Candidate Information

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.

Employment Information

- 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

Name	Occupation						
BRIAN J. KIRK	SOCIAL SERVICE AGENCY (YMCA)						
Address at which you wish to receive mail from the Board (You may use either a home or business address)	Name of employer - indicate if self-employed or not employed (include employer as a source of compensation on page 3)						
4916 CARLETON ROAD	YMCA OF THE GREATER TWIN CITIES						
City, state, zip	Business address (this is the address that will be posted on the Board's						
MINNETONIKA. MN 55343							
Telephone (daytime)	City, state, zip of business						
962-451-6251	MINNEAPOUS MN 55402						
Office sought District #	Email Address						
MTKA CITY COUNCIL WARD I	BRIAN. KIRKEYMCATWWCITIES.ORG						

I, BRIAN J. KIRK , 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

Certification

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 cross 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.

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