## **CAMPAIGN FINANCIAL REPORT**

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

| Office sought or ba                                                     | allot question                        | Council Mem                                                 | an Gustafson<br>ber <sub>Di</sub>                                                        | strict Burnsville                                                                       |
|-------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|                                                                         |                                       |                                                             |                                                                                          |                                                                                         |
| ype of                                                                  | X                                     | Candidate repo                                              |                                                                                          | iod of time covered by report:                                                          |
| eport                                                                   |                                       | Campaign comr                                               | 04/04/00 04/04/04                                                                        |                                                                                         |
| _                                                                       |                                       | Association of C<br>Final report                            | corporation report from                                                                  | <sub>m</sub> <u>01/31/20</u> <sub>to</sub> <u>01/31/21</u>                              |
|                                                                         |                                       | / //// // // // // // // // // // //                        |                                                                                          |                                                                                         |
| ive the total for all                                                   | contributions                         | received during the p                                       | TRIBUTIONS RECEIVED period of time covered by this repo                                  | rt. Contributions should be listed by is form. Use a separate sheet to itemi            |
| contributions from a                                                    | single source th                      |                                                             | uring the calendar year. This itemizat                                                   | tion must include name, address, emp                                                    |
| CASH                                                                    | empioyeu, amo                         | \$ 0                                                        | TOTAL CASH-ON-                                                                           | HAND \$ 63.00                                                                           |
| N-KIND                                                                  |                                       | + \$                                                        |                                                                                          | ,                                                                                       |
| OTAL AMOUNT RI                                                          | ECEIVED                               | = 6                                                         |                                                                                          |                                                                                         |
|                                                                         | accus entrances and another transport | ٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ                     |                                                                                          |                                                                                         |
|                                                                         |                                       | Г                                                           | DISBURSEMENTS                                                                            |                                                                                         |
| nclude the amoun<br>attach additional sl                                |                                       |                                                             | sements made during the period                                                           | of time covered by report.                                                              |
|                                                                         |                                       |                                                             | Purpose                                                                                  | Amount                                                                                  |
| Date                                                                    | -                                     |                                                             |                                                                                          |                                                                                         |
| Date                                                                    |                                       |                                                             |                                                                                          | TOTAL                                                                                   |
| orporations must<br>nore than \$200. Si                                 | ubmit a separa                        | a project or corpor                                         | TE PROJECT EXPENDITURES Tate message project for which project. Attach additional sheets | contribution(s) or expenditure(s) t                                                     |
| orporations must                                                        | ubmit a separa                        | a project or corpor                                         | rate message project for which                                                           | contribution(s) or expenditure(s) t                                                     |
| orporations must<br>nore than \$200. Si                                 | ubmit a separa                        | a project or corpor                                         | rate message project for which project. Attach additional sheets  Name and Address       | contribution(s) or expenditure(s) to sif necessary.  Expenditure or                     |
| orporations must<br>lore than \$200. So<br>roject title or desc         | ubmit a separa                        | a project or corpor<br>ate report for each                  | rate message project for which project. Attach additional sheets                         | contribution(s) or expenditure(s) to sif necessary.  Expenditure or Contribution        |
| orporations must<br>nore than \$200. So<br>roject title or desc         | ubmit a separa                        | a project or corpor<br>ate report for each                  | rate message project for which project. Attach additional sheets  Name and Address       | contribution(s) or expenditure(s) to sif necessary.  Expenditure or                     |
| orporations must<br>nore than \$200. So<br>roject title or desc         | ubmit a separa                        | a project or corpor<br>ate report for each                  | rate message project for which project. Attach additional sheets  Name and Address       | contribution(s) or expenditure(s) to sif necessary.  Expenditure or Contribution Amount |
| orporations must<br>nore than \$200. So<br>roject title or desc         | ubmit a separa                        | a project or corpor<br>ate report for each                  | rate message project for which project. Attach additional sheets  Name and Address       | contribution(s) or expenditure(s) to sif necessary.  Expenditure or Contribution        |
| orporations must<br>nore than \$200. So<br>roject title or desc<br>Date | ubmit a separa                        | a project or corpor<br>ate report for each<br>Purpose       | rate message project for which project. Attach additional sheets  Name and Address       | contribution(s) or expenditure(s) to sif necessary.  Expenditure or Contribution Amount |
| orporations must<br>nore than \$200. So<br>roject title or desc         | ubmit a separa                        | a project or corpor<br>ate report for each<br>Purpose       | Name and Address of Recipient                                                            | Expenditure or Contribution Expenditure or Contribution Amount  TOTAL                   |
| orporations must<br>ore than \$200. So<br>oject title or desc<br>Date   | ubmit a separa<br>cription            | a project or corporate report for each  Purpose  statement. | Name and Address of Recipient Signature                                                  | contribution(s) or expenditure(s) to sif necessary.  Expenditure or Contribution Amount |

## **CAMPAIGN FINANCIAL REPORT**

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

| Name of candidate, committee o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r corporation Da                                                      | n Gustaison                                                            |                                        |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------|------------------------------------------|
| Office sought or ballot question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Council Memb                                                          | per                                                                    | _ District _Bur                        | nsville                                  |
| Type ofX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Candidate repor Campaign comm Association or co Final report          | nittee report                                                          |                                        | covered by report: 21 to 01/31/22        |
| Give the total for all contributions in (money or in-kind) rather than contributions from a single source the contributions from a single source the cocupation if self-employed, amount of the cocupation of the | received during the polition. See note on clear exceeded \$100 during | ontribution limits on the back or<br>ring the calendar year. This item | of this form. Use<br>Dization must ind | a separate sheet to itemize              |
| nclude the amount, date and pur<br>Attach additional sheets if necess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | pose for all disburs                                                  | SISBURSEMENTS<br>ements made during the per                            | iod of time cov                        | vered by report.                         |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Purpose                                                                |                                        | Amount                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                        | TOTAL                                  |                                          |
| Corporations must list any media<br>nore than \$200. Submit a separa<br>Project title or description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | project or corpora                                                    |                                                                        | ch contributio                         |                                          |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Purpose                                                               | Name and Addre<br>of Recipient                                         | rss                                    | Expenditure or<br>Contribution<br>Amount |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                        | TOTAL                                  |                                          |
| certify that this is a full and true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | statement.                                                            | lend 1 9/1                                                             |                                        |                                          |
| Printed Name Dan Gustafso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n Tele                                                                | Signature 952-201-3507                                                 | Email (if avail                        | Date<br>able) 01/31/2022                 |

## Report

## For Office Use Only: Name

|                                                                       |                                         |                                                                                                                             | N FINANCIAL REPORT                                                                                |                                                                 |  |
|-----------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--|
| Name of cano                                                          | lidate, committ                         | (All of the informa                                                                                                         | tion in this report is public information)<br>abeth B. Kautz                                      |                                                                 |  |
| Office sought                                                         | or ballot quest                         | ion Mayor                                                                                                                   | District C                                                                                        | ity of Burnsville                                               |  |
| Type of X                                                             | ×                                       | Candidate report  Campalgn committee report                                                                                 |                                                                                                   | Period of time covered by report:  from 01/31/2021 to 1/31/2022 |  |
|                                                                       |                                         | Association or co                                                                                                           |                                                                                                   |                                                                 |  |
| (money or in-ki<br>contributions fi<br>or occupation i                | ind) rather than c<br>rom a single sour | ons received during the particular contributor. See note on o                                                               |                                                                                                   | Use a separate sheet to itemize                                 |  |
| Cash<br>In-Kind                                                       |                                         | + <u>\$ 0</u>                                                                                                               | TOTAL CASH-ON-HAND                                                                                | 5 22,000.02                                                     |  |
| TOTAL AMOU                                                            | NT RECEIVED                             | = 50                                                                                                                        |                                                                                                   |                                                                 |  |
|                                                                       |                                         | *                                                                                                                           |                                                                                                   |                                                                 |  |
| nclude the an<br>Attach additio<br>Date                               | nount, date and<br>onal sheets if ne    | D<br>purpose for all disburs                                                                                                | DISBURSEMENTS ements made during the period of time                                               | covered by report.                                              |  |
| Attach additio<br><i>Date</i><br>6/3 <b>0</b> /202                    | nal sheets if ne                        | D<br>I purpose for all disburs<br>cessary.<br>Webb site hostir                                                              | DISBURSEMENTS ements made during the period of time  Purpose ng,domain name renewal               |                                                                 |  |
| Attach additio<br>Date                                                | nal sheets if ne                        | D<br>I purpose for all disburs<br>cessary.<br>Webb site hostir                                                              | USBURSEMENTS ements made during the period of time  Purpose                                       | Amount                                                          |  |
| Attach additio<br><i>Date</i><br>6/30/2021                            | nal sheets if ne                        | D<br>I purpose for all disburs<br>cessary.<br>Webb site hostir                                                              | DISBURSEMENTS ements made during the period of time  Purpose ng,domain name renewal               | Amount 395,00 85.38                                             |  |
| Attach additio  Date 6/30/202 12/29/202  Corporations incre than \$20 | must list any m                         | Di purpose for all disburse<br>cessary.  Webb site hostir  Ho  CORPORATI  dedia project or corpora parate report for each p | PISBURSEMENTS ements made during the period of time  Purpose ng,domain name renewal  bliday cards | Amount<br>395,00<br>85.38<br>480.38                             |  |

| I certify that this is a full and true statement. | that Elal              | 1/27/2022                                |
|---------------------------------------------------|------------------------|------------------------------------------|
| •                                                 | Signature              | Date                                     |
| Printed Name Steven C, Erdal                      | Telephone 952-435-8842 | _ Email (if available) scerdal@yahoo.com |
| Address 2004 Estates Trail Burnsville,            | Mn 55306               |                                          |

TOTAL