

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation TODD GRESETH

Office sought or ballot question County Commissioner District 3

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

Period of time covered by report:
 from July to August

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 \$ 300.00 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 300.00

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
<u>7-3-20</u>	<u>4-over signs</u>	<u>441.55</u>
<u>8-3-20</u>	<u>4-over signs newspaper ads</u>	<u>567.60</u>
TOTAL		<u>1009.15</u>

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. Todd Greseth 8-12-20
 Signature Date

Printed Name TODD GRESETH Telephone 507-39-9530 Email (if available) Todd@gmi.mn.com
 Address 46804 Hwy 57 Blvd. Wanaamingo MN 55983

Report

Office

Name

For Office Use Only:

James Suiggun \$200 Contribution

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Todd Gresefh

Office sought or ballot question County Commissioner District 3

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

Period of time covered by report:

from August to October

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
8-19-20	4-over signs	327.00
8-28-20	D+S Banner signs	703.85
8-28-20	4-over signs	481.20
9-29-20	Tri M Direct Mailer	1317.59
TOTAL		2829.64

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. Todd Gresefh Signature 10-23-20 Date

Printed Name Todd Gresefh Telephone 507-319-9550 Email (if available) _____

Address 4680F Hwy 57 Blvd. Wauvamingo MN 55983

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 Todd Greseth

Office sought or ballot question County Commissioner District 3

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

Period of time covered by report:
 from August to October

CONTRIBUTIONS RECEIVED

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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.

Date	Purpose	Amount
10-8-20	Trim Mailers	80.06
10-8-20	USPS Postage	66.00
10-19-20	FastMail Daily	54.00
10-19-20	Grimsrud Publishing	76.40
TOTAL		276.46

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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. Todd Greseth

Signature _____ Date _____

Printed Name Todd Greseth Telephone 507-319-9550 Email (if available) _____

Address 46804 Hwy 57 Blvd Wauwano Mn. 55983

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 Todd Geseoth

Office sought or ballot question County Commissioner District 3

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

Period of time covered by report:
 from _____ to _____

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
9-24-20	Fleet Farm + Menards sign posts & misc	241.01
8-31-20	D+S signs	57.50
9-5-20	Gerken's Ins. Wood for signs	145.55
	Dennison Locker - Keyon Market Brats	167.15
TOTAL		611.21

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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. Todd Geseoth Signature 10-23-20 Date

Printed Name Todd Geseoth Telephone 507-319-9530 Email (if available) _____

Address 46804 Hwy 57 Blvd. Wauwamingo MN. 55983

Report
Office
Name
For Office Use Only:

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 Todd Groseth
Office sought by candidate (if applicable) County Commissioner Dist 3
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

Date

11-6-20

Todd Groseth

