

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Ann Marcotte

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

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

Period of time covered by report:  
 from 7/26/22 to 10/25/22

REPCOUNTY AUDITORS OFFICE FILED  
 OCT 25 2022  
 Kirk Peysar  
 Kirk County, Minnesota

## 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.

Date	Purpose	Amount
10/5/22	US Postal	753.60
9/23/22	SOS MN	30.00
9/24/22	Sign Contractors	350.00
9/19/22	Stamp	29.93
8/20/22	business cards	119.70
9/16/22	paper products	124.62
	<b>TOTAL</b>	<b>1407.85</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] 10/25/2022  
 Signature Date

Printed Name Ann Marcotte Telephone 218.236.0277 Email (if available) \_\_\_\_\_

Address P O Box 192 Hill City MN 55748

Office Name For Office Use Only: