

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation PHIL LEITH / LEITHA VOLUNTEER COMMITTEE  
 Office sought or ballot question CITY COUNCIL MEMBER District \_\_\_\_\_

Type of report:  Candidate report  
 Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from 10/25/14 to 11/5/14

## 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 \$ 150.00 TOTAL CASH-ON-HAND \$ \_\_\_\_\_  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ 150.00

## 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   |
|--------------|---------|----------|
|              |         |          |
|              |         |          |
|              |         |          |
|              |         |          |
| <b>TOTAL</b> |         | <u>0</u> |

## 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 |
|--------------|---------|-------------------------------|------------------------------------|
|              |         |                               |                                    |
|              |         |                               |                                    |
| <b>TOTAL</b> |         |                               |                                    |

I certify that this is a full and true statement.  11/6/14  
 Signature Date  
 Printed Name PHIL LEITH Telephone 763-425-1414 Email (if available) philetheleiths.net  
 Address 17415 79TH AVE N, MAPLE GROVE MN 55311

Report  
Office  
Name  
For Office Use Only: