

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Charles Austinson
 Office sought or ballot question City Council District Robbinsdale Ward 1

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

Period of time covered by report:
 from 12/3/20 to 2/3/21

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

DISBURSEMENTS

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

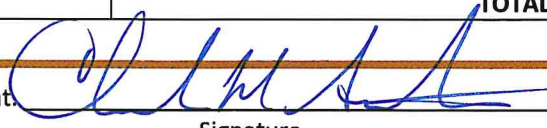
| Date | Purpose | Amount |
|---------|--|---------------|
| 1-29-21 | Repayment (partial) of loan from Charles Austinson | 131.12 |
| | | |
| | | |
| | TOTAL | 131.12 |

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.  2-3-21
 Signature Date

Printed Name Charles Austinson Telephone 612-443-8710 Email (if available) birdtownchaz@gmail.com
 Address 4360 Robin Ave N, Robbinsdale, MN 55422

Report

Office

Name

For Office Use Only: