

Office of the Minnesota Secretary of State

**CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING**

**Instructions**

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes 211A.05, subdivision 1*)

**Campaign Information**

Name of candidate or committee *Anthony Calvin*

Office sought by candidate (if applicable) *seat 2*

Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer.

I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer



Date *11-28-22*

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Anthony Colvin

Office sought or ballot question Supervisor Seat #3 District 113

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
Financial Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from Aug 5 to NOV 5 2022

## 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
11/04/2022	Stamps	\$60
11/04/2022	Postcards	\$33.33
11/04/2022	Banners	\$66.33
<b>TOTAL</b>		<b>159.66</b>

## 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
<b>TOTAL</b>			

I certify that this is a full and true statement. \_\_\_\_\_ 11-24-22

Signature \_\_\_\_\_ Date

Printed Name ANTHONY COLVIN Telephone (701)-412-8159 Email (if available) \_\_\_\_\_

Address 7418 Smokey Pt Rd WALKER MN 56484

Report

Office

Name

For Office Use Only:

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### Campaign Information

Name of candidate or committee TAMI ANDERSON

Office sought by candidate (if applicable) CLERK

Identification of ballot question (if applicable)

### Certification

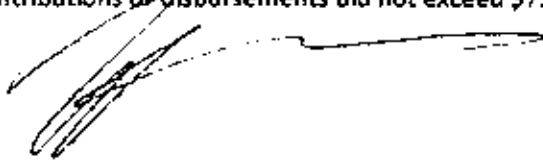
Select the appropriate choice below, and sign.

I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer.

I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer

Date 11/28/22



# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation TARA ANDERSON-COVIN

Office sought or ballot question Clerk District 113

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
Financial Final report

Period of time covered by report:  
 from Aug 5 to Nov 5 2022

## 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
11/05/2022	STAMPS	\$60
11/04/2022	POSTCARDS	\$33.33
11/04/2022	BANNERS	\$66.33
<b>TOTAL</b>		<b>156.66</b>

## 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
<b>TOTAL</b>			

I certify that this is a full and true statement. [Signature] 11/24/2022  
 Signature Date

Printed Name TARA ANDERSON-COVIN Telephone 285360192 Email (if available) \_\_\_\_\_

Address 7118 Smokey Dr Rd Walker MN 56481

Report Office Name For Office Use Only

Office of the Minnesota Secretary of State

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**Instructions**

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**Campaign Information**

Name of candidate or committee *Jeff Anderson*  
Office sought by candidate (if applicable) *Supervisor Sust 21*  
Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

- I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer.
- I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer *Jeff Anderson*  
Date *11-27-2022*

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Jeff Anderson

Office sought or ballot question Township Supervisor Seat #1 District \_\_\_\_\_

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

Period of time covered by report:  
from 10-1-22 to 10-29-22

## 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 \$ 300 TOTAL CASH-ON-HAND \$ 300  
IN-KIND + \$ \_\_\_\_\_  
TOTAL AMOUNT RECEIVED = \$ 300

## 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
10/28	Postcards - Campaign	\$156
10/28	Banners - Campaign	
TOTAL		\$156-

## 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.

Jeff Anderson  
Signature

11-24-2022  
Date

Printed Name Jeff Anderson Telephone 218-547-1632 Email (if available) grandvalley@arvig.net

Address 9787 Pine Point Rd NW Walker, MD 50684

Report

Office

Name

For Office Use Only:

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**CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING**

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**Campaign Information**

Name of candidate or committee *GEORGE EINHORN*  
Office sought by candidate (if applicable) *SUPERVISION SEAT 3*  
Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

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- I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer *Greg A. Lunt*  
Date *12-4-22*

Office of the Minnesota Secretary of State

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**Campaign Information**

Name of candidate or committee *THOMAS M. BOEGE*  
Office sought by candidate (if applicable) *TURTLE LAKE TOWNSHIP SUPERVISOR #3*  
Identification of ballot question (if applicable) *N.A.*

**Certification**

Select the appropriate choice below, and sign.

- I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer.
- I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer *Tom Boege*

Date *11/19/2022*



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**Campaign Information**

Name of candidate or committee: *Lynette Emery*  
Office sought by candidate (if applicable) *Clerk - Turtle Lake Township*  
Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

- I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer.
- I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer: *Lynette Emery*  
Date *11-15-2022*

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**Campaign Information**

Name of candidate or committee *Reno C. Wells*  
Office sought by candidate (if applicable) *Supervisor Seat One*  
Identification of ballot question (if applicable)

**Certification**

Select the appropriate choice below, and sign.

- I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes 211A.02* have been submitted to the filing officer.
- I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer *Reno C. Wells*  
Date *9 Nov 2022*