

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Ron Rollins

Office sought or ballot question Chisago County Sheriff District _____

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

Period of time covered by report:
 from 7.31.18 to 8.4.18

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	\$	<u>0</u>		TOTAL CASH-ON-HAND	\$	<u>354.42</u>
IN-KIND	+	<u>0</u>				
TOTAL AMOUNT RECEIVED	=	<u>0</u>				

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
TOTAL		

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.  Signature _____ Date _____

Printed Name Ronald Rollins Telephone 651-775-6988 Email (if available) _____
 Address 6655 36th St. North Branch, MN 55056

Report Office Name For Office Use Only:

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Name of candidate, committee or corporation Ron Rollins
 Office sought or ballot question Chicago County Sheriff District _____

Type of report _____ Candidate report
 _____ Campaign committee report
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 from 7-31-18 to 8-4-18

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CASH \$ 800.00 TOTAL CASH-ON-HAND \$ 1,441.64
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 800.00

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
7-31-18	Stacy day's - Parade	10.00
	TOTAL	10.00

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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. Judy Heege
 Signature _____ Date _____
 Printed Name Judy Heege Telephone 651-775-8046 Email (if available) jheege62@gmail.com
 Address 43683 Gladstone Ave. Box 91 Harris, mn. 55032

Report Office Name For Office Use Only:

Donations Received:

1. August 1, 2018

Stephen Schroeder
38634 Henna Cir.
North Branch, mn.
55056

\$500.00

2. Gregory & Faith Husmann
621 N. 4th St.

LaCrescent, mn. 55947-1046

\$100.00

3. Chris Bibeau

6230 Albert Lane
North Branch, mn.

55056

\$200.00