

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation KAY "KT" JACOBS
 Office sought or ballot question CITY COUNCIL District COLUMBIA HEIGHTS
 Type of report X Candidate report Period of time covered by report:
 _____ Campaign committee report from 6/05/20 to 7/09/20
 _____ Association or corporation report
 _____ Final report

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 \$ ~~1403.88~~ 955.00 TOTAL CASH-ON-HAND \$ 1603.88
 IN-KIND + \$ —
 TOTAL AMOUNT RECEIVED = \$ 955.00

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
<u>6/29/20</u>	<u>REPAY KT FOR OUT OF POCKET EXPENSES</u>	<u>44.10</u>
	<u>ART SUPPLIES FOR SIGNS & FLYERS</u>	
<u>7/13/20</u>	<u>RADIO GRAPHICS FOR PHOTOS</u>	<u>133.91</u>
	<u>MISC BANK SERVICE FEES</u>	<u>27.03</u>
	TOTAL	<u>205.04</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.

Lawrence Detzler
Signature

7/29/2020
Date

Printed Name LAWRENCE DETZLER Telephone 763-232-4461 Email (if available) LD@HITSME.LAR
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Name KAY "KT" JACOBS Office City Council Report Preprimary
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