

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Dr. Ugo's Campaign
 Office sought or ballot question BROOKLYN PARK CITY District Central

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

Period of time covered by report:
 from 5/15/24 to 5/18/2024

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 \$ 2731.17
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 3,650.00

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
5-15-2024	Campaign launch/hall	300.00
5-18-2024	Wall banner office MAX	128.99
5-18-2024	Campaign flyers office MAX	360.85
5-18-2024	24 X 36 mounted printed poster photo shop	128.99
TOTAL		918.99

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] 6/17/2024
 Signature Date

Printed Name Dr. Ugo Ugonway Telephone 762852336 (mail if available)
 Address 5001 Edinbrook Terrace, Brooklyn Park MN 55443

Report Office Name For Office Use Only:

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Dr. Upd's Campaign
 Office sought or ballot question Brooklyn Park City District Central

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

Period of time covered by report:
 from 5/13/24 to 5/19/2024

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 \$ 1,413.47
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 2,731.17

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
5/13/2024	50/T-shirt front printing, Photoshop	625.00
5/19/2024	Paper Plate dollar store	40.70
5/19/2024	Dumear microphone	150.00
5/19/2024	Madam Susanna finger food	500.00
	TOTAL	1,315.70

CORPORATE PROJECT EXPENDITURES

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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] Date 6/17/2024

Printed Name Dr. Upd's Campaign Telephone 732-852-3376 Email (if available) _____
 Address 5001 Edinbrook Terrace, Brooklyn Park MN 55443

Report Office Name For Office Use Only:

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Dr. Ugo's Campaign
 Office sought or ballot question Brooklyn Park City District Central

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

Period of time covered by report:
 from 5-19-24 to 6-01/2024

CONTRIBUTIONS RECEIVED

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CASH \$ _____ TOTAL CASH-ON-HAND \$ 599.06
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 1,413.47

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
5-19-2024	TWDY2 Eastle Mountain Campaign Posture	140.99
5-30-2024	Office Max Printing Flyers	209.42
5-30-2024	mail Box Payment	91.00
6-01-2024	Office MAX Flyers Printing	373.00
TOTAL		814.00

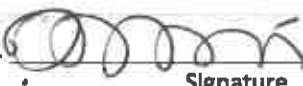
CORPORATE PROJECT EXPENDITURES

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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.



Printed Name Dr. Ugo Vignone Telephone 763-285-2336 Date 6/17/2024
 Address 5001 Edinbrook Terrace, Brooklyn MN 55443

Report Office Name For Office Use Only: