

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 JENNIFER HOFFMAN SANCORAN

Office sought by candidate (if applicable) HIBBING 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 to date by Minnesota Statutes 211A.02 have been submitted to the filing officer.

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

Signature of candidate or committee treasurer



Date 09/11/2020

IF YOU HAVE NOT RECEIVED  
DISBURSEMENTS OF \$750,  
PLEASE COMPLETE AND  
RETURN THIS FORM TO ME SO  
I KNOW WHY I HAVE NOT RECEIVED ANY  
CAMPAIGN FINANCIAL REPORTS FROM YOU.

RETURN TO  
MARY ANN KEPLER  
CITY CLERK-TREAS.  
401 E 21 ST, HIBBING, MN 55746  
OR BY FAX 218-312-1562 OR BY E-MAIL:  
makepler@ci.hibbing.mn.us

## CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation JENNIFER HOFFMAN SACCOCAN  
 Office sought or ballot question HIBBING CITY COUNCIL - 1 District WARD 3  
 Type of report  Candidate report  Campaign committee report  
 Association or corporation report  Final report  
 Period of time covered by report: from 9/15/2020 to 11/9/2020

### 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                  | \$ | ████████ | TOTAL CASH-ON-HAND | \$ <u>14.19</u>                 |
| IN-KIND               | \$ |          |                    | <i>carry-over from<br/>2018</i> |
| TOTAL AMOUNT RECEIVED | =  |          |                    |                                 |

### 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              |
|-----------|-----------------------------|---------------------|
| 9-24-2020 | 200 flyers / Express Print  | 71.94               |
| 9-23-2020 | 20 campaign ads / MTS Media | 380.00              |
|           |                             |                     |
|           |                             | TOTAL <u>451.94</u> |

### 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. Jennifer Hoffman Saccocan 09 Nov 2020

Signature

Date

Printed Name JENNIFER HOFFMAN SACCOCAN Telephone 218-996-1846 Email (if available) JHOFFMAN0919@gmail.com  
 Address 503 Highland Dr. Hibbing, MN 55746

Report

Office

Name  
For Office Use Only: