

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Mike Murphy
 Office sought or ballot question Mayor District City of Lexington, MN

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

Period of time covered by report:
 from 08-07-2024 to 10-07-2024

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	\$ <u>2,000.00</u>	TOTAL CASH-ON-HAND	\$ <u>1,243.47</u>
IN-KIND	+ \$ _____	Contribution received to campaign was from Mike Murphy's the candidate's personal funds and no donations were received.	
TOTAL AMOUNT RECEIVED	= \$ <u>2,000.00</u>		

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
09-18-2024	Printing and mailing of campaign letter to residents	\$439.05
09-18-2024	Printing of Yard signs	\$100.00
09-18-2024	Printing of Campaig lit for Fall Festival	\$50.36
10-01-2024	Printing of Campaign Lit	152.12
08-27-24	Lexington Fall Festival Booth - \$15.00	15.00
	TOTAL	\$756.53

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. 10-07-2024
 Signature _____ Date _____

Printed Name Mike Murphy Telephone 612-412-4887 Email (if available) _____
 Address [REDACTED]

Report Office Name For Office Use Only: