

Page 1 of 6

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Thomas D. Andries
 Office sought or ballot question Leon County MD District 1
County Commissioner
 Type of report: Candidate report Campaign committee report Association or corporation report Final report
 Period of time covered by report: from 6/22/22 to 11/8/22

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 \$ — 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
5/31/22	Candidate Filing Fee ✓#20181	50.00
6/22/22	See of state - Name list ✓#20186	30.00
7/19/22	Meatballs - Purcde candy	95.99
7/19/22	Awards Plus - signs ✓#20190	1000.00
TOTAL		1175.99

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. Thomas D. Andries 11/24/22
 Signature Date
 Printed Name Thomas D. Andries Telephone 367-828-3276 Email (if available) _____
 Address 623 Van Buren St Marshall, MN 56258
tandries@charter.net

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 Thomas D. Andries
 Office sought or ballot question Lyon County MD District 1
County Commissioner
 Type of report: Candidate report
 Campaign committee report
 Association or corporation report
 Final report
 Period of time covered by report: from 6/22/22 to 11/8/22

CONTRIBUTIONS RECEIVED

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CASH \$ TOTAL CASH-ON-HAND \$ 0-
 IN-KIND + \$
 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
8/1/22	Lyon Co. Fair Booth ✓ #20193	50.00
8/1/22	Gen 9 State Dist #2 ✓ #20194	30.00
8/5/22	Gas for Explorer Debit card	10.00
8/8/22	Perkins - Consult w/ Marty G. 15 11	33.08
TOTAL		123.08

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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. Thomas D. Andries 11/24/22
 Signature Date
 Printed Name Thomas D. Andries Telephone 367-825-3276 Email (if available) _____
 Address 603 Van Buren St Marshall, MN 56258
tandries9@charter.net

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 Thomas D. Andries
 Office sought or ballot question Hyon County MN District 1
 Type of report Final report Period of time covered by report: 6/02/22 to 11/01/22
 Candidate report
 Campaign committee report
 Association or corporation report
 Final report

CONTRIBUTIONS RECEIVED

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 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
8/8/22	Memoranda Fair Purpose Supplies	51.77
8/16/22	Memoranda Parkade Landy	28.80
9/7/22	Andries Plus - yard signs #20192	500.00
9/19/22	Gas for Explorer - Casey's Debit Card	44.57
TOTAL		579.48

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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. Thomas D. Andries 11/24/22
 Signature Date
 Printed Name Thomas D. Andries Telephone 567-825-3276 Email (if available) _____
 Address 603 Van Buren St Marshall, MN 56258
tandries9@charter.net

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 Thomas D. Andries
 Office sought or ballot question Hyon County MD District 1
County Commissioner
 Type of report: Candidate report Campaign committee report Association or corporation report Final report
 Period of time covered by report: from 6/02/22 to 11/01/22

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 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
9/21/22	Gas for Explorer Casey's Debit Card	56.00
10/5/22	Awards Plus Mailers ✓ # 20203	1673.14
10/10/22	Awards Plus " Balance CASH	.14
10/13/22	Gas for Explorer - HyVee Debit Card	36.13
TOTAL		<u>1759.41</u>

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. Thomas D. Andries 11/24/22
 Signature Date
 Printed Name Thomas D. Andries Telephone 301-825-3276 Email (if available) _____
 Address 603 Van Buren St. Marsh Hall, MD 20658
tandries9@charter.net

Report Office Name For Office Use Only:

Page 5 of 6

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Thomas D. Andries
 Office sought or ballot question Hyon County MD District 1
County Commissioner
 Type of report: Candidate report Campaign committee report Association or corporation report Final report
 Period of time covered by report: from 6/22/22 to 11/8/22

CONTRIBUTIONS RECEIVED

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 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
10/17/22	Awards Plus Stakes for Signs ✓ # 20208	39.73
10/25/22	Parkings + Consult w/ Monty S Debit Card	26.47
10/31/22	Gas for Explorer - Cassey	50.00
11/4/22	Awards Plus - 2 w/ Mailer ✓ # 20224	1768.38
TOTAL		1884.58

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.

Thomas D. Andries 11/24/22
Signature Date

Printed Name Thomas D. Andries Telephone 367-825-3276 Email (if available) _____

Address 603 Van Buren St Marsh Hall, MD 20658

tandries9@charter.net

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 Thomas D. Andries
 Office sought or ballot question Hyon County MN District 1
 Type of report: Candidate report
 Campaign committee report
 Association or corporation report
 Final report
 Period of time covered by report: from 6/01/22 to 11/01/22

CONTRIBUTIONS RECEIVED

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 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
11/10/22	Marshall Independent - Ad ^{Thank You} ✓ \$20225	333.10
10/12/22	Mister Cooks Clothing - Campaign Debate	417.00
TOTAL		650.10

CORPORATE PROJECT EXPENDITURES

\$ 6232.24

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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.

Thomas D. Andries 11/24/22
Signature Date

Printed Name Thomas D. Andries Telephone 567-825-3275 Email (if available) _____

Address 603 Van Buren St Marshall, MN 56258

tandries@charter.net

Report

Office

Name

For Office Use Only:

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes* 211A.05, subdivision 1)

Campaign Information

Name of candidate or committee Thomas Dean Andries
Office sought by candidate (if applicable) County Commissioner (Lyon) District 1
Identification of ballot question (if applicable) _____

Certification

Select the appropriate choice below, and sign.

I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer.

I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer Thomas D. Andries

Date 11/28/22