

**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: Kelly Leibold  
 Office sought by candidate (if applicable): Pine Island City Council  
 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: [Signature]  
 Date: 10/24/22

**CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, committee or corporation: Kelly Leibold  
 Office sought or ballot question: Pine Island City Council District \_\_\_\_\_  
 Type of report: \_\_\_\_\_ Candidate report \_\_\_\_\_  
 \_\_\_\_\_ Campaign committee report \_\_\_\_\_  
 \_\_\_\_\_ Association or corporation report \_\_\_\_\_  
 \_\_\_\_\_ Final report \_\_\_\_\_  
 Period of time covered by report: from 6/28/22 to 10/24/22

**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 + \$ \_\_\_\_\_  
 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
6/28/22	50 18x24 yard signs & stakes	383.40
8/26/22	Office Depot carterside L&T for GDDM	245.01
9/1/22	USPS GDDM 1221 red press 2 rates	238.24
TOTAL		866.65

**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] 10/24/22  
 Signature Date  
 Printed Name: Kelly Leibold Telephone: 272-5408 Email (if available): Kelly.leibold@gmail.com  
 Address: PO Box 195 113 2nd St SW Pine Island MN 55463

Report Office Name For Office Use Only:

Budget 2022 to submit to Stephanie (NEED SALES INVOICES print to include)

6/28/22	Yard signs	Qty 50 - 18" x 24" corrugated signs, screen printed 1 color (no bleeds) 2 sides \$4.73/ea plus \$1.25/ea for the 30" H-shaped rod sign holders and \$84.40 shipping	<b>\$383.40</b>
8/26/22	Office Depot Lit (EDDM)	Qty 650, B&W double sided, green cardstock 65lb, one horizontal cut	<b>\$245.01</b>
9/1/22	USPS EDDM	1274 mailpieces, routes 003 and 004, bundles of 50	<b>\$238.24</b>
<del>9/22???</del>	<del>VAN ACCESS??</del>	<del>Letter of Support from Goodhue County DFL</del>	<del>\$50???</del>
10/5	BOOSTED FB POST??	End date Nov 4? Reach 301 - 600 per day	<b>\$100</b> 
	SHOPPER AD??	Letter to the Editor??	

**TOTAL = 866.65**



Political Lawn Signs  
916 Byrd Avenue  
Neenah, WI 54956

Ph: 888-414-1776 • Fax: 920-722-7448

A Division of Cross & Oberlie

Make Checks Payable To: Aquecs, Inc

Bill To:

KELLY LEIBOLD  
100 3RD ST NW  
PINE ISLAND MN 55963

# Invoice

Date	Invoice #
7/5/2022	66691

**PAID**  
07/05/2022

Ship To

KELLY LEIBOLD  
100 3RD ST NW  
PINE ISLAND, MN 55963

Please check box if address is incorrect or has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.



Political Lawn Signs  
916 Byrd Avenue  
Neenah, WI 54956

Ph: 888-414-1776 • Fax: 920-722-7448

A Division of Cross & Oberlie

	P.O. No.	Terms
	VERBAL	CREDIT CARD
Ship Date	Ship Via	FOB
7/5/2022	UPS GROUND	FACTORY

Item	Description	Qty Ordered	Qty Shipped	Unit Price	Amount
CO.E	24" X 18" CORRUGATED SIGN, SCREEN PRINTED 1 COLOR 2 SIDES	50	50	4.73	236.50
WH.E - 30"	H-SHAPED WIRE SIGN HOLDERS - 10" X 30"	50	50	1.25	62.50
S&H.E	SHIPPING & HANDLING	1	1	84.40	84.40
1UPS Tracking	Tracking #: 1Z5944500377822045 Actual Ship Date: 7/5/2022 Service Type: UPS Ground	1	1	0.00	0.00

Logo: LEIBOLD CITY COUNCIL

Invoice Total: \$383.40



There will be a \$45 charge for all returned checks. Past due invoices will bear a monthly interest charge of 1-1/2% (18% per annum). For billing inquiries: 920-722-2486.



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**Every Door Direct Mail Retail Order Confirmation**

message

auto-reply@usps.com &lt;auto-reply@usps.com&gt;

Thu, Sep 1, 2022 at 8:13 AM

From: Kellysueleibold@gmail.com

Order #: **8119337**

Hello Kelly Leibold,

Thank you for using USPS.com<sup>®</sup> to create and pay for your Every Door Direct Mail - Retail<sup>®</sup> (EDDM Retail<sup>®</sup>) order.

---

**EDDM Retail Order Details**

Name: Kelly Leibold

Order #: **8119337**

Placed on: September 01, 2022

Status: Order Placed

Bill to: Kelly S Leibold  
PO BOX 195  
PINE ISLAND MN 559631172 United States  
Visa: ending in 3575

---

**Item**Every Door Direct Mail - Retail<sup>®</sup>

PINE ISLAND POST OFFICE, 55963

Price: \$238.24

Qty: 1

**Total:** \$238.24**[Edit Order](#)**

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Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee

Kelly Lebold

Office sought by candidate (if applicable)

City Council Rose Island

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



Date

11/7/22

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Kelly Leibold

Office sought or ballot question City Council Precinct District \_\_\_\_\_

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

Period of time covered by report:

from 6/1/22 to 11/7/22

## 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 + \$ \_\_\_\_\_  
 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
6/25/22	50 18x24 yard signs + stakes	383.40
9/26/22	office deposit cardstock LIT for EDDM	245.01
9/1/22	USD'S EDDM 10M mail pieces 2/cities	238.24
<b>TOTAL</b>		<b>866.65</b>

## 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.

[Signature]  
 Signature

11/7/22  
 Date

Printed Name Kelly Leibold Telephone 272-5408 Email (if available) Kellysleibold@gmail.com  
 Address PO Box 1195 113 2nd St SW Pmelsland MN 55963

Report Office Name For Office Use Only:



**Political Lawn Signs**  
**916 Byrd Avenue**  
**Neenah, WI 54956**

Ph: 888-414-1776 • Fax: 920-722-7448

**A Division of Cross & Oberlie**

**Make Checks Payable To: Aquecs, Inc**

Bill To:

KELLY LEIBOLD  
 100 3RD ST NW  
 PINE ISLAND MN 55963

**Invoice**

Date	Invoice #
7/5/2022	66691



Ship To

KELLY LEIBOLD  
 100 3RD ST NW  
 PINE ISLAND, MN 55963

Please check box if address is incorrect or has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.



**Political Lawn Signs**  
**916 Byrd Avenue**  
**Neenah, WI 54956**

Ph: 888-414-1776 • Fax: 920-722-7448

**A Division of Cross & Oberlie**

	<b>P.O. No.</b>	<b>Terms</b>
	VERBAL	CREDIT CARD
<b>Ship Date</b>	<b>Ship Via</b>	<b>FOB</b>
7/5/2022	UPS GROUND	FACTORY

Item	Description	Qty Ordered	Qty Shipped	Unit Price	Amount
CO.E	24" X 18" CORRUGATED SIGN, SCREEN PRINTED 1 COLOR 2 SIDES	50	50	4.73	236.50
WH.E - 30"	H-SHAPED WIRE SIGN HOLDERS - 10" X 30"	50	50	1.25	62.50
S&H.E	SHIPPING & HANDLING	1	1	84.40	84.40
IUPS Tracking	Tracking #: 1Z5944500377822045 Actual Ship Date: 7/5/2022 Service Type: UPS Ground	1	1	0.00	0.00

Logo: LEIBOLD CITY COUNCIL

**Invoice Total: \$383.40**



There will be a \$45 charge for all returned checks. Past due invoices will bear a monthly interest charge of 1-1/2% (18% per annum). For billing inquiries: 920-722-2486.



---

**Every Door Direct Mail Retail Order Confirmation**

message

Auto-reply@usps.com <auto-reply@usps.com>  
From: Kellysueleibold@gmail.com

Thu, Sep 1, 2022 at 8:13 A



---

**Order #: [8119337](#)**

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Hello Kelly Leibold,

Thank you for using USPS.com<sup>®</sup> to create and pay for your Every Door Direct Mail - Retail<sup>®</sup> (EDDM Retail<sup>®</sup>) order.

---

**EDDM Retail Order Details**

Name: Kelly Leibold

Order #: [8119337](#)

Placed on: September 01, 2022

Status: Order Placed

Bill to: Kelly S Leibold  
PO BOX 195  
PINE ISLAND MN 559631172 United States  
Visa: ending in 3575

---

**Item**Every Door Direct Mail - Retail<sup>®</sup>

PINE ISLAND POST OFFICE, 55963

Price: \$238.24

Qty: 1

**Total:** \$238.24[Edit Order](#)

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For Smart Locker orders

# Office DEPOT OfficeMax



PN604752-1

## Order Info

**Order #:** 263504455-001  
**Pickup Location:** Print & Copy - Store # 6191  
**Print File:** 2022 Leibold Council EDDMs  
**Order Date:** 08/26/2022

## Customer Info

**Deliver to:**  
KELLY LEIBOLD  
1201 SOUTH BROADWAY STE4  
ROCHESTER, MN, 55904  
507-2725408

**Print jobs:** 1 of 1

**Order Type:**

CPD Counter Pickup

**Bill to:**  
KELLY LEIBOLD  
PO BOX 195  
PINE ISLAND, MN, 559630195  
507-2725408

## Print Details

### Print Info

Product Type	Copies And Flyers
Quantity	650
Total Impressions	1300
Impression Type	B&W Doublesided
Originals/Pages	2
Paper	Letter Cardstock Brights 65lb
Paper Size	Letter
Paper Color	Terra Green
Orientation	Portrait
Collated	Yes
Original Size	8.5 X 11.0
Final Size	8.5 X 11.0

### Finishing Options

Staples	None
Cutting	Cutting Half Horizontal 2 Yield
Folding	None
Hole Punching	None
Wafer Seals	None
Wafer Color	None
Perforation	None
Lamination	None
Shrinkwrap	None
Mounting	None

Customize specific pages and Slipsheets

N/A

Index Tabs

N/A

*Kellysueleibold@gmail.com*

Special Instructions

Paid for extra cuts in advanced options. Only cut in half!

Handwritten calculations:

$$\begin{array}{r} 650 \\ - 50 \\ \hline 600 \\ - 50 \\ \hline 550 \\ - 50 \\ \hline 500 \\ - 50 \\ \hline 450 \\ - 50 \\ \hline 400 \\ - 50 \\ \hline 350 \\ - 50 \\ \hline 300 \\ - 50 \\ \hline 250 \end{array}$$

$$\begin{array}{r} 200 \\ - 50 \\ \hline 150 \\ - 50 \\ \hline 100 \\ - 50 \\ \hline 50 \end{array}$$

# Office DEPOT OfficeMax

ROCHESTER - (507) 288-8212  
08/26/2022 2:55 PM



VPVTY9XPQR54XXE8R

SALE 6191-4-6922-1023301-22 7 2  
Subtotal: 245.01

Order Management Invoice # 2635044550011  
Approval Code: 999999

114318 JDA G MILL DRDE	245.01 E
Total:	245.01
Debit Card 3575:	245.01

AUTH CODE 254777  
TDS Chip Read  
AID A0000000980840 US DEBIT  
TVR 8000048000  
CVS PIN Verified

Shop online at [www.officedepot.com](http://www.officedepot.com)

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WE WANT TO HEAR FROM YOU!

Visit [survey.officedepot.com](http://survey.officedepot.com)  
and enter the survey code below

V6A8 98YQ 68A2

\*\*\*\*\*

Order Placed By TE Date 8-26

Produced By LC Date 8-27

Quality Check By \_\_\_\_\_ Date \_\_\_\_\_

Budget 2022 to submit to Stephanie (NEED SALES INVOICES print to include)

6/28/22	Yard signs	100 40" x 40" corrugated signs, 4000 printed, 1000 on board, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum	\$383.40
8/29/22	Office Depot Lit (EDCM)	100 40" x 40" corrugated signs, 4000 printed, 1000 on board, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum	\$245.01
9-1-22	USPS EDCM	100 40" x 40" corrugated signs, 4000 printed, 1000 on board, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum	\$238.24
9-22-22	UNIVERSITY	100 40" x 40" corrugated signs, 4000 printed, 1000 on board, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum	\$600.00
9-22-22	BOOSTED FB POSTS	100 40" x 40" corrugated signs, 4000 printed, 1000 on board, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum	\$100
	SHOPPER APP	100 40" x 40" corrugated signs, 4000 printed, 1000 on board, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum, 1000 on 30" x 30" aluminum	

**TOTAL = 866.65**

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee: David Friese  
Office sought by candidate (if applicable): Mayor  
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: [Signature]  
Date: 11/9/2022

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee Brandi Veith Staloch  
Office sought by candidate (if applicable) Pine Island City Council  
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: Brandi V Staloch  
Date 11/15/2022

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee   
Office sought by candidate (if applicable)   
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   
Date

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee: JASON JOHNSON

Office sought by candidate (if applicable): CITY COUNCIL Pine Island, MN

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: 

Date: 12-05-2022