



**Meeker Cooperative Light & Power Association**

**DIRECTOR CAMPAIGN CONTRIBUTIONS REPORT**

Name of Candidate/Director: Barb Nelson District: 4

Period covered by report: \_\_\_\_\_ to 5 30 2024  
Month/Day/Year      Month/Day/Year

**Campaign Finance Disclosure Rules are described, and will be enforced, as detailed in Meeker Cooperative Board Policy 138 (attached).**

A few items from the Policy to note:

- Forms must be submitted on the 15<sup>th</sup> and 30<sup>th</sup> of each month from the date of placement on the ballot until the election. A final form must be submitted before the 30<sup>th</sup> day after the election.
- Any funds accepted to retire campaign debt must also be reported (See Policy Item a. v.) by September 4, 2024.
- Candidate's personal contributions do not need to be reported.
- Information may be posted on Meeker's website, in the *Meeker Pioneer* newsletter, or otherwise made accessible to the Cooperative membership.
- Any violations or complaints will be resolved by an arbitrator as outlined in Policy.

**MONETARY CONTRIBUTIONS RECEIVED**

*This section should include any and all financial contributions, gifts, donations, loans, promises or pledges to transfer money or contributions from any individual, entity, group, business, partnership, political party, interest group or union.*

Date of Acceptance	Name, Address, Occupation and Employer of Contributor	Cash? or Other? (describe)	Amount or Value
			\$
			\$
			\$
			\$
			\$
			\$
Additional sheets are attached showing additional contributions. (check one)		Yes? _____ No? _____	

**TOTAL AMOUNT RECEIVED** \$ 0

## IN-KIND CONTRIBUTIONS RECEIVED

*This section should include any and all other contributions, gifts, donations, volunteer labor, goods or services, paid personal services or any other type of contribution from an individual, entity, group, business, partnership, political party, interest group or union.*

Date of Acceptance	Name, Address, Occupation and Employer of Contributor	Nature/value (describe)	Amount or Value
			\$
			\$
			\$
			\$
			\$
			\$
Additional sheets are attached showing additional contributions. (check one)		Yes? <input type="checkbox"/>	No? <input type="checkbox"/>

**TOTAL AMOUNT RECEIVED**      \$ 0

### Optional Statement

X I have chosen not to accept campaign contribution in any form. (check if true)

Please complete this form by signing below:

I certify that this report is true, complete, and accurate.

Candidate/Director Signature

Date

Printed Name Barbara Ann Nelson