

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](mailto: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](mailto:cfb.eis@state.mn.us)

### Candidate Information

### Employment Information

Name <b>BRIAN J. KIRK</b>		Occupation <b>SOCIAL SERVICE AGENCY (YMCA)</b>
Address at which you wish to receive mail from the Board (You may use either a home or business address) <b>4916 CARLETON ROAD</b>		Name of employer - indicate if self-employed or not employed (include employer as a source of compensation on page 3) <b>YMCA OF THE GREATER TWIN CITIES</b>
City, state, zip <b>MINNETONKA . MN 55343</b>		Business address (this is the address that will be posted on the Board's website) <b>30 SOUTH 9TH ST.</b>
Telephone (daytime) <b>952-451-6251</b>		City, state, zip of business <b>MINNEAPOLIS MN 55402</b>
Office sought <b>MTKA CITY COUNCIL</b>	District # <b>WARD 1</b>	Email Address <b>BRIAN.KIRK@YMCA-TWNCITIES.ORG</b>

### Certification

I, **BRIAN J. KIRK**, (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.

Signature

**JUNE 9, 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
YIMCA OF THE GREATER TWIN CITIES							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	4916 CARLETON ROAD, MTKA	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			