

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Cindy Erickson

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 07/30/22 to 10/28/22

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 \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 0 *Self funded*

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
10/12/22	Sunshine Printer	\$4315
10/11/22	Do Good Biz	\$1052.77
10/11/22	Impact Printing for mailers	679.61
TOTAL		

\$1775.53

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 Cindy Erickson 10/28/2022
 Signature Date

Printed Name Cindy Erickson Telephone 251 3431755 Email (if available) _____
 Address 44030 Maple Ln Harris, MN 55032 Cindyskeytolife@gmail.com



Report Office Name For Office Use Only: