

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 Anthony Dwire


Office sought by candidate (if applicable) SWCD board member

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 to date by Minnesota Statutes 211A.02 have been submitted to the filing officer.
- I do swear (or affirm) that campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer 

Date 12-29-2022

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Conras Schardin

Office sought or ballot question SWCD Supervisor District 4

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

Period of time covered by report:
 from _____ to _____

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
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 of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. [Signature] 11-15-2022
 Signature Date

Printed Name Conras Schardin Telephone 507 530 2747 Email (if available) _____

Address 1638 US Hwy 14 Lake Benton Mn 56149

Report

Office

For Office Use Only: Name

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Keith Olsen

Office sought or ballot question Soil & Water board member District 1

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

Period of time covered by report:
 from _____ to _____

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
TOTAL		<u>0</u>

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. Keith Olsen 11-16-22
 Signature Date

Printed Name Keith Olsen Telephone 507-530-4452 Email (if available) Keith.alan.dsen@gmtil.com
 Address 1545 Cty. Hwy 19 Canby, MN 56220

Report

Office

For Office Use Only: Name

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Campaign Information

Name of candidate or committee Michael "mic" Vandever

Office sought by candidate (if applicable) County Commissioner

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 to date by Minnesota Statutes 211A.02 have been submitted to the filing officer.
- I do swear (or affirm) that campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer Michael Vandever

Date 11-1-2022

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

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Campaign Information

Name of candidate or committee Chad Meester

Office sought by candidate (if applicable) Sheriff

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 *Chad Meester*

Date *10-27-2022*

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 1-1-22 to 10-27-22

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
<u>7-4-2022</u>	<u>Lincoln Co Fair Booth Rental</u>	<u>\$50.00</u>
	TOTAL	<u>50.00</u>

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 10-27-2022
 Signature Date

Printed Name Chad Meester Telephone 807-694-1623 Email (if available) _____

Address 112 N NORMAN ST., Apt 1, Waukegan, MN 56142

Report
Office
Name
For Office Use Only:

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Campaign Information

Name of candidate or committee

Office sought by candidate (if applicable)

Identification of ballot question (if applicable)

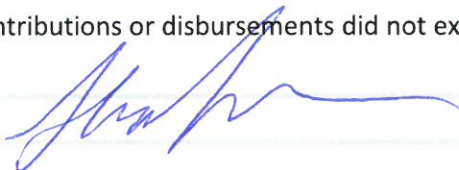
Certification

Select the appropriate choice below, and sign.

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

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Campaign Information

Name of candidate or committee Michelle Facile
Office sought by candidate (if applicable) County Recorder
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 Michelle Facile

Date 10-27-22

Office of the Minnesota Secretary of State

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Campaign Information

Name of candidate or committee
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)

Certification

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- 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