

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation DAVID HAGRE
 Office sought or ballot question Supervisor District Kalmar Township
 Type of report X Candidate report
 _____ Campaign committee report
 _____ Association or corporation report
 _____ Final report
 Period of time covered by report:
 from JAN 20 2015 MARCH 10 2015

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 \$ 0
 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
	NA	0
		0
		0
		0
	TOTAL	0

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
	NA		0
			0
			0
		TOTAL	0

I certify that this is a full and true statement. David Hagre 3-11-15
 Signature Date

Printed Name DAVID HAGRE Telephone 507-635-3725 Email (if available) _____
 Address 11503 70th Street NW Mantorville 55955

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 Lisa Baldus
 Office sought or ballot question Treasurer District Kalmar Township

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

Period of time covered by report:
 from 1/1/15 to 3/10/15
January

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 \$ 0
 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
		<u>0</u>
TOTAL		<u>0</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
			<u>0</u>
			<u>0</u>
TOTAL			<u>0</u>

I certify that this is a full and true statement. Lisa Baldus 3/11/15
 Signature Date

Printed Name Lisa Baldus Telephone 507-951-4478 Email (if available) thenr1@hotmail.com
 Address 6007 Sherri Dr NW Byron, MN 55920

Report

Office

Name

For Office Use Only: