

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Stephen W Ritter

Office sought or ballot question _____ District _____

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

Period of time covered by report:
 from 05/2018 to 11/01/2018

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
05/2018	Filing Fee	50.00
09/2018	Awards Plus Sign Stakes	53.94
10/2018	Marshall Independent	498.25
10/2018	Marshall RSO	700.00
TOTAL		\$ 1,302.19

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. Stephen W Ritter
 Signature _____ Date _____

Printed Name Stephen W Ritter Telephone 507-829-8070 Email (if available) swritter1@gmail.com
 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 Stephen W Ritter

Office sought or ballot question Commissioner Lyon County District #2

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

Period of time covered by report:
 from 11-1-18 to 11-8-18
FINAL

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
11/8/18	Marshall Independent	\$ 118.00
	TOTAL	\$ 118.00

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. SRitter 11/8/18
 Signature Date

Printed Name Stephen W Ritter Telephone 507-829-8070 Email (if available) _____
 Address 100 Elaine Ave Marshall, MN 56258

Report Office Name For Office Use Only:

Final

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Stephen W Ritten

Office sought or ballot question Lyon County Commissioners District #2

Type of report

Candidate report

Campaign committee report

Association or corporation report

Final report

Period of time covered by report:

from 11/13/18 to 11/14/18

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
11/13/18	Marshall Radio Thankyou Ads	\$ 333.00
		TOTAL \$ 333.00

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. [Signature] 11/14/18
Signature Date

Printed Name Stephen W Ritten Telephone 507-829-8070 Email (if available) _____
Address 100 Elaine St Marshall, MN 56258

Report
Office
Name
For Office Use Only: