

CAMPAIGN FINANCIAL REPORT

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

OCT 24 RECD *BM*

Name of candidate, committee or corporation MICHAEL KUEAN

Office sought or ballot question MAYOR - NORTH ST. PAUL District _____

Type of report X Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report

Period of time covered by report:
 from 9/1/14 to 10/23/14

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 \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 0

EXPENDITURES

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

Date	Purpose	Amount
9/1/14	POLITICAL YARD SIGNS	471.35
10/7/14	POLITICAL LITERATURE PIECE	414.57
10/21/14	POLITICAL BROCHURE - DESIGN, PRINTING, MAILING	898.15
		0.00
	TOTAL	1784.07

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	

I certify that this is a full and true statement. Michael R. Kuean 10/24/14
 Signature Date

Printed Name MICHAEL R. KUEAN Telephone 651-772-1016 Email (if available) _____

Address 2472 E. 14th AVE. NORTH ST. PAUL, MN. 55109

Report
Office
Name
For Office Use Only: