

Office of the Minnesota Secretary of State

**CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING**

**Instructions**

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes 211A.05, subdivision 1*)

**Campaign Information**

Name of candidate or committee *CHAD MEESTER* *Chad Meester* *12/1/14*

Office sought by candidate (if applicable) *SHERIFF - LINCOLN COUNTY*

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

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Chad Meester  
 Office sought or ballot question SHERIFF District \_\_\_\_\_

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

Period of time covered by report:  
 from 5/21/14 to 7/30/2014

## 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 \$ 200- TOTAL CASH-ON-HAND \$ 0  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ 200-

## EXPENDITURES

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

Date	Purpose	Amount
5-21	FILING FEE	50-
5-21	CAMPAIGN SIGN	99 <sup>39</sup>
5-22	CAMPAIGN SIGN	855 <sup>00</sup>
5-22	HANDOUT - SUPPLY	5 <sup>88</sup>
SUB TOTAL		1010 <sup>27</sup>

## 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. Chad Meester 7-31-2014  
 Signature Date

Printed Name Chad Meester Telephone 507-694-1623 Email (if available) chadmeers51@gmail.com  
 Address 112 N. NORMAN ST., #1 IVANHOE, MN 56142

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 Chad Meester

Office sought or ballot question SHERIFF District \_\_\_\_\_

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

Period of time covered by report:  
 from 5/21/14 to 7/30/14

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

## EXPENDITURES

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

P2

Date	Purpose	Amount
5-22	HANDOUT - SUPPLY	36 <sup>00</sup>
5-27	CAMPAIGN - BANNER	188 <sup>10</sup>
6-2	CAMPAIGN SIGN	7 <sup>42</sup>
6-2	CAMPAIGN SIGN	8 <sup>99</sup>
<b>SUB TOTAL</b>		<b>240<sup>99</sup></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. Chad Meester 7-31-2014  
 Signature Date

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_

Address \_\_\_\_\_

Report

Office

Name

For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

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Office sought or ballot question SHERIFF District \_\_\_\_\_

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 from 5/21/14 to 7/30/2014

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 TOTAL AMOUNT RECEIVED = \$ \_\_\_\_\_

## EXPENDITURES

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

Date	Purpose	Amount
7-3	PARADE CANDY	19.29
6-19	HANDOUT-SUPPLY	4.00
6-25	ADVERTISING	50.-
7-26	PARADE CANDY	16.07
	SUB TOTAL	89.36

## CORPORATE PROJECT EXPENDITURES

# 1340.62  
 - 200.00 CASH  
 # 1140.62

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

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		TOTAL	

I certify that this is a full and true statement. Chad Meester 7-31-2014

Signature Date

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_

Office sought or ballot question \_\_\_\_\_ District \_\_\_\_\_

Type of report \_\_\_\_\_ Candidate report  
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Period of time covered by report:  
 from \_\_\_\_\_ to \_\_\_\_\_

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## EXPENDITURES

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

<i>Date</i>	<i>Purpose</i>	<i>Amount</i>
<b>TOTAL</b>		

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_

Address \_\_\_\_\_

Report

Office

Name

For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

Pg 1

Name of candidate, committee or corporation Chad Meester

Office sought or ballot question \_\_\_\_\_ District \_\_\_\_\_

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

Period of time covered by report:

from Aug 1, 2014 to Oct 20, 2014

## CONTRIBUTIONS RECEIVED

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

## EXPENDITURES

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

Date	Purpose	Amount
8/10	IVANHOE FOODS - PARADE CANDY	\$6.40
8/14	IVANHOE TIMES - AD	55.00
9/6	BUFFALO RIDGE NEWSPAPER - AD/HANDOUT	455.51
9/16	FARM BUREAU MEET+GREET - MEAL	12.-
<b>TOTAL</b>		<b>\$528.91 * OVER</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. Chad Meester 10/20/2014  
Signature Date

Printed Name Chad Meester Telephone 507-644-1623 Email (if available) chadmees151@gmail.com

Address 112 N. Norman St. #1, Ivanhoe, MN 56142

Report  
Office  
Name  
For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

Pg 2

Name of candidate, committee or corporation CHAD NEESPEL

Office sought or ballot question \_\_\_\_\_ District \_\_\_\_\_

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

Period of time covered by report:  
 from \_\_\_\_\_ to \_\_\_\_\_

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

## EXPENDITURES

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

Date	Purpose	Amount
10/9	BUFFALO RIDGE NEWSPAPER - AD	\$ 234 <sup>-</sup>
10/14	L.B. SENIOR MEAL SITE MEET + GREET - MEAL	7 <sup>-</sup>
10/20/19	IVANHOE VFW - RENTAL (MEET + GREET)	50 <sup>-</sup>
<b>TOTAL</b>		<b>\$ 819<sup>91</sup></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. Chad Mast 10-20-2014  
 Signature Date

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_

Address \_\_\_\_\_

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Office sought or ballot question SHERIFF District \_\_\_\_\_

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
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 Final report

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 from OCT 21, 2014 to DEC 1, 2014

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CASH \$ 0 TOTAL CASH-ON-HAND \$ 0  
 IN-KIND + \$ 0  
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## EXPENDITURES

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Date	Purpose	Amount
Nov 11, 2014 - Nov. 25, 2014	CAMPAIGN AD - NEWSPAPER	\$990-
NOV 14, 2014	CAMPAIGN RECEPTION	\$55 <sup>75</sup>
July 7, 2014 - Nov 16, 2014	MILWAUKEE	396 <sup>09</sup>
<b>TOTAL</b>		<b>1,441<sup>84</sup></b>

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I certify that this is a full and true statement. Chad Meester 12-1-2014  
 Signature Date

Printed Name CHAD MEESTER Telephone 507-694-1623 Email (if available) chadmees15@gmail.com  
 Address 112 N. NORMAN ST. #1, WANKOE, MN 56142

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

## EXPENDITURES

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Signature

Date

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email (if available) \_\_\_\_\_

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