

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Robert Edwards

Office sought or ballot question Sibley County Commissioner District 5th

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

Period of time covered by report:

from 4/1/14 to 6/2/14

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

EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
6/10/14	Perisior Signz	1083 46
6/3/14	Sibley Co Treasurer	50 00
6/3/14	MN Sec. of State	65 00
6/3/14	Keepsakes Photography	101 53
	TOTAL	1299 99

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.

Robert Edwards
Signature

6/11/14
Date

Printed Name Robert Edwards Telephone 507-217-9437 Email (if available) _____

Address 604 N. Co. Rd 57 Winthrop MN 55390

C. Auditor

Report

Office

Name

For Office Use Only:

RECEIVED
 JUL 30 2014
 SIBLEY COUNTY AUDITOR

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Lisa Pfarr

Office sought or ballot question Sibley County Auditor District _____

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

Period of time covered by report:
 from 5/20/2014 to 7/30/2014

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
	(Please see attachment)	
	TOTAL	\$1,324.27

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. _____ 7/30/2014

Lisa Pfarr
 Signature

Date

Printed Name Lisa Pfarr Telephone 507-964-2537 Email (if available) tlpfarr@frontiernet.net

Address 23906 387th Avenue, Arlington, MN 55307

Candidate Report Sibley County Auditor Office Name Lisa Pfarr For Office Use Only:

CAMPAIGN FINANCIAL REPORT
LISA PFARR
SIBLEY COUNTY AUDITOR
CANDIDATE REPORT

FROM May 20, 2014 TO July 30, 2014

Date	Vendor	Description	Amount
5/20/2014	Sibley County Treasurer	Filing Fee	\$ 50.00
7/7/2014	Gaylord Eggstravaganza	Parade Application	\$ 25.00
	Gaylord Eggstravaganza	Refund	\$ (25.00)
7/11/2014	Evolution Shirts	SS Tee Shirts	\$ 254.28
7/12/2014	Party City	U.S Flags	\$ 48.58
7/14/2014	The Hardware Center	U.S Flags	\$ 15.97
7/27/2014	Tony Doom Supply Co. Inc.	Yard Signs	\$ 890.44
7/30/2014	Secretary of State	Voter Info - CD ROM	\$ 65.00
			<u>\$ 1,324.27</u>

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Robert Edwards

Office sought or ballot question Sibley County Commissioner District 5th

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

Period of time covered by report:
 from 6/13/14 to 8/1/14

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

EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
6/16 - 7/30	Advertising, Newspaper, Signs, Push Cards	3328.91
6/16	Sign Posts	152.14
7/30	Postage - USPS	607.60
TOTAL		4088.65

CORPORATE PROJECT EXPENDITURES

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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.

Robert Edwards
Signature

8/1/2014
Date

Printed Name Robert Edwards Telephone 507-217-9437 Email (if available) _____

Address 604 N. Co Rd 57 Winthrop, MN 55396 / RobyEdwards1@gmail.com

Report

Office

Name

For Office Use Only:

RECEIVED
AUG - 4 2014
SIBLEY COUNTY AUDITOR

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation NORMAN GRAMS

Office sought or ballot question County Commissioner District 5

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

Period of time covered by report:
 from June 2014 to July 2014

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 \$ 100⁰⁰ TOTAL CASH-ON-HAND \$ - 0 -
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 100⁰⁰

EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
6/4/14	Lawn signs	185.58
6/25/14	T-shirts	360.00
7/7/14	News paper Ads	75.00
7/11/14	News paper Ads	65.52
7/12/14	Yard Decorations	29.62
TOTAL		715.72

CORPORATE PROJECT EXPENDITURES

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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. Norman Grams 8/1/14

Printed Name NORMAN GRAMS Telephone 507-647-2635 Email (if available) norman@meane.net

Address 506 N. Redwood St Winthrop, MN 55396

Report Office Name For Office Use Only: