

# CAMPAIGN FINANCIAL REPORT

*(All of the information in this report is public information)*

Name of candidate, committee or corporation John DeCramer  
 Office sought or ballot question City Council Ward 1 District Marshall MN, Lyon Co

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
XXX \_\_\_\_\_ Final report

Period of time covered by report:  
 from Aug 15 to Nov 8

## CONTRIBUTIONS RECEIVED

Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions.

CASH \$ \_\_\_\_\_ TOTAL CASH-ON-HAND \$ \_\_\_\_\_  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ 0.00

## DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
9-28-2018	Campaign Flyer	\$358.94
<b>TOTAL</b>		<b>\$358.94</b>

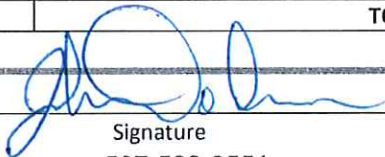
## CORPORATE PROJECT EXPENDITURES

Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Project title or description \_\_\_\_\_

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
<b>TOTAL</b>			

I certify that this is a full and true statement. \_\_\_\_\_



Signature

Date

Printed Name John DeCramer Telephone 507-532-9551 Email (if available) jjdecramer@charter.net

Address 113 G St Marshall, MN, 56258

Report

Office

Name

For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

*(All of the information in this report is public information)*

Name of candidate, committee or corporation John DeCramer

Office sought or ballot question City Council, Ward 1-District Marshall MN

Type of report X Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from Aug 15 to Oct. 23 2018

## CONTRIBUTIONS RECEIVED

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CASH \$ 0 TOTAL CASH-ON-HAND \$ \_\_\_\_\_  
 IN-KIND + \$ 0  
 TOTAL AMOUNT RECEIVED = \$ 0

## DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
10-1-18	Flyer Proof	50 <sup>00</sup>
10/3/18	Printed literature	358.94
	<b>TOTAL</b>	<b>408.94</b>

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Project title or description \_\_\_\_\_

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		<b>TOTAL</b>	

I certify that this is a full and true statement. John DeCramer 10-24-18  
 Signature Date

Printed Name John DeCramer Telephone 507-532-9551 Email (if available) jjdecramer@charter.net  
 Address 113 G. ST. Marshall, MN 56258

Report  
Office  
Name  
For Office Use Only: