CASH

CMS CAMPAIGN FINANCIAL REPORT (All of the information in this report is public information) Nelson for Blooming ton Name of candidate, committee or corporation Office sought or ballot question ______ City Loun cil District 2 Candidate report Type of Period of time covered by report: report Campaign committee report Association or corporation report from 1/1/22 to 12/31/22Final 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. s 359.85 TOTAL CASH-ON-HAND IN-KIND **TOTAL AMOUNT RECEIVED 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 TOTAL CORPORATE PROJECT EXPENDITURES** Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total Project title or description

more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	

I certify that this is a full and true statement	Shawn A. Nelson	2/8/23		
	Signature	Date		
Printed Name Shaw Nelson Telephone 952-479-097/ Email (if available)				
Address 5/12 W. 105th St.	Blooming ten, MN 55	437		