

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation STURROCK CAMPAIGN COMMITTEE

Office sought or ballot question LYON COUNTY COMMISSIONER District 2

Type of report

Candidate report

Campaign committee report

Association or corporation report

Final report

Period of time covered by report

from 11/1/22 to 11/16/22

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	\$ <u>1,400⁸⁸</u>	} TOTAL CASH-ON-HAND	\$ <u>14200</u>	BEG
IN-KIND	+ \$ <u>---</u>		\$ <u>1179</u>	END
TOTAL AMOUNT RECEIVED	= \$ <u>1400⁸⁸</u>	ITEMIZED CONTRIBUTION		

D.E. Sturrock \$1,300.00 11/16/22
1142 DAVID DR.
MARSHALL, MN 56258 - S'WEST MN ST. U.

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
11/16/22	HENLE PRINTING! CAMPAIGN MATERIALS	\$ 1,431.09
		TOTAL \$ 1,431.09

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] 11/16/2022
Signature Date

Printed Name D.E. Sturrock Telephone (507) 828-7565 Email (if available) SturrockDE@gmail.com

Address 1142 DAVID DR. MARSHALL, MN 56258

Report Office Name For Office Use Only: