

Minnesota

Campaign Finance and Public Disclosure Board



Suite 190, Centennial Building, 658 Cedar Street, St. Paul, MN 55155-1603 (651) 539-1180 www.cfboard.state.mn.us

Original Statement of Economic Interest for Candidates for Elective Office

Filing Instructions

General instructions for completing the form are on the next page.

- The statement must be received by the Campaign Finance and Public Disclosure Board within 14 days after a candidate signs an affidavit of candidacy.
- Late fees will accrue for a statement not received by the due date.
- This form may be filed by mail to the address above, by email to cfb.eis@state.mn.us, or by fax to 651-539-1196 or 800-357-4114.
Fax filers: Keep the original and a fax confirmation notice as proof of timely filing.
- All information on this statement is public information and may be published on the Board's website.
- It is unlawful to use information filed with the Board for commercial purposes.
- Board staff may be reached by telephone at (651) 539-1184 or (800) 657-3889 or by email at cfb.eis@state.mn.us

Candidate Information Employment Information

Name <i>Robert L. "Bob" Ellingson</i>		Occupation <i>retired; Council Member</i>
Address at which you wish to receive mail from the Board (You may use either a home or business address) <i>13901 Kinsel Road</i>		Name of employer - indicate if self-employed or not employed (include employer as a source of compensation on page 3) <i>not employed; City of Minnetonka</i>
City, state, zip <i>Minnetonka, MN 55345</i>		Business address (this is the address that will be posted on the Board's website)
Telephone (daytime) <i>952 931-3065</i>		City, state, zip of business
Office sought <i>City Council Minnetonka Ward 1</i>	District #	Email Address <i>bob.ellingson@gmail.com</i>

Certification

I, *Robert L. Ellingson*, (print or type name) certify that the information contained on this form, including information on the schedules on page 3, is complete, true, and correct.

Robert L. Ellingson
Signature

June 2, 2015
Date

Notice: Any person who signs and certifies to be true a statement which the person knows contains false information or omits required information is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

This document is available in alternative formats to individuals with disabilities by calling 651-539-1180 or 800-657-3889 or through the Minnesota Relay Service at 800-627-3529.

Form last updated 9/18/14

Attach additional pages if necessary to complete any of these schedules.

Sources of Compensation

----- Check each applicable box -----

Name of source	Director	Officer	Owner	Member	Partner	Employer	Employee	Honorarium
State of Minnesota pension				X			X	XXXX
Social Security				X				
City of Minnetonka							X	

Business or Professional Activity Categories

----- Check the applicable box -----

Business or professional activity category	Employee - \$50 in income in a month and owns 25% or more of business	Independent contractor - more than \$2,500 in compensation

Securities

Name of business in which security is held or name of mutual fund	Name of business in which security is held or name of mutual fund

Real Property

----- Check one -----

County	Street address and city, or section, township, and range	Own	Mortgage (held as seller)	Contract for deed (as buyer or seller)	Option to buy - option value greater than \$2,500	Option to buy - property value greater than \$50,000	Acreage if applicable
Hennepin	13901 Kinsel Road Minnetonka, MN 55345	X					

Pari-Mutuel Horse Racing Interests

----- Check one -----

	Partial interest	Full interest	Description of interest (horse, stable, etc.)
Official direct interest			
Official indirect interest			
Family interest			