

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Marcia L Ward

Office sought or ballot question County Commissioner District 5

Type of report X Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from 5/2/2018 to 7-31-2018

## 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 \$ 1044.02  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ 1265.00

## 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>see attached</u>	<b>TOTAL</b> <u>\$ 1481.87</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
		<b>TOTAL</b>	

I certify that this is a full and true statement. Marcia L Ward 7-31-2018

Signature Date

Printed Name Marcia L Ward Telephone 507647-6789 Email (if available) \_\_\_\_\_

Address 30978 Four Farms Road Dakota, Minn 55925

Report Office Name For Office Use Only:

# Contributions

Marcia Ward

<u>Date</u>	<u>Name</u>	<u>Amount</u>	<u>Address</u>	<u>Occupation</u>
5/24	Jerry Papenfuss	\$500.00	164 E 4th St Winona	Business owner
6/7		100.00		
6/7		50.00		
7/2		75.00		
7/31	Bob Kierlin	300.00	P.O. Box 302 Winona	Business owner
7/31		40.00		
7/31		100.00		
7/31		100.00		
		<u>\$1265.00</u>		

# Expenses

Marcia Ward

<u>Date</u>	<u>To</u>	<u>Amount</u>	<u>Description</u>
5/2	Winona Co Auditor	\$ 50.00	Filing
6/3	Winona Co. Fair	160.00	Space Fair
6/3	Heartland Parade	50.00	Parade
6/3	Vista	83.00	Banners
	Rodetsign	84.95	Banner
	Vista	42.94	stickers
6/26	Theis Printing	256.63	Brochure
7/26	Insty Prints	<u>754.35</u>	Flyers
		<u>\$1481.87</u>	

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Name of candidate, committee or corporation Marcia Ward  
Office sought or ballot question County Commissioner District 5

Type of report X Candidate report  
Campaign committee report  
Association or corporation report  
Final report  
Period of time covered by report: from 7/31/2018 to 10/26/2018

#### 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 \$ 1600.00 TOTAL CASH-ON-HAND \$ 1115.34  
IN-KIND + \$ \_\_\_\_\_  
TOTAL AMOUNT RECEIVED = \$ 1600.00

#### 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>see attached</u>	
TOTAL		<u>1558.61</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. Marcia Ward 10-26-2018  
Signature Date  
Printed Name Marcia Ward Telephone 587-459-608 Email (if available) \_\_\_\_\_  
Address 50987 Fern Farms Road Dakota Minn 55925

Report Office Name For Office Use Only:

# Contributions

Marcia Ward

Date	Name	Amount	Address	Occupation
8/6	Steve Kohner	\$500.00	4980 6th St Winona	Business
9/30		100.00		owner
		100.00		
		100.00		
		100.00		
		100.00		
		100.00		
		100.00		
		100.00		
		100.00		
		100.00		
10/26		100.00		
		<u>\$ 1600.00</u>		

# Expenses

Marcia Ward

Date	To	Amount	Description
8/6	Winona Post	195.66	Insertion
8/29	West End Printing	21.48	Copies
9/7	St Charles Press	190.06	Ad Insertion
9/12	West End Printing	21.48	Copies
9/15	Vista	29.93	Flyers
10/21	Winona Post	1000.00	Ads
10/28	USPS	100.00	Stamps
		<u>\$ 1558.61</u>	

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

Name of candidate, committee or corporation Marcia L Ward

Office sought or ballot question 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 10/26 to 11/13/2018

## 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 \$ 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
11/7	St Charles Press	73.20
11/8	St Charles Press	36.60
<b>TOTAL</b>		<b>\$ 109.80</b>

## CORPORATE PROJECT EXPENDITURES

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

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
<b>TOTAL</b>			

I certify that this is a full and true statement. Marcia L Ward 11-13-2018  
 Signature Date  
 Printed Name Marcia L Ward Telephone (507) 459-6086 Email (if available) \_\_\_\_\_  
 Address 30978 Four Farms Road Dakota Minn 55925

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:

Marcia L Ward

Office sought by candidate (if applicable):

County Commission #5

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: