

## 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 Gerrude for Sheriff Committee

Office sought by candidate (if applicable) Sheriff

Identification of ballot question (if applicable) \_\_\_\_\_

### Certification

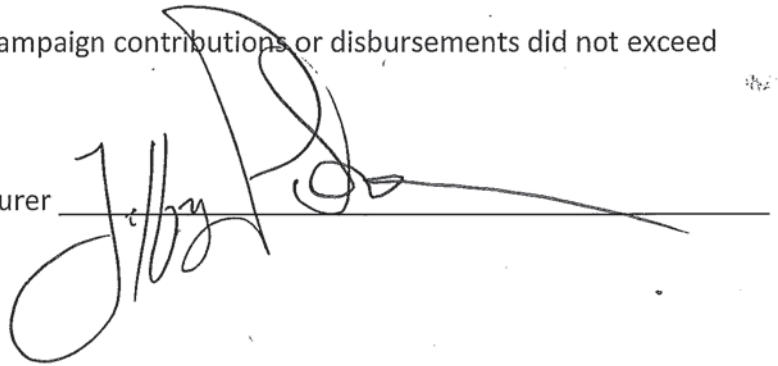
Select the appropriate choice below, and sign:

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

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

Signature of candidate or committee treasurer \_\_\_\_\_

Date 12/5/2018



# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Ron Ganrude (on his own behalf)

Office sought or ballot question Sheriff District Winona County

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

Period of time covered by report:  
 from 8/9/18 to 10/26/18

## 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
08/09/2018	Signs By Tom Sawyer, Inc. - Decals to update banners & signs	\$ 397.29
08/21/2018	Theis Printing - Re-Elect Ganrude Orange stickers for parades	\$ 156.77
08/24/2018	Menards - 2x4 studs (6) for signs	\$ 56.49
08/28/2018	Menards - 4x4 plywood sheeting for signs	\$ 13.41
<b>TOTAL</b>		<b>\$ 623.96</b>

## 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. Ronald J. Ganrude 10/26/2018  
Signature Date

Printed Name Ronald Ganrude Telephone (507) 932-3495 Email (if available) \_\_\_\_\_

Address 143 Pearson Dr. St. Charles, MN, 55972

Report Office Name For Office Use Only:



**Ganrude for Sheriff Committee - Donations**

<b><u>Date</u></b>	<b><u>Name &amp; Address</u></b>	<b><u>Amount</u></b>	<b><u>Occupation</u></b>
8/17/2018	Don & JoAnn Engstler 524 S. Pine St., Caledonia, MN 55921	\$200.00	Retired

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Ron Ganrude (on his own behalf)

Office sought or ballot question Sheriff District Winona County

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

Period of time covered by report: from 10/27/18 to 12/05/18

## 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
08/21/2018	Quali-Tee Screen Printing. - T-Shirts for volunteers at parades/events	\$ 98.50
09/21/2018	Menards - 1/2X4X4 sheeting (x4) for signs	\$ 54.02
	<b>TOTAL</b>	<b>\$ 152.52</b>

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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. Ronald J. Ganrude 12-4-18  
Signature Date

Printed Name Ronald Ganrude Telephone 507-932-3495 Email (if available) \_\_\_\_\_

Address 143 Pearson Dr. St. Charles, MN 55972

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 Ganrude for Sheriff Committee

Office sought or ballot question Sheriff District Winona County

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

Period of time covered by report:  
 from 10/27/18 to 12/05/18

## CONTRIBUTIONS RECEIVED

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CASH	\$ _____	TOTAL CASH-ON-HAND	\$ <u>- 0 -</u>
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
11/30/18	Ron Ganrude - Reimbursement for T-shirts for volunteers at parades/events	\$ 189.50
	<b>TOTAL</b>	<b>\$ 189.50</b>

## 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.

  
 Signature

12/05/18  
 Date

Printed Name Jeffrey Peterson Telephone 507-312-0217 Email (if available) j\_peters1@charter.net

Address 64 Benson Drive N, Lewiston, MN 55952

Report

Office

Name

For Office Use Only: