

NOV 4 2020

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

ST. LOUIS CO AUDITOR

District 4

Period of time covered by report:

from 5/28 to 11/3/20

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

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
5/28	Filing fee	\$ 20.00
6/2	Priority mail	7.50
	TOTAL	\$ 27.50

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

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		<b>TOTAL</b>	

I certify that this is a full and true statement.

Signature

11-21-20  
Date

Printed Name David T. Davis Telephone 218-624-7941 Email (if available) \_\_\_\_\_

Address 5916 Morris Thomas Rd., Duluth, MN 55810

## Report

Office

Name

*For Office Use Only:*