

Employer – Self Employed. Field Services

Contribution - \$200 Cash

Dates – 10/13/16

Name – Grant VanWyngereen

Address – 714 Industrial Park Rd. SW Brainerd, MN 56401

Employer – Self Employed. Recycling and Salvage

Contribution - \$500 Cash

Dates – 10/20/16

Name – Stephanie VanWyngereen

Address – 714 Industrial Park Rd. SW Brainerd, MN 56401

Employer – Self Employed. Recycling and Salvage

Contribution - \$500 Cash

Dates – 10/20/16

RECEIVED

OCT 28 2016

**CITY OF BRAINERD
ADMINISTRATION**

RECEIVED

SEP 30 2016

CITY OF BRAINERD ADMINISTRATION

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Dave Badeaux

Office sought or ballot question Braierd City Council District Ward 3

Type of report

Candidate report

Campaign committee report

Association or corporation report

Final report

Period of time covered by report:

from 8/1/16 to 9/30/16

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 \$ _____ TOTAL CASH-ON-HAND \$ _____

IN-KIND + \$ 879.80

TOTAL AMOUNT RECEIVED = \$ 879.80

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.  Date 9/30/16

Printed Name Dave Badeaux Telephone 218-330-8204 Email (if available) iKnowBadeaux@Gmail.com

Address 823 12th Ave NE Braierd, MN 56401

Report Office Name For Office Use Only:

Name - Mike Higgins

Address – 1801 Mill Ave NE Brainerd, MN 56401

Employer – Self Employed. Owner Brainerd Industrial Complex

Contribution - \$600 In-Kind – Donation of signs

Date – 8/1/16 and 9/16/16 (half and half)

Name – Sharon Higgins

Address – 1801 Mill Ave NE Brainerd, MN 56401

Employer – Self Employed. Graphic design and sign company

Contribution - \$279.80 In-Kind – Donation of T-shirts

Dates – 8/1/16 and 9/16/16 (half and half)