

Campaign Financial Report Form (Printable)

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Bill Droste

Office sought or ballot question Dakota City Commissioner District 4

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

Period of time covered by report:  
 from 4/1/24 to 7/31/2024

## 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 \$ 0 TOTAL CASH-ON-HAND \$ 0  
 IN-KIND + \$ 0  
 TOTAL AMOUNT RECEIVED = \$ 0

## 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 |
|---------|--------------------|--------|
| 5/18/24 | Go Daddy           | 34.98  |
| 6/10/24 | Go Daddy           | 21.99  |
| 7/17/24 | Delite Auto Repair | 100.00 |
| TOTAL   |                    | 156.97 |

## 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

Date

Printed Name

Telephone

Email (if available)

Address



Report

Office

Name

BY: