

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Tony Rolling

Office sought or ballot question County Sheriff District _____

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

Period of time covered by report:
 from 5-20-18 to 6-7-18

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
5-22-18	Filing Fee	50.00
5-20-18	Banners	64.12
5-20-18	stickers	177.19
5-29-18	Flyers	155.82
TOTAL		447.13

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] 6-7-18
 Signature Date

Printed Name Tony Rolling Telephone 507-629-3506 Email (if available) _____

Address 572 Center St, Tracy, MN 56175

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 Tony Rollins

Office sought or ballot question County Sheriff District _____

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

Period of time covered by report:

from 5-20-18 to 6-7-18

CONTRIBUTIONS RECEIVED

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

DISBURSEMENTS

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Date	Purpose	Amount
5-29-18	Post office box	80.00
6-1-18	Rope, bungee cords - banner	16.58
6-3-18	T-shirts	226.03
TOTAL		322.61

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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. [Signature] 6-7-18
 Signature Date

Printed Name Tony Rollins Telephone 507-629-3506 Email (if available) _____

Address 572 Center St., Tracy, MN 56175

Report

Office

Name

For Office Use Only: