

City of Brookings
Candidate's or Committee's Report of Receipts and Expenditures
Schedule A

Candidate **Committee**
Post Election Report - Due May 27, 2016

Return to: Brookings City Clerk's Office
 Brookings City & County Government Center
 520 3rd St., Suite 230, Brookings, SD 57006
 605-692-6281

Name of Candidate or Committee Michael J. McCleman
Complete Mailing Address Box 3 Brookings So. Dak 57006
Name of Person Making Report Michael J. McCleman
Daytime Phone Number 605 690 1860

If you are a candidate, what office are you seeking?

Mayor Council Member

Type of Report: Candidate for Brookings City Office (per Local Ord. 23-06)

For Reporting Period Ending:

- Pre-Election (due not later than 7 days prior to Election -- contains contributions/expenses through 10 days prior to election)
- Post-Election (due within 45 days after Election)

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Michael J. McCleman
(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 05/27/2016

Michael J. McCleman
Candidate Signature or
Signature of Committee Treasurer or Chairperson

City of Brookings
In-Kind Contributions
 Schedule C
 Post Election Report - Due May 27, 2016

Name of Candidate _____

On this schedule report all non-cash contributions of goods and services and the estimated fair market value. If the value exceeds \$100, the name of the contributor and residence address must be reported.

Nature of Non-Cash Contribution	Name and Residence Address	Estimated Value
<i>None</i>		
Total:		

City of Brookings
Fund Raising Event Proceeds
Schedule D
Post Election Report - Due May 27, 2016

Name of Candidate _____

List on this schedule all fund raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule B. Please transfer the total amount to the Summary Sheet.

Type or Name of Event	Net Proceeds
<i>None</i>	
	
Total:	_____

City of Brookings
Other Income
Schedule E
Post Election Report - Due May 27, 2016

Name of Candidate _____

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
None	
Total:	_____

City of Brookings
Debts and Obligations
Schedule G
Post Election Report - Due May 27, 2016

Name of Candidate _____

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation. This section of the report should include all known obligations on the date of the report. Please transfer the total amount to the Summary Sheet.

Owed to:	Purpose:	Amount
<i>None</i>		

Total Obligations: _____

City of Brookings
Summary Page / Final Report
Schedule H
Post Election Report - Due May 27, 2016

Name of Candidate _____

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

- | | | |
|---|----------------|------------------------------|
| 1. Amount on hand, if any, at the beginning of the reporting period: | | \$ <u>0</u> - |
| 2. Receipts | | |
| Schedule B - Direct Contributions | \$ <u>2870</u> | |
| Schedule C - In Kind Contributions | \$ <u>None</u> | |
| Schedule D - Fund Raising Events | \$ <u>None</u> | |
| Schedule E - Other Income | \$ <u>None</u> | |
| Total of all Receipts | \$ <u>2870</u> | |
| 3. Total Monetary Receipts (A+B+D) | | \$ <u>2870</u> ⁰⁰ |
| 4. Candidate's Personal Contribution to Own Campaign | | \$ <u>1400</u> ⁰⁰ |
| 5. Monetary Loans to Candidate or Committee During Reporting Period | | \$ _____ |
| 6. Monetary Loans Repaid During Reporting Period | | \$ _____ |
| 7. Expenditures - Schedule F | | \$ _____ |
| 8. Unpaid Obligations - Schedule G | \$ <u>None</u> | |
| 9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7) | | \$ <u>1470</u> ⁰⁰ |