PRECINCT SUMMARY STATEMENT

For Township Election held Tuesday, March 10, 2020.

1. Number of persons registered prior to poll openi	ng
2. Number of persons registering to vote on election	n day
3. Number of signatures on the polling place roster.	14_
4. Number of accepted absentee ballots. + 2	,
5. Total number of persons voting in precinct (3+4=	=5) = <u>[[</u>
6. Number of ballots received from the clerk prior to	o polls opening
7. Number of completely blank ballots	
8. Number of completely defective ballots	
9. Number of spoiled ballots	
10. Number of "substitute" ballots used if any	
11. Number of unused ballots returned to Town Cle	rk
Certification of Election Board We, the undersigned election judges, do hereby certify that:	
all ballots cast were properly checked and counted;	
 all numbers entered on this summary statement correct cast for each candidate and question voted on in this election. 	•
 the National Flag of the United States of America was flot the polling place during the time that the election polls 	were open
Election Judge: <u>Ara Rudgeest</u> D	ate: 3/10/19
Election Judge: Africa Distribution D	ate: <u>10 MAR 10</u>
$\mathcal{A}/\mathcal{A}/\mathcal{A}$	ate: 3/10/20
Election Judge: D	ate:

<u>Candidate Name</u>	<u>Office</u>	<u>Votes Cast</u>
Michael Black		15
no name		
Total Valid	Votes Cast for All Candidates	16
of canvass for the town of Ca	at. § 205.185, subd. 3, we, the ascade do hereby certify the ecoard summary statement, as	lection results, as
Supervisor A Company	enkman Date: 1	MAR 20_
Supervisor	Date: <u>(0</u>	Mark 2020
Supervisor Our	Date: /	0 Mu-20
Supervisor	Date:	
Supervisor	Date:	

Certificate of Election

This is to certify that:

Michael Black
of the Township of Cascade, County of Olmsted State of Minnesota
has been elected to the office of:
Supervisor
at the Election held the 10 day of March 2020, in the Township of
<u>Cascade</u> , County of <u>Olmsted</u> , State of Minnesota, as
appears from the official election returns and canvass, is hereby declared duly
elected to said office.
Within the ten days beginning March 18, 2020 and
ending <u>March</u> 30, 2020
(the 10 days begin on the first day following the seven-day contest period, if no contest has been filed)
you must qualify for office by taking the oath of office and filing
the oath with the Town Clerk. (The previous office holder remains in office until the new officer files the oath. Minn. Stat. § 367.25)
Witness by my hand
at the Township of <u>Cascade</u> , Minnesota,
this <u>20</u> day of <u>March</u> , 20 <u>20</u> .
Dara Rudguist
Clerk, <u>Cascade</u> Township

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Campaign Information

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)

Name of candidate or committee Michael Black
Office sought by candidate (if applicable) Supervisor - Cascade Tewnship
Identification of ballot question (if applicable)
<u>Certification</u>
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 3/24/2020

ELECTED OFFICIAL OATH OF OFFICE

State of Minnesota, County of Climsted Town of Cascade $Cascade$ Ss.	Name of Person Taking Oath	Swear or Affirm Swear or Affirm	the United States and of the State of Minnesota, and faithfully, for	and on behalf of the citizens of $\frac{COSCAR}{Name\ of\ Town}$ discharge the	duties of the office of SWORN SOV of the Ex. supervisor - 3 year term	Town of Cascade in the County of	Simple of Town and the state of Minnesota, to the best	Name of County	of my indemontand ability to half and Cod
					_	,	r		•

Signature of Person taking the Adkhowledgement Town Clerk, Ex Officio Nofary Public

Subscribed and sworn to before me this \overline{A} day of

2620

Rach

Or Motary Public

Clerk, Cascade Funstp, Olmsted Co., MIN
Notarial Officer (ex-officio notary public)
My term is indeterminate
My term is indeterminate

Signature of Officer Taking Oath