CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

<u>Campaign Information</u>
Name of candidate or committee JAMES Forshee
Office sought by candidate (if applicable) MARtin Courty And toR Transumer
Identification of ballot question (if applicable) \mathcal{N}/\mathcal{A}
Certification
Select the appropriate choice below, and sign.
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer Jamo Horsfee
Date 1/30/ 2018

Printed Name Richard Koons

		FINANCIAL RE		
Name of candidate	committee or corporation Ri	chard Koo.	_ S	
Office sought or ba	llot question 4th District	Commissioner	District 4	m
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certify that this is	a full and true statement.		Oron	7/3//

Signature

Telephone 507-236-2902 Email (if available)

Welcome, MN 56181

Date

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Printed Name Richard Koons Telephone 507-236-2902 Email (if available)

Address 1172 125Th STREET Welcome, MN 56181

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CAMPAIGN FINANCIAL REPORT (All of the information in this report is public information) Name of candidate, committee or corporation _____ Office sought or ballot question District Candidate report Type of Period of time covered by report: Campaign committee report report Association or corporation report Final report 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 DISBURSEMENTS Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary. Purpose Date Amount TOTAL 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 Name and Address Expenditure or Date Purpose of Recipient Contribution Amount TOTAL I certify that this is a full and true statement. Signature Date

Telephone 336-2902 Email (if available)_____

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(All of the information in this report is public information) Name of candidate, committee or corporation COMMITTEE TO ELECT RICHARD KOONS 4TH DIST. COM. Office sought or ballot question COUNTY COMMISSIONER District Type of Candidate report Period of time covered by report: report Campaign committee report Association or corporation report from 9-30-18 to 10-30-18 Final report 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. TOTAL CASH-ON-HAND CASH IN-KIND TOTAL AMOUNT RECEIVED 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 TOTAL 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 Expenditure or of Recipient Contribution Amount TOTAL 10-30-18 anne I certify that this is a full and true statement. Signature Telephone 507-764-668 Email (if available) 56171 Address 815

CAMPAIGN FINANCIAL REPORT (Photocopy version)

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Office sought of t	banot question 500141	Printisolola EX District	1111
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(All of the information in this report is public information) Name of candidate, committee or corporation Richard Office sought or ballot question county Commissioner District Candidate report Type of Period of time covered by report: Campaign committee report report Association or corporation report 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 DISBURSEMENTS Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary. Amount 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 Name and Address Purpose Expenditure or of Recipient Contribution Amount TOTAL I certify that this is a full and true statement. Signature Telephone 507 236-2902 Email (if available) rakoons@ Hotm Printed Name Kickey

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	Campaign Financial Report Dr.	ene Sanders
	6/21/18 Sams Club (parade cardy)	75,00
	7/24/18 Minuteman Press (stickers) 8/1/18 Minuteman Press (flyers)	163.00 100.24
	8/3/18 Wal Mart (fair cardy)	23.90
4	Total:	1302 99

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	CAMPAIGN FINAN		
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Office sought or b	allot question Martin 6. Record	District	
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I certify that this is a full and true statement	Diane K. Handers	10/22/2018
	Signature	Date '
Printed Name Diane Sanders	Telephone <u>507-776-2354</u> Email (f available)
Address 2427 230 th Ave	Truman MN 56088	

	CAMPAIGN	I FINANCIAL REPOR	RT
	(All of the informati	ion in this report is public information)
Name of candida	ite, committee or corporation \underline{D}	iane Sanders	
Office sought or	ballot question <u>County</u>	Recorder Distri	ct
Type of report	Candidate report Campaign commi Association or co Final report	ttee report	of time covered by report: 0/23/2018 to 11/8/2018
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I certify that this i	s a full and true statement. <u>() i a s</u>	nek Aarders Signature	11/8/2018 Date

Printed Name <u>Diane Sanders</u> Telephone <u>507-776-2354</u> Email (if available) Address <u>2427</u> 230 th Ave Truman MN 56088

	Illot question	Commisseine	District	
ype of	Candidate repo			overed by report:
eport _	Campaign com	mittee report		•
		corporation report	from June, 20	2180 Aug 14, 2018
_	Final report			7
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8/9/18	Cann Signs		397.83
120/18	LAUN Signs		259.96
8/9/18	LANN Signs	TOTAL	259.96 257.81
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CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Campaign Information

Name of candidate or committee Jerry Wayne Viesse/man
Office sought by candidate (if applicable) Martin County Attorney
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign.
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer // ////////////////////////////////
Date 11/30/8018

CAMPAIGN	FINANCIAL	REPORT
(All of the informatio	ກຼ in this report is publi	c information)

Office sought o	or ballot question _	Comment SSins	on Mahon	District	2_	
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eport		_ Campaign commit	tee report	7 0110 11 01 01		
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CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Campaign Information

Name of candidate or committee
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign.
do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer
Date 12 - 6 - 2018

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Campaign Information
Name of candidate or committee Clair Schmidt Schmidt
Office sought by candidate (if applicable) Soul And Water Board
Identification of ballot question (if applicable)
Certification
Select the appropriate choice below, and sign.
I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been
submitted to the filing officer.
I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar
year.
Signature of candidate or committee treasurer
Date 12-14-18