

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Marlys Dunne
 Office sought or ballot question County Commissioner District #3

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

Period of time covered by report:
 from 6/1/20 to 7/15/20

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
6-1-20	Candidate filing fee	50.00
6-10-20	voter list & county map	49.50
6-10-20	website/email setup fees	186.90
6-29-20	sign post & equip.	148.45
(SEE pg 2 for add'l expenses)		
TOTAL		2,260.83

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 NA

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
	<u>NA</u>		
TOTAL			

I certify that this is a full and true statement. Marlys Dunne 7-16-20
 Signature Date

Printed Name Marlys Dunne Telephone 651-751-5566 Email (if available) MSDUNNE1@
 Address 11405 Interlachen Rd, Chicago City MN 55013
55013

Report Office Name For Office Use Only:

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CASH \$ X
IN-KIND + \$ X
TOTAL AMOUNT RECEIVED = \$ X

TOTAL CASH-ON-HAND \$ X

(cont pg 2 of 2)

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
7-8-20	Campaign Signs	1,875.38
		TOTAL (SEE PG 1)

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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.

Signature _____

Date _____

Printed Name _____

Telephone _____

Email (if available) _____

Address _____

Report

Office

Name

For Office Use Only: