| CONTRIBUTIONS RECEIVED Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by t (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to Itemize contributions from a single source that exceeded \$100 during the calendar year. This Itemization must include name, address, employ or occupation if self-employed, amount and date for these contributions. CASH SEMENTS IN-KIND TOTAL AMOUNT RECEIVED SIBBURSEMENTS 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 CORPORATE PROJECT EXPENDITURES Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) to 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 Contribution Amount I certify that this is a full and true statement. Signature Date Date Purpose Name and Address Contribution Amount TOTAL | Office sought or ballot question Candidate report Candidate report Period of time covered by report: | | | ion in this report is public information) | S 550 0.4 |
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| Type of report Campaign committee report Association or corporation report Final report CONTRIBUTIONS RECEIVED Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by t (money or in-kind) rather than contributor. See not on contribution limits on the back of this form. Use a separate sheet to itemize contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, emplor or occupation if self-employed, amount and date for these contributions. CASH SATT.65 TOTAL CASH-ON-HAND SA132.85 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 CORPORATE PROJECT EXPENDITURES Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) to 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 Name and Address of Recipient Name and Address Signature Date Purpose Name and Address Signature Date Purpose Name and Address Signature Date Date Date Purpose Name and Address Signature Contribution Amount | Type of Campaign committee report Association or corporation report Final report CONTRIBUTIONS RECEIVED Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by ty (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employ or occupation if self-employed, amount and date for these contributions. CASH SHATT.65 TOTAL CASH-ON-HAND TOTAL AMOUNT RECEIVED SHORTEMENTS 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 CORPORATE PROJECT EXPENDITURES Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) to 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 Name and Address Separature Contribution Amount I certify that this is a full and true statement. Signature Date Date Purpose Name and Address Separature Contribution Amount | Name of candidate | e, committee or corporation <u></u> Ses | ion Riggs for Beltrams Lour | ty Sheriff |
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| Printed Name Jason Riggs Telephone 218 766 3284 Email (if available) | Printed Name Jason Riggs Telephone 218 766 3284 Email (if available) Address 15231 Jessie CT NW Benili MN 56601 | I certify that this is | s a full and true statement. | Signature | 07/38/20 2 |
| 2 | Address 15231 Jessie CT NW Benily MN 56601 | Printed Name | Sason Ricks Tel | | lable) |
| Address 19231 Jessie CT NW Kenilli MN 56601 | Addition 1997 The Property of | Address 162 | 31 Jessie CT NI 200 | WW 56601 | |

CAMPAIGN FINANCIAL REPORT

Laura Nelson

6003 Bemidji Ave N #1

Bemidji MN 56601

Employer: Independent School District 31

\$600.00

Donated 6-28-2022

Al Carlson

608 4th St NW

Kelliher MN 56650 Employer: Retired

\$500.00

Donated 7-20-2022