

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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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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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

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CAMPAIGN FINANCIAL REPORT

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Name of candidate, committee or corporation Tony Rolling

Office sought or ballot question Sheriff District _____

Type of report X Candidate report
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 _____ Final report

Period of time covered by report:
 from 6-8-18 to 8-3-18

CONTRIBUTIONS RECEIVED

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DISBURSEMENTS

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Date	Purpose	Amount
6-27-18	Large Yard Signs	3451.76
6-27-18	Small Yard Signs	1,232.17
6-28-18	Business Cards	28.97
7-1-18	BANNERS	64.28
TOTAL		1671.18

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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] Date 8-3-18

Printed Name Tony Rolling Telephone 507-629-3506 Email (if available) tonyrollingforsheriff@gmail.com
 Address 572 Center St., Tracy, MN 56175

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DISBURSEMENTS

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Date	Purpose	Amount
7-16-18	Flyers	185.96
TOTAL		185.96

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Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. _____ 8-3-18

Signature

Printed Name Tony Rolling Telephone 507-629-3506 Email (if available) tonyrollingforsheiff@gmail.com

Address 572 Center St, Tracy, MN 56175

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Date	Purpose	Amount
8-4-18	Lyon County Ag Society	50.00
8-6-18	Table skirts	50.00
8-6-18	Table Runner	11.95
8-7-18	stickers	128.95
TOTAL		240.95

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Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. [Signature] Signature Date 8-20-18

Printed Name Tony Rolling Telephone 507-629-3506 Email (if available) tonyrollingforsheriff@gmail.com

Address 572 Center St., Tracy, MA 0156175

Report

Office

Name

For Office Use Only:

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DISBURSEMENTS

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Date	Purpose	Amount
8-6-18	8000 Flyers	143.44
	TOTAL	143.44

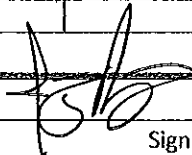
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		TOTAL	

I certify that this is a full and true statement.



Signature

8-20-18

Date

Printed Name Tony Rolling

Telephone 507-624-3506

Email (if available) tonyrollingforsheriff@gmail.com

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Report

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Name

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