JAN 1 3 7021 City of North Oaks

William K. Ecklund 5919 Centerville Rd., Apt 207 North Oaks, Minnesota 55127

January 7, 2021

Stephanie Marty Deputy Clerk City of North Oaks 100 Village Center Drive, Ste 230 North Oaks, MN 55127

Dear Ms. Marty:

Enclosed you will find the final Campaign Financial Report required by Minnesota Statutes 211A.03 for the North Oaks Citizens for Responsible Government Committee. All of the contributions received have been paid out and the checking account at US Bank is closed.

If you have any questions about this report or its contents, please contact me at 612-859-8509. Thank you.

Thank you

Yours very truly,

William K. Ecklund, Treasurer of the Committee

CAMPAIGN FINANCIAL REPORT

Chapter 211A Report Form

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

Name of can	ididate, committe	e, or corporation North Oaks Citizens for Responsible Governmen	t Committee
Office sough	t or ballot question	on City Council for City of North Oaks District	
Type of Orga	nization:	Candidate Committee Political (Action) Committee/Co	rporation
Type of report: Initial report Pre-primary Pre-general Pre-general Type of report: Pre-primary Pre-general From 10/24/2020 From 10/24/2020 From 10/24/2020 From 10/24/2020 From 10/24/2020 From 10/24/2020			to 12/31/2020
the instruction	ns page. Use a sepa mization must inclu \$ 80 + \$ 0		uring the calendar
TOTAL RECEIVED \$ 80			
		EXPENDITURES e for a political purpose during period of time covered by report. Attach additioude date, purpose, and amount for each expenditure.	nal sheets if
Date		Purpose	Amount
11/18/2020	Reimbursement for purchase of an nternet domain, printing of flyers, postage		
	for mailing flyers, printing of recommendation cards with names of candidates		\$924.28
	(there are receipts for each expenditure listed above)		
		TOTAL	\$924.28
	for each project. Att	CORPORATE PROJECT EXPENDITURES eject or corporate message project for which contribution(s) or expenditure(s) total more ach additional sheets if necessary.	than \$200. Submit a
Date	Purpose	Name & Address of Recipient	Expenditure or Contribution Amt
			0
		TOTAL	0
CURRENT ACCOUNT BALANCE: \$ 0.00 I certify that this is a full and true statement Signature Date			
Printed Name William Ecklund Email wecklund4242@ msn.com			
Address 5919	9 Centerville Ro	ad, Apt.207, North Oaks MN 55127-6829 Phone 612-859-8509	