CAMPAIGN FINANCIAL REPORT
CERTIFICATION OF FILING

Each county, municipal or school district level 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 no later than seven days after the general or special election. (Minnesota Statutes 211A.05, subdivision 1).

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

or

Identification of ballot question __________________________ (if applicable)

Check appropriate box below:

☐ 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 campaign contributions or disbursements did not exceed $750 in the calendar year.

______________________________  ________________
(Signature of candidate or committee treasurer)  (Date)

Telephone (972) 319-5715  Email, if available millerstephanie3@
                           hotmail.com

(A-64)
CAMPAIGN FINANCIAL REPORT

Name of candidate, committee or corporation: Stephanie Miller
Office sought or ballot question: School Board
District: 2805

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

Period of time covered by 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

$ 

TOTAL CASH-ON-HAND $  

IN-KIND

+ $  

TOTAL AMOUNT RECEIVED $  

EXPENDITURES

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

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<thead>
<tr>
<th>Date</th>
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TOTAL  

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:  

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TOTAL  

I certify that this is a full and true statement.

Printed Name: Stephanie Miller
Telephone: (507) 319-5115
Email (if available): miller.stephanie3@hotmail.com
Address: 986 Goldview Ave Zumbrota, MN 55992  

Signature:  
Date: 11/5/19
# Registration and Statement of Organization
## Political Committee or Political Fund

**under Minn. Stat. § 10A.14**

### Instructions
- A political committee or fund is required to register with the Campaign Finance and Public Disclosure Board office within 14 days after the committee or fund raises or spends in excess of $750, ($5,000 for Ballot Question committees or funds) or amend the registration within 10 days after any change in previously filed information.
- All required sections must be filled in before the committee or fund can be registered.
- This form may be emailed to cf.board@state.mn.us or faxed to 651-539-1198; 800-357-4114
- All information on this form or report is public information and may be published on the Board's website at www.cfboard.state.mn.us
- It is unlawful to use this information for commercial purposes.
- Do not use pencil or red ink.
- Board staff may also be reached by phone at 651-539-1187 or 800-657-3689 or by email at cf.board@state.mn.us

### Registration
- [✓] New registration  
- [ ] Amendment: registration no.  

#### Committee or Fund Name

<table>
<thead>
<tr>
<th>Committee name</th>
<th>Chair name</th>
<th>Address</th>
<th>City, state, zip</th>
<th>Telephone (Daytime)</th>
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</thead>
<tbody>
<tr>
<td>ZM Vote Yes Committee</td>
<td></td>
<td>61921 410th Avenue</td>
<td>Zumbro Falls, MN</td>
<td>520-488-1014</td>
</tr>
<tr>
<td><strong>NA</strong></td>
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#### Treasurer (Required)

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<thead>
<tr>
<th>Treasurer name</th>
<th>Deputy Treasurer name</th>
<th>Address</th>
<th>City, state, zip</th>
<th>Telephone (Daytime)</th>
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<tbody>
<tr>
<td>Melanie Lodermeier</td>
<td></td>
<td>277 W 3rd St</td>
<td>Zumbrota, MN</td>
<td>520-488-1014</td>
</tr>
<tr>
<td><strong><a href="mailto:melanielodermeier@gmail.com">melanielodermeier@gmail.com</a></strong></td>
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</table>
Type of entity registering (check one)

☐ Political Committee - An association of two or more persons whose major purpose is to support or oppose the nomination or election of one or more candidates.

☐ Ballot Question Committee - An association of two or more persons whose major purpose is to support or oppose a constitutional amendment or proposition that will be voted on state wide.

☐ Political Fund - An account established by an association whose major purpose is other than to support or oppose the nomination or election of one or more candidates.

☐ Ballot Question Fund – An account established by an association whose major purpose is other than to support or oppose a constitutional amendment or proposition that will be voted on state wide.

If you are registering a Political or Ballot Question Fund, list the name and address of the association that is establishing the fund.

<table>
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<th>Association Name</th>
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Nonprofit corporation providing administrative assistance (if any)

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<th>Nonprofit corporation name</th>
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Depository (financial institution) of committee or fund (Required)

1. Depository
   Bank of Zumbrota
   PO Box 8
   Zumbrota, MN 55992

2. Depository
   Address
   City, state, zip

Certification

Melanie Lodermeier, (print or type name)
Signature of treasurer
September 2, 2019
Date

Any person who signs and certifies to be true a report or statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to $3,000 and is subject to criminal prosecution for a gross misdemeanor.
CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation: ZM Vote Yes
Office sought or ballot question: Nov 5 Referendum
District: ZM Schools

Type of report:
- [x] Candidate report
- [ ] Campaign committee report
- [ ] Association or corporation report
- [ ] Final report

Period of time covered by report:
from 10/1 to 10/27

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
$ 243.25

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.

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TOTAL

CORPORATE PROJECT EXPENDITURES

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TOTAL

I certify that this is a full and true statement.

Signature: [Signature]
Date: [10/27/19]

Printed Name: [ZOSI 5043]
Telephone: [577-843-6411]
Email (if available): [6551]
Address: 21421 4163 Ave 2000 Brk Falls MD 57761
CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation: ZM Vote Yes

Office sought or ballot question: Yes 5 Referendum

District: ZM Schools

Type of report: X Candidate report

Period of time covered by report:

from 9/1 to 9/30

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 $ 293.25

IN-KIND $ 0

TOTAL AMOUNT RECEIVED $ 0

DISBURSEMENTS

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TOTAL $ 0

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TOTAL $ 0

I certify that this is a full and true statement.

Signature: Josh Barnes

Date: 9/30/19

Printed Name: Josh Barnes

Telephone: 527-813-4944

Email (if available):

Address: 61921 410th Ave Zumbro Falls MN 55986