

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Sue DenKinger

Office sought or ballot question Shoreview Mayor District \_\_\_\_\_

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

Period of time covered by report:  
 from 12/16/2024 to 1/31/2025

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

## 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   |
|------|--------------|----------|
|      | <i>None</i>  |          |
|      |              |          |
|      |              |          |
|      |              |          |
|      | <b>TOTAL</b> | <u>0</u> |

## 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>                  | <u>0</u>                           |

I certify that this is a full and true statement. Susan E DenKinger 1/30/2025  
 Signature Date

Printed Name Sue DenKinger Telephone 651-260-1940 Email (if available) suedenkinger@gmail.com  
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Report Office Name For Office Use Only: