

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation JAKE KARNOPP

Office sought or ballot question SCHOOL BOARD District SD14

Type of report _____ Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
X Final report

Period of time covered by report:
 from 10.21.19 to 11.7.19

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 \$ 375.- TOTAL CASH-ON-HAND \$ 100.-
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 375.-

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
10.31.2019	S.A.R.A. CAULFIRE PHONE BANKING	125.-
11.1.2019	ECM PUBLISHERS INC. (AD) IN LOCAL PAPER	130.-
11.7.2019	S.A.R.A. CAULFIRE TEXTS	8.52
11.7.2019	LOAN FROM CANDIDATE RE-PAYMENT (PARTIAL)	1,190.58
	TOTAL	2494.68

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] 11.7.2019

Signature Date

Printed Name JAKE KARNOPP Telephone 612.709.6473 Email (if available) JAKEKARNOPP@GMAIL.COM

Address 482 ROCK CREEK TERRACE FLOWERS, MN 55437

Report

Office

Name

For Office Use Only:

Itemization of Contributions

NAME
Mark Debelts
ADDRESS
908 S Jay Circle Sioux Falls, SD
EMPLOYER
USPS
AMOUNT
\$150.00
DATE
10.24.2019
PHONE NUMBER
605-321-2152

NAME
Pete Schroeder
ADDRESS
1712 23rd Ave Mpls, MN 55418
EMPLOYER
Retired
AMOUNT
\$25.00
DATE
10.27.2019
PHONE NUMBER
612-788-2181

Itemization of Contributions

NAME
SEIU Local 284
ADDRESS
450 Southview Blvd. S Saint Paul, MN 55075
EMPLOYER
PAC Fund
AMOUNT
\$200.00
DATE
10.28.2019
PHONE NUMBER