

AUG 15 2024

CAMPAIGN FINANCIAL REPORT

pg 1

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

MARSHALL MN

Name of candidate, committee or corporation Tom Chandler

Office sought or ballot question Lyon County Commissioner District 5

Type of report: Candidate report, Campaign committee report, Association or corporation report, Final report. Period of time covered by report: from 6-4 to 8-15

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.

Table with 3 columns: Date, Purpose, Amount. Rows include: 6-4 Filing fee 150, 6-21 Signs 531.62, 8-1 Con koozies 293.39, 8-7 Business cards 120.89, TOTAL 995.90

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.

Table with 4 columns: Date, Purpose, Name and Address of Recipient, Expenditure or Contribution Amount. Includes a TOTAL row.

I certify that this is a full and true statement. [Signature] 8-15-24

Printed Name Tom Chandler Telephone 507-828-2144 Email (if available) Thomas.Chandler@lyn.org

Address 1630 170th St, Russell MN 56169

Vertical text on the left margin: Report Initial, Commissioner District 5, Office Chandler, Tom, Name

For Office Use Only:

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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.

Table with 3 columns: Date, Purpose, Amount. Rows include 8-7 B2MUS (219.19) and 8-15 T-sh. 485 (240.00). Total: 459.19

CORPORATE PROJECT EXPENDITURES

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Project title or description \_\_\_\_\_

Table with 4 columns: Date, Purpose, Name and Address of Recipient, Expenditure or Contribution Amount. Includes a TOTAL row.

I certify that this is a full and true statement. Tom Chandler Signature Date 8-15-24

Printed Name Tom Chandler Telephone 828-1144 Email (if available) Tom.chandler1979@gmail.com Address 1630 170th St. Russell MN 56169

Vertical text on the left margin: Initial, Report, Commissioner District 5, Office, Chandler, Tom, Name

For Office Use Only: