

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation F. CRAIG ZECHES

Office sought or ballot question Winthrop County Commissioner District 2

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

Period of time covered by report:

from 1/31/2022 to 1/31/2023

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 \$.05 TOTAL CASH-ON-HAND \$ 504.01
 IN-KIND + \$ —
 TOTAL AMOUNT RECEIVED = \$.05

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>11/07/22</u>	<u>BANK CHARGE</u>	<u>7.00</u>
<u>12/15/22</u>	<u>BANK CHARGE</u>	<u>7.00</u>
	TOTAL	<u>14.00</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. F. Craig Zeches 1/31/2023
 Signature Date

Printed Name F. CRAIG ZECHES Telephone 507-454-3024 Email (if available) czeches@hbc.com
 Address 626 WALNUT ST. WINSTON, MA 01597

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 F. CRAIG ZECHES
 Office sought or ballot question WINONA COUNTY COMMISSIONER District 4

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

Period of time covered by report:
 from 1/1/2021 to 1/29/2021

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 \$ 0 TOTAL CASH-ON-HAND \$ 517.91
 IN-KIND + \$ 0
 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
		0
	TOTAL	0

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. F. Craig Zeches 1/29/2021
 Signature Date

Printed Name F. CRAIG ZECHES Telephone 507-454-3024 Email (if available) czeches@kbcv.com
 Address 626 WALNUT ST. WINONA, MN 55987

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 F. CRAIG ZECHES

Office sought or ballot question WINONA COUNTY COMMISSIONER District 4

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

Period of time covered by report:
 from 10/24/2020 to 12/31/2020

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 \$ 0 TOTAL CASH-ON-HAND \$ 577.91
 IN-KIND + \$ 0
 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
10/26/2020	NEWSPAPER AD	691.96
10/30/2020	RADIO AD	618.00
11/9/2020	NEWSPAPER AD	179.24
TOTAL		1489.20

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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. F. Craig Zeches 12/31/2020
 Signature Date

Printed Name F. CRAIG ZECHES Telephone 507-454-3024 Email (if available) zzeches@hbcu.com
 Address 676 WALNUT ST. WINONA MN 55987

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 F. CRAIG ZECHES

Office sought or ballot question WINONA COUNTY COMMISSIONER District 4

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

Period of time covered by report:
 from 8/1/2020 to 10/23/2020

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 \$ 1,460.00 TOTAL CASH-ON-HAND \$ 2007.11
 IN-KIND + \$ —
 TOTAL AMOUNT RECEIVED = \$ 1,460.00

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
8/3/2020	CHECKS	11.50
8/10, 8/24, 9/18, 10/2, 10/19	SIGNS	956.73
8/24, 10/12, 10/14, 10/16	ADS	1191.12
8/31	STAMP	20.35
10/14	RADIO	1305.00
TOTAL		2994.70

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. F. Craig Zeches 10/23/2020
 Signature Date

Printed Name F. CRAIG ZECHES Telephone 507-454-3034 Email (if available) czeches@ncci.com
 Address 676 WALNUT ST. WINONA, MN 55987

Report

Office

Name

For Office Use Only:

Craig Zeches For County Commissioner District 4

Campaign Contributions

<u>Date</u>	<u>Contributor</u>	<u>Address</u>	<u>Amount</u>	<u>Occupation</u>
8/3/2020	Stephen Slaggie	1870 Ralph Scharmer Rd Winona, Mn	\$ 300.00	Retired
10/3/2020	Francis C Zeches	676 Walnut Street Winona, Mn	580.00	Self-Employed
10/3/2020	Dianne L Zeches	676 Walnut St	<u>580.00</u>	Retired
10/23/2020			\$ 1460.00	

CAMPAIGN FINANCIAL REPORT

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Name of candidate, committee or corporation F. CRAIG ZECHES

Office sought or ballot question WINONA COUNTY COMMISSIONER District 4

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

Period of time covered by report:
 from 2/2/2020 to 2/31/2020

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 \$ 400.00 TOTAL CASH-ON-HAND \$ 8531.81
 IN-KIND + \$ —
 TOTAL AMOUNT RECEIVED = \$ 400.00

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>2/2/2020</u>	<u>Newspaper Ad</u>	<u>358.48</u>
<u>2/31/2020</u>	<u>Fliers</u>	<u>149.25</u>
	TOTAL	<u>\$507.73</u>

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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. F. Craig Zeches 2/31/2020
 Signature Date

Printed Name F. CRAIG ZECHES Telephone 507-454-3014 Email (if available) czeches.ch@cc.com
 Address 676 WALNUT ST. WINONA, MN 55987

Report Office Name For Office Use Only:

Craig Zeches For County Commissioner District 4

Campaign Contributions

<u>Date</u>	<u>Contributor</u>	<u>Address</u>	<u>Amount</u>	<u>Occupation</u>
7/21/2020	Jerome Miller	PO Box 812 Winona, Mn	\$ 100.00	Retired
7/21/2020	Susan Miller	PO Box 812 Winona, Mn	100.00	Retired
7/21/2020	Richard Mikrut	1356 Grandview Ct Mn City, Mn	100.00	Self Employed
7/21/2020	LaVonne Mikrut	1356 Grandview Ct Mn City, Mn	<u>100.00</u>	Retired
7/31/2020			\$ 400.00	

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Office sought or ballot question WINONA COUNTY COMMISSIONER District 2

Type of report X Candidate report
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Period of time covered by report:
 from 6/15/20 to 7/6/2020

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 \$ 3850⁰⁰ TOTAL CASH-ON-HAND \$ 3639.54
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 3850⁰⁰ (SEE ATTACHED)

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>7/3/2020</u>	<u>YARD SIGNS</u>	<u>\$210.46</u>
	TOTAL	<u>\$210.46</u>

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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. F. Craig Zeches 7/6/2020
Signature Date

Printed Name F. CRAIG ZECHES Telephone 507-454-3024 Email (if available) Czeches.nbcc.com

Address 626 WALNUT ST WINONA, MN

Report Office Name For Office Use Only:

Craig Zeches for County Commissioner District 4

Campaign Contributions

<u>Date</u>	<u>Contributor</u>	<u>Address</u>	<u>Amount</u>	<u>Occupation</u>
6/10/2020	Jerry Papenfuss	164 E 4th St Winona, Mn	\$ 600.00	Self Employed
6/10/2020	Patricia Papenfuss	164 E 4 th St Winona, Mn	600.00	Retired
6/10/2020	William Rowekamp	130 Oskamp Circle Winona, Mn	200.00	Retired
6/10/2020	Capt Donald Peterson	1460 Gilmore Vly Rd Winona, Mn	100.00	Retired
6/10/2020	Brian Conner	427 W 4 th St Winona, Mn	50.00	Sourcing Specialist
6/10/2020	Gloria Conner	427 W 4 th St Winona, Mn	50.00	
6/10/2020	Walter Kelly	1026 W Howard St Winona, Mn	<u>50.00</u>	Self Employed
6/15/2020			\$1650.00	
6/11/2020	David Arnold	1872 Edgewood Rd Winona, Mn	\$ 100.00	Retired
6/11/2020	Muriel Arnold	1872 Edgewood Rd Winona, Mn	100.00	Retired
6/18/2020	Hugh Miller	PO Box 30099 Winona, Mn	600.00	Business Executive
6/18/2020	Ellen Miller	PO Box 30099 Winona, Mn	<u>600.00</u>	
6/20/2020			\$1400.00	
6/23/2020	Robert Kierlin	PO Box 302 Winona Mn	\$ 300.00	Business Executive
6/30/2020	Steven Kohner	4980 6 th St Winona, Mn	<u>500.00</u>	Business Owner
7/6/2020			\$ 800.00	