

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Ron Ganrude

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 12/08/22 to 1/25/23

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 |
|----------|---------------------------------|-------------------|
| 12/08/22 | St. Charles Press - Advertising | 386.00 |
| 12/01/22 | Winona Post - Advertising | 1,205.00 |
| | | |
| | | |
| | TOTAL | \$1,591.00 |

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. Ronald Ganrude 1-27-23

Printed Name Ronald Ganrude Telephone (507) 932-3495 Email (if available) _____
 Signature _____ Date _____

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

Report
Office
Name
For Office Use Only: