(All of the information in this report is public information) Name of candidate, committee or corporation Webb For Ward 2

Period of time covered by report: from 12 3 20 to 02 16 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.

5 564.16 TOTAL CASH-ON-HAND CASH IN-KIND TOTAL AMOUNT RECEIVED

## **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
12/9/20	Banking fees	.50
12/14/20	11 11	5.00
01/15/21	£1 [1	5.00
02 12 21	att H	5.00
7		TOTAL 15.50

## 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	Expenditure or
		of Recipient	Contribution
			Amount
		TOTAL	

	LINCOLD SOUTH	and the same of th	NAME AND ADDRESS OF THE PARTY O	CO.	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS ADDRESS	æ
I certify that this is a full and true statement.	O	DAN	02	16	2021	
		Signature	Date		<b>V</b> .	

		Signature	Date
Printed Name Sheila	Webb	Telephone <u>651-605-5785</u> Em	ail (if available) Swebbacirob

Address 4519 Zenith Ave. N. Robbinsdale, MN S5422

Swephaci, robbinsdale, mn. u.s.

or Office Use Only: