Received 1-30-23 CMS

CAMPAIGN FINANCIAL REPORT

| Type of report Candidate report Period of time covered by report: Association or corporation report Final report from 1/1/22 to 12/31/22 CONTRIBUTIONS RECEIVED Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type | Name of candidate, committee Office sought or ballot question | (All of the information in this report is public or corporation <u>Ricardo Oliver</u> <u>Bloomington City</u> Conn | a Principal Campaign | smnuittee |
|---|--|---|--|-----------|
| | | Campaign committee report Association or corporation report | | L |
| (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. | (money or in-kind) rather than con contributions from a single source | received during the period of time covered by tributor. See note on contribution limits on the that exceeded \$100 during the calendar year. Th | y this report. Contributions should be listed be back of this form. Use a separate sheet to iter | mize all |
| CASH \$ TOTAL CASH-ON-HAND \$_156.90 IN-KIND * \$ TOTAL AMOUNT RECEIVED = | IN-KIND | \$ TOTAL C/ | CASH-ON-HAND \$ 156.90 | |

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 |
|---------------|--|--------|
| 1/2/22-12/2/2 | monthly Web Fees (Nation Builder) Monthly Google Workspace Fees | 63.00 |
| 13/22-12/2/22 | Monthly Odogle Workspace Fels | 12.00 |
| | | |
| | TOTAL | 135.00 |

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 | |

1/30/2023 Date I certify that this is a full and true statement. Signature Printed Name Pamela Tucholke Telephone (12-987-143/ Email (if available) pamtucholke Address 8416 W. 109 H St., Bloomington, MN 55438 msn.com

Office