

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation RICHARD CEDERGREN

Office sought or ballot question COUNTY COMMISSIONER District 1

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

Period of time covered by report:
from 5/27/22 to 8/5/22

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
5/27/22	FILING FEE	50-
6/12/22	PARADE BANNERS	158 12
6/14/22	PARADE REGISTRATION	150-
6/18/22	PARADE CANDY	223 99
	SEE ADD'L SHEET	
	TOTAL	987 12

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. Richard Cedergren Signature Date 8/13/22

Printed Name RICHARD CEDERGREN Telephone 651 674 7927 Email (if available) R.CEDERGREN

Address 4624 412TH ST, NORTH BRANCH, MN 55056 @GMAIL.COM

RECEIVED
AUG 15 2022
BY: AS

Report

Office

Name

For Office Use Only:

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(CONT'D)

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 IN-KIND + \$ _____
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DISBURSEMENTS

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Date	Purpose	Amount
6/24/22	HEADSHOTS	150 -
8/5/22	CAMPAIGN MATERIALS / FLYERS	255 01
	TOTAL	SEE PG 1

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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: