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

	ate, committee or corporation Davi	
Office sought or	ballot question Crystal Cit	x Council District Ward 4
Type of report	Candidate report Campaign committe Association or corpo Final report	
	CONTRIB	UTIONS RECEIVED
(money or in-kind) contributions from) rather than contributor. See note on cont	d of time covered by this report. Contributions should be listed by type ribution limits on the back of this form. Use a separate sheet to itemize a the calendar year. This itemization must include name, address, employe attributions.
CASH	\$	TOTAL CASH-ON-HAND \$ 671.96

IN-KIND

TOTAL AMOUNT RECEIVED

TOTAL CASH-ON-HAND

\$ 611.76

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Purpose		Amount	
	ΤΟΤΑΙ		
	Purpose	TOTAL	

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.

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	

l certify that this is a full and true statement	David Cur	ming	1/30/24	
	Signature	0	Date	
Printed Name David Cummings	Telephone 9523	341136 En	nail (if available)	
Address 5702 Zune Ave	Telephone 9523	I. mr	55429	
		I	Beend 01-30-24	

		(All of the information in this report is public info	ormation)
Name of candida Office sought or b	te, committee or	corporation David for Crysta	
Office sought of t	ballot question		District
Type of report	×	_ Candidate report _ Campaign committee report	Period of time covered by report:
τεροτ		Association or corporation report Final report	from 1/23/22 to 1/31/23

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

IN-KIND

TOTAL AMOUNT RECEIVED

TOTAL CASH-ON-HAND

\$ 691.96

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
		TOTAL
		TOTAL

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.

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	

AT TP. A Harles
I certify that this is a full and true statement) and Cumming //31/23
Signature O Date
Printed Name David Cummings Telephone 952 334 1136 Email (if available) Davidfor Crystal@
Address 5702 Zave Ave Crystal MN 6mail
Really con

en a 01-

REPORT YOUT-OND REDON Member Office und, community Name For Office Use Only:

		CAMPAIGN FINAN	CIAL REPORT	
		(All of the information in this repo	rt is public information)	
		e or corporation David for		d Cummings
	Office sought or ballot questio	n Crystal City Counci	District	Ward 4
	Type ofX	Candidate report Campaign committee report	Period of tim	ne covered by report:
		Association or corporation rep Final report	ort from <u>1/30/</u>	2021 to 1/22/2022
		CONTRIBUTIONS	RECEIVED	
	(money or in-kind) rather than co contributions from a single source	is received during the period of time contributor. See note on contribution limite that exceeded \$100 during the calenda nount and date for these contributions.	ts on the back of this form. U	se a separate sheet to itemize all
	CASH	\$	TOTAL CASH-ON-HAND	s_691.96
	IN-KIND	+ \$		
	TOTAL AMOUNT RECEIVED	= \$		
3				

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
10/26/20	Error in calculation of contributions received	23.97
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	TOTAL	23.97

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.

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	n and a second

I certify that this is a full and true statement.	Christy Everson	1/22/2022
	0 Signature	Date
Printed Name Christy Everson		_Email (if available) Christy J Everson
Address 6941 Glenwood Avenue	is Golden Valley, Mr	55427 gmail. com

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

		(
Name of candi	date, committee or	corporation David For Crystal	David Cummings
		Crystal City Council	District Ward 4
Type of report	X	Candidate report Campaign committee report	Period of time covered by report:
		Association or corporation report Final report	from 12/3/2020 to 1/29/2021

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	\$ 715.93
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
	TOTAL	

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.	Christy Everson	1/29/2021
	& Signature	Date
Printed Name Christy Everson	Telephone 612-385-8630	Email (if available) <u>Christy JEverson</u> @
Address 6941 Glenwood Avenue	; Golden Valley, MIN	55427 gmail.om

Office

	(All of the information in this i		
Name of candidate, committe	e or corporation David f	or Crystal (David	(ummings)
Office sought or ballot questio		ncilDistrict_V	Vard 4
Type of	Candidate report Campaign committee repo		e covered by report:
	Association or corporation Final report	report from 10 23	20 to 12/2/20
	CONTRIBUTIO		anny ama a tha an ann an an ann an ann an ann an ann an a
(money or in-kind) rather than co contributions from a single source	ns received during the period of tin ontributor. See note on contribution e that exceeded \$100 during the cal mount and date for these contributio	limits on the back of this form. U endar year. This itemization must	se a separate sheet to itemize all
CASH	s <u> 350 </u>	TOTAL CASH-ON-HAND	\$ 715,93
IN-KIND	* \$		
TOTAL AMOUNT RECEIVED	⁼ s 350		

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
10/26-10/30/20	PayPal Fees	2.06
11/2/20	Falebook	93,21
	TOTAL	95.27

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.

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	

I certify that this is a full and true statement.	Christy Everson	12/2/2020
	O Signature	Date
Printed Name Christy Everson, Tra	Surcr Telephone 612-385-8630	Email (if available)
Address 6941 Glenwood Avenue ;		

DAVID CUMMINGS, 10/23/20-12/2/20

CONTRIBUTIONS EXCEEDING \$100						
Date Name	Street	City	State Zip	Occupation	Employer	Amount
2/24/2020 David Cummings	5702 Zane Ave N	Crystal	MN	55429		\$ 100.00
5/19/2020 David Cummings	5702 Zane Ave N	Crystal	MN	55429		\$ 102.00
5/20/2020 David Cummings	5702 Zane Ave N	Crystal	MN	55429		\$ 25.00
7/23/2020 SD 45 DFL	8708 Hopewood Ave	New Hope	MN	55427		\$ 100.00
8/12/2020 Minneapolis Regional Labor Federation	312 Central Ave SE	Minneapolis	MN	55414		\$ 600.00
9/8/2020 Theresa Craemer Cummings	1570 Bluebill Trail	Chanhassen	MN	55317 Registered Nurse	Health Counseling Services	\$ 100.00
9/18/2020 LDC Political Fund-#40712	81 E. Little Canada Rd	St. Paul	MN	55117		\$ 500.00
10/2/2020 Ray L Craemer, M.D., Inc.	17707 Crenshaw Blvd, STE 300	Torrance	CA	90504 Real Estate	Sea West Realty	\$ 575.00
10/6/2020 Education Minnesota Osseo PAC	9210 Wyoming Ave N, STE 200	Brooklyn Park	MN .	55445		\$ 300.00
10/28/2020 Minneapolis Building and Contruction Trades Council	312 Central Ave SE	Minneapolis	MŇ	55414		\$ 300.00

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

Name of candidate, committee of condition of the sought or ballot question	or corporation David for Crystal	(David Cummings) District
Type of	 Candidate report Campaign committee report Association or corporation report Final report 	Period of time covered by report: from $\frac{6}{1}$ $\frac{2020}{2020}$ to $\frac{10}{22}$ $\frac{2020}{2020}$

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	\$ 2,360.00	TOTAL CASH-ON-HAND	s_461.20
IN-KIND	+ \$		
TOTAL AMOUNT RECEIVED	= \$ <u>2,360.00</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
Plea	se see attached		
		TOTAL	2.530.03

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 of Contribution Amount
		TOTAL	

I certify that this is a full and true statement. Chru	sty Evension	10/23/2020
	d Signature	Date
Printed Name Christy Eversion, Treasurer Tel	lephone 612-385-8630	Email (if available)
Address 6941 Glenwood Avenue ; Golder	Nalley, MN 55	0427
		Recvid 10-73-2020
		10-7-3-2020

CS

DAVID CUMMINGS, 8/1/20-10/22/20

CONTRIBUTIONS EXCEEDING \$100

Date Name	Street	City	State Zip	Occupation	Employer	Amount
2/24/2020 David Cummings	5702 Zane Ave N	Crystal	MN	55429		\$ 100.00
	5702 Zane Ave N	Crystal	MN	55429		\$ 102.00
5/19/2020 David Cummings	5702 Zane Ave N	Crystal	MN	55429		\$ 25.00
5/20/2020 David Cummings	8708 Hopewood Ave	New Hope	MN	55427		\$ 100.00
7/23/2020 SD 45 DFL	312 Central Ave SE	Minneapolis	MN	55414		\$ 600.00
8/12/2020 Minneapolis Regional Labor Federation	1570 Bluebill Trail	Chanhassen	MN	55317 Registered Nurse	Health Counseling Services	\$ 100.00
9/8/2020 Theresa Craemer Cummings	81 E. Little Canada Rd	St. Paul	MN	55117		\$ 500.00
9/18/2020 LDC Political Fund-#40712	17707 Crenshaw Blvd, STE 300	Torrance	CA	90504 Real Estate	Sea West Realty	\$ 575.00
10/2/2020 Ray L Craemer, M.D., Inc.		Brooklyn Park	MN	55445	oca west treatly	\$ 300.00
10/6/2020 Education Minnesota Osseo PAC	9210 Wyoming Ave N, STE 200	Brookiyn Park	IVIIN	55445		Ç 300.00

DISBURSEMENTS

Disperiet	-	
Date Purpose		Amount
7/31/2020 Service Fee-Wells Fargo		10.00
8/10/2020 Website		60.00
8/31/2020 Facebook		20.51
9/21/2020 Promotional Materials		852.13
9/23/2020 VAN Access		100.00
9/30/2020 Facebook		48.34
10/6/2020 Promotional Materials		1,180.12
8/1-10/19/20 PayPal Fees		8.93
10/14/2020 Facebook		50.00
10/15/2020 Facebook		50.00
10/19/2020 Facebook		75.00
10/21/2020 Facebook		75.00
10/21/2020 Facebook		
	\$	2,530.03

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

Office sought by candidate (if applicable)

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 by Minnesota Statutes 211A.02 have been submitted to the filing officer.

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

year.

Signature of candidate or committee treasurer

Date

Name of candidate, o	(All of the information in this report is public committee or corporation David For Cr	information) Ysta
	ot question Crystal City Council	District Ward 4
Type of	Candidate report Campaign committee report	Period of time covered by report:
	Association or corporation report Final report	from 1/1/20 to 7/31/20
	CONTRIBUTIONS RECEIVE	

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	\$ 428.72	TOTAL CASH-ON-HAND	\$631,23
IN-KIND	+ \$		
TOTAL AMOUNT RECEIVED	= \$ 428.72		

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
	See attached	
	*	
	τοτΑ	1271.0

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
	20 42 - 12 - 1 - 1 - 1 - <u>1 - 2 - 7 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>	TOTAL	

I certify that this is a full and true statement	David Cumining	7/31/20
	Signature	Date
Printed Name David Cummings	Telephone 9524790816	Email (if available)
Address 5702 Zane Ave	N Crystal, M	N 55429

REPORT MC-HIMUN

Contributions Recieved	Amount	Who	Address
2/24/20	100	Self-Contributor - David Cummings	5702 Zane Ave N Crystal, MN 55429
5/19/20	102		5702 Zane Ave N Crystal, MN 55429
5/20/20	25		5702 Zane Ave N Crystal, MN 55429
7/23/20	100		8708 Hopewood Ave, New Hope, MN 55427
	101.72	Total amount of contributions under a 100	

Total:

Ð

428.72

Disbursements	Date		Purpose	Amount	
		2/28/20	Service Fee- Wells Fargo		10
		1/31/20	Service Fee- Wells Fargo		10
		5/19/20	Website - <u>Wix.com</u>		102
		5/20	Filing Fee		20
		7/13	Stickers - Seven Corners Printing		122.98
		6/22/20	PayPal Fee		1.62
		7/10/20	PayPal Fee		1,75
		7/23	Paypal fee		2.66

Total Disembursements:

271.01