Campaign Financial Report

All information in this report is public.

Report Information

Name of candidate or committee Andrew Van Nurden

Office sought Cedar Mountain School Board

Report type (choose one)
- ◉ Candidate
- ◉ Campaign committee
- ◉ Association

Reporting period (check which apply)
- ☐ Initial
- ☐ Pre-primary
- ☐ Pre-general
- ☑ Post-general
- ☐ Annual
- ☐ Final

Dates of reporting period

From 6 / 01 / 26 **to** 11 / 06 / 26

Contributions Received

Record the totals for all contributions received during the reporting period (dates listed above) by type: monetary or in-kind. Use a separate sheet to itemize all contributions from a single source that exceeded $100 during the reporting period; itemization must include name, address, employer or occupation if self-employed, amount, and date for these contributions.

See note on contribution limits for individual donors on the back of this form.

DURING REPORTING PERIOD

MONETARY CONTRIBUTIONS $0

IN-KIND CONTRIBUTIONS VALUE + $0

TOTAL AMOUNT RECEIVED = $0

CURRENT TOTAL AMOUNT ON HAND $0

Disbursements

Record the amount, date, and purpose for all disbursements that exceeded $100 during the reporting period.

Date	Purpose	Amount
	Total Including those listed on any attachment	

☑ **I certify that all information provided in this report is true.**

Andrew Van Nurden — **Printed name**

Andrew Van Nurden — **Signature**

11 / 06 / 26 — **Date**

28752 Ranch Ave Morgan, MN 56266 — **Address**

5073631553 — **Phone**

advannurden@outlook.com — **Email address** *required or you must affirm the following attestation*

☐ **I certify I do not have an email address.**

Campaign Financial Report

All information in this report is public.

Report Information

Name of candidate or committee Jeffrey Sorenson

Office sought School Board

Report type (choose one)
- © Candidate
- © Campaign committee
- © Association

Reporting period (check which apply)
- ☐ Initial
- ☐ Pre-primary
- ☐ Pre-general
- ☐ Post-general
- ☐ Annual
- ☒ Final

Dates of reporting period

From 7/29/26 **to** 11/3/26

Contributions Received

Record the totals for all contributions received during the reporting period (dates listed above) by type: monetary or in-kind. Use a separate sheet to itemize all contributions from a single source that exceeded $100 during the reporting period; itemization must include name, address, employer or occupation if self-employed, amount, and date for these contributions.

See note on contribution limits for individual donors on the back of this form.

DURING REPORTING PERIOD

MONETARY CONTRIBUTIONS $ 0

IN-KIND CONTRIBUTIONS VALUE + $ 0

TOTAL AMOUNT RECEIVED = $ 0

CURRENT TOTAL AMOUNT ON HAND $ 0

Disbursements

Record the amount, date, and purpose for all disbursements that exceeded $100 during the reporting period.

Date	Purpose	Amount
	Total Including those listed on any attachment	

☐ **I certify that all information provided in this report is true.**

Jeffrey Sorenson
Printed name

Signature

Date

43795 230th St. Morgan, MN 56266
Address

507-317-1662
Phone

JSorenson@cmschool.com
Email address *required or you must affirm the following attestation*

☐ **I certify I do not have an email address.**

Campaign Financial Report

All information in this report is public.

Report Information

Name of candidate or committee: Joshua Hoffmann

Office sought: Cedar Mountain School Board

Report type (choose one)
- ◉ Candidate
- ◎ Campaign committee
- ◎ Association

Reporting period (check which apply)
- ☑ Initial
- ☐ Pre-primary
- ☐ Pre-general
- ☐ Post-general
- ☐ Annual
- ☐ Final

Dates of reporting period: From 1/1/2026 to 11/9/2026

Contributions Received

Record the totals for all contributions received during the reporting period (dates listed above) by type: monetary or in-kind. Use a separate sheet to itemize all contributions from a single source that exceeded $100 during the reporting period; itemization must include name, address, employer or occupation if self-employed, amount, and date for these contributions.

See note on contribution limits for individual donors on the back of this form.

DURING REPORTING PERIOD

MONETARY CONTRIBUTIONS $0

IN-KIND CONTRIBUTIONS VALUE + $0

TOTAL AMOUNT RECEIVED = $0

CURRENT TOTAL AMOUNT ON HAND $_____

Disbursements

Record the amount, date, and purpose for all disbursements that exceeded $100 during the reporting period.

Date	Purpose	Amount
	N/A	
Total Including those listed on any attachment		

☑ I certify that all information provided in this report is true.

Joshua Hoffmann
Printed name

Signature

11/9/2026
Date

204 Adams St. Morgan, MN, 56266
Address

507-430-0936
Phone

joshhoff2011@outlook.com
Email address *required or you must affirm the following attestation*

☐ I certify I do not have an email address.

image0.jpeg
11/9/26, 1:12 PM
https://mail.google.com/mail/u/0/#inbox/jrjtXRHRQfQCvgVjcbPbtjGBhQGbwFFRxLCzbZKXjwQFlqVqMvsLMLwnjGGdFRrlTMWgzGzh?projector=1

Campaign Financial Report

All information in this report is public.

Report Information

Name of candidate or committee: Ashley Heibel

Office sought: School Board / Director

Report type (choose one)
- ● Candidate
- ○ Campaign committee
- ○ Association

Reporting period (check which apply)
- ☐ Initial
- ☑ Post-general
- ☐ Pre-primary
- ☐ Annual
- ☐ Pre-general
- ☐ Final

Dates of reporting period

From ___/___/___ to ___/___/___

Contributions Received

Record the totals for all contributions received during the reporting period (dates listed above) by type: monetary or in-kind. Use a separate sheet to itemize all contributions from a single source that exceeded $100 during the reporting period; itemization must include name, address, employer or occupation if self-employed, amount, and date for these contributions.

See note on contribution limits for individual donors on the back of this form.

DURING REPORTING PERIOD

MONETARY CONTRIBUTIONS $ 0

\+ IN-KIND CONTRIBUTIONS VALUE $ 0

= TOTAL AMOUNT RECEIVED $ _____

CURRENT TOTAL AMOUNT ON HAND $ 0

Disbursements

Record the amount, date, and purpose for all disbursements that exceeded $100 during the reporting period.

Date	Purpose	Amount
	N/A	
Total including those listed on any attachment		

☐ I certify that all information provided in this report is true.

Ashley Heibel — Printed name

Signature

11/6/26 — Date

881 3rd St. Franklin, MN 55333 — Address

573-289-3409 — Phone

aheibel@cedarmt.org — Email address *required or you must affirm the following attestation*

☐ I certify I do not have an email address.