

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

Office sought or ballot question mayor District Mendota Hts

Period of time covered by report:

from 8-1-24 to 10-23-24

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>0</u>	TOTAL CASH-ON-HAND	\$	<u>225,82</u>
IN-KIND	+	\$ <u>0</u>			
TOTAL AMOUNT RECEIVED	=	\$ <u>0</u>			

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
8/5/24	Filing for candidacy	5 -
9/21/24	Meet n Greet	20 -
	TOTAL	25 -

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

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	0

I certify that this is a full and true statement. My B.S. 10-23-24
Signature Date

Printed Name Stephanie Levine Telephone 651-686-0310 Email (if available) stephanielevine4
Address 1057 overlook Rd Mendota Heights MN 55128 maupr@gmail.com

Office of the Minnesota Secretary of State

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

Stephanie Levine

Office sought by candidate (if applicable)

mayor

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

10-23-24

Report

Office

Name

For Office Use Only:

Printed Name Stephanie Levine Telephone 651-686-0346 Email (if available) skphamc@comcast.net
Address 1057 Overlook Rd Mendota Heights MN 55120

Contributions Received

-FINAL REPORT

<u>Name</u>	<u>Address</u>	<u>Employer/occupation</u>	<u>Date</u>	<u>amt</u>
Jimmy + Stephanie Leve	1057 Overlook Rd Mendota, IL 61351	MN Gastroenterology MD	11-15-24	\$372