

## CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

### Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by Minnesota Statutes 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (Minnesota Statutes 211A.05, subdivision 1).

### Campaign Information

Name of candidate or committee Sue Gliva

Office sought by candidate (if applicable) Inver Grove Heights City Council

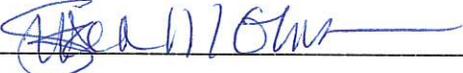
Identification of ballot question (if applicable) \_\_\_\_\_

### Certification

Select the appropriate choice below, and sign:

I do swear (or affirm) that all campaign financial reports required to date by Minnesota Statutes 211A.02 have been submitted to the filing officer.

I do swear (or affirm) that campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer 

Date 11-12-2024

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Sue Gliva

Office sought or ballot question Inver Grove Heights City Council District \_\_\_\_\_

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

Period of time covered by report: from 10/27/24 to 11/15/24

## 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 \$ \_\_\_\_\_ TOTAL CASH-ON-HAND \$ 381.85

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.

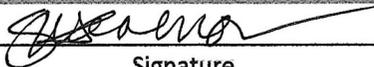
Date	Purpose	Amount
<b>TOTAL</b>		

## 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
<b>TOTAL</b>			

I certify that this is a full and true statement.  11/15/2024  
Signature Date

Printed Name Susan Gliva Telephone 651.260.4800 Email (if available) suegforigh@gmail.com  
 Address 5914 Bryant Lane Inver Grove Hts MN 55076

Report

Office

Name

For Office Use Only: