

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

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S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition.
PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Otter Tail Power Co. Employees Assn.

Complete Mailing Address PO Box 70 Wahpeton ND 58074

Name of Person Making Report Geri Coyne Daytime Phone Number 701-671-6001

If you are a candidate, what office are you seeking? _____

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) SDLL 12 15 3

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12/31/06

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Geri Coyne (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 1/2/07
Geri Coyne
Candidate Signature or
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 5 day of January 07
Chi Nelson
SECRETARY OF STATE

Name of Candidate or Committee: _____

For the reporting period ending: _____

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds

Total: _____

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value

Total: _____

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount

Total: _____

Name of Candidate or Committee: Otter Tail Power Co Employees Assn
For the reporting period ending: 12/31/06

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

- 1. Amount on hand, if any, at the beginning of the reporting period: \$ 42⁸³
- 2. Receipts
 - Schedule A - Direct Contributions \$ 106⁵⁰
 - Schedule B - Fund-Raising Events \$ _____
 - Schedule C - In Kind Contributions \$ _____
 - Schedule D - Other Income \$ _____
 - Total of all Receipts \$ _____
- 3. Total Monetary Receipts (A+B+D) \$ 106⁵⁰
- 4. Candidate's Personal Contribution to Own Campaign \$ _____
- 5. Monetary Loans to Candidate or Committee During Reporting Period \$ _____
- 6. Monetary Loans Repaid During Reporting Period \$ _____
- 7. Expenditures - Schedule E \$ _____
- 8. Unpaid Obligations - Schedule F \$ _____
- 9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7) \$ 149³³

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