

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation JIM MARSHALL

Office sought or ballot question LYON COUNTY SHERIFF District _____

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

Period of time covered by report:
 from 05-29-18 to 06-12-18

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 \$ 1,200.⁰⁰ TOTAL CASH-ON-HAND \$ _____
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 1,200.⁰⁰

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
06-05-2018	CAMPAIGN SIGNS	1,064.19
05-29-2018	FILING FEE	50.00
	TOTAL	\$ 1,114.19

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. James Marshall 06-12-2018
 Signature Date

Printed Name JAMES MARSHALL Telephone (507) 557-0493 Email (if available) _____

Address 601 PARKSIDE DRIVE, MARSHALL, MN 56258

Report
Office
Name
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CONTRIBUTIONS	Amount	Address	Occupation	Date
Rebecca Connolly	\$ 250.00	1321 Eleanor Ave St. Paul MN 55116	Retired	6/5/18
Denny Connolly	\$ 250.00	1321 Eleanor Ave.St. Paul MN 55116	Retired	6/5/18
Greg Nolting	\$ 250.00	2763 Lochland Hills Drive Marshall MN 56258	Financial Planner	6/6/18
Lee Warne	\$ 250.00	325 S. Movil Lake Rd. NE Bemidji, MN 56601	Retired	6/8/18

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 from 06-13-18 to 08-03-18

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CASH	\$	1,535. ⁰⁰	TOTAL CASH-ON-HAND	\$	246. ⁵⁵
IN-KIND	+	\$ 850. ⁰⁰			
TOTAL AMOUNT RECEIVED	=	\$ 2,335. ⁰⁰			

DISBURSEMENTS

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Date	Purpose	Amount
06-14-18	P.O. BOX	41.00
07-11-18	SIGN MATERIALS	43.30
06-20-18	MAGNETS	140.24
07-03-18	SIGNS	363.67
TOTAL		588.21

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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. Jim Marshall 08-03-18
Signature Date

Printed Name JIM MARSHALL Telephone 507-401-0025 Email (if available) Jim and Alison Marshall & gma.l.com
 Address P.O. Box 443, MARSHALL, MN 56250

Report Office Name For Office Use Only:

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TOTAL AMOUNT RECEIVED	= \$ <u>2,335.⁰⁰</u>		

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Date	Purpose	Amount
07-12-18	SIGNS	544.71
06-14-2018	T-SHIRTS & HATS	586.10
07-16-18	T-SHIRTS	146.60
06-24-2018	FLIERS	153.23
	TOTAL	1,430. ⁶⁴

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Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	

I certify that this is a full and true statement. Jim Marshall 08-03-18
Signature Date

Printed Name JIM MARSHALL Telephone (507) 401-0025 Email (if available) jimunda11son@marshall.com
 Address P.O. BOX 443, MARSHALL, MN 56258 gmu.l.com

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IN-KIND	+ \$ <u>850.⁰⁰</u>		
TOTAL AMOUNT RECEIVED	= \$ <u>2,335.⁰⁰</u>		

DISBURSEMENTS

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Date	Purpose	Amount
<u>7-25-18</u>	<u>FLIERS</u>	<u>93.18</u>
<u>7-26-18</u>	<u>MAILER'S & POSTAGE</u>	<u>982.73</u>
<u>8-2-18</u>	<u>NEWSPAPER AD</u>	<u>159.40</u>
	TOTAL	<u>1,235.³¹</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. Jim Marshall 08-03-18
Signature Date

Printed Name JIM MARSHALL Telephone (507) 401-0025 Email (if available) jim.and.alison.marshall@gmail.com
 Address P.O. BOX 443, MARSHALL, MN 56258

Report
Office
Name
For Office Use Only:

CONTRIBUTIONS

	Amount	Address	Occupation	Date
Lori Lynner	\$ 150.00	3160 US Hwy 59 Marshall MN 56258		6/27/18
James Kontz	\$ 250.00	214 W College Dr. Marshall MN 56258	Financial Planner	6/25/18
David and Julie Christensen	\$ 300.00	2031 400th St. Clarkfield MN 56223	Farmer	7/11/18
Brian Bauer	\$ 300.00	1104 W. Main Street Marshall MN 56258	Sales	7/11/18

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Period of time covered by report:
 from 08-03-18 to 10-26-2018

CONTRIBUTIONS RECEIVED

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CASH	\$	<u>-0-</u>	TOTAL CASH-ON-HAND	\$	<u>-0-</u>
IN-KIND	+	\$ <u>96.05</u>			
TOTAL AMOUNT RECEIVED	=	\$ <u>96.05</u>			

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
08/04/18	LYON COUNTY FAIR	50.00
08/27/18	HENLE PRINTING COMPANY	292.60
TOTAL		342.60

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Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. James Marshall 10-26-2018
 Signature Date

Printed Name JAMES MARSHALL Telephone (507) 537-0493 Email (if available) jimandersonmarshall@gmail.com

Address P.O. BOX 443, MARSHALL, MN 56258

Report Office Name For Office Use Only: