

RECEIVED
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BY: _____

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

Office sought or ballot question DAKOTA COUNTY COMM District #5

Period of time covered by report:
from 7/24/24 to 10/10/24

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.

Include the amount, date and purpose for all disbursements made during the period of time covered by report.
Attach additional sheets if necessary.

Project title or description

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

I certify that this is a full and true statement

Signature _____

Date _____

Printed Name _____

Telephone 952-894-7459

9. Email (if available) Todd B25@juno.com

Address

GONVER COMMERCIAL PROPERTIES (COMM. DEVELOPER) \$600.00

12010 - 12TH AVE S - BURNSVILLE, MN 55337

HAULERS FOR CHOICE POLITICAL COMMITTEE \$600

2830 - 101ST AVENUE - BLAINE, MN 55449

(GARBAGE HAULERS)

WM - BURNSVILLE SANITARY LANDFILL \$200

2650 W. CLIFF RD - BURNSVILLE, MN 55337

(LANDFILL)