

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation JAMES FORSHEE

Office sought or ballot question County Commissioner District 2

Type of report Candidate report
 Campaign committee report
 Association or corporation report
 Final report

Period of time covered by report:

from 8/3/20 to 11/12/20

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	\$ <u>0</u>	TOTAL CASH-ON-HAND	\$ <u>0</u>
IN-KIND	+ \$ <u>0</u>		
TOTAL AMOUNT RECEIVED	= \$ <u>0</u>		

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
8/3	Filing fee	50.00
	TOTAL	50.00

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
		TOTAL	

I certify that this is a full and true statement. James Forshee 11/12/20

Signature

Date

Printed Name JAMES FORSHEE Telephone 507-236-2584 Email (if available) _____

Address 1306 School St Fairmont MN 56031

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 Brad Bullmann

Office sought or ballot question County Commissioner District #1

Type of report Candidate report
 Campaign committee report
 Association or corporation report
 Final report

Period of time covered by report:
 from Sept to Oct 2020

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	\$	<u>0</u>	TOTAL CASH-ON-HAND	\$	<u>0</u>
IN-KIND	+	\$ <u>0</u>			
TOTAL AMOUNT RECEIVED	=	\$ <u>0</u>			

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
09-2020	Yard Signs + stakes + Handouts	584.12
09-2020	Photo Press Ads	303.75
10-2020	Photo Press Ad	605.25
	TOTAL	1,493.12

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
		TOTAL	<u>0</u>

I certify that this is a full and true statement: Brad Bullmann Signature Date 10-15-2020

Printed Name Brad Bullmann Telephone 507236-0208 Email (if available) _____

Address 505 North Grant Street, Fairmont mn 56031

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 ELLIOT BELGARD

Office sought or ballot question MARTIN COUNTY Commissioner District ONE

Type of report X Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report

Period of time covered by report:

from 9/10/20 to 11/10/20

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 \$ 0 TOTAL CASH-ON-HAND \$ 0
 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
10/6/20	Newspaper Ads - Fairmont Sentinel	872. ⁰⁰
10/5/20	Newspaper Ads - Fairmont Photo Press	540. ⁰⁰
10/6/20	Newspaper Ads - Truman Tribune	532. ⁵⁰
TOTAL		1944.⁵⁰

CORPORATE PROJECT EXPENDITURES

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Project title or description _____

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. Elliot Belgard 11/9/20
 Signature Date

Printed Name ELLIOT BELGARD Telephone (507) 236-1173 Email (if available) _____

Address Box 144 TRUMAN MN 56088

Report Office Name For Office Use Only: