

CAMPAIGN FINANCIAL REPORT *Corrected Copy**

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

Name of candidate, Kindra Ramaker

Office sought or ballot question County Commissioner, Olmsted County District: Four

Type of report: Candidate report **Period of time covered by report:**

 X Campaign committee report from: **July 15, 22 to August 3-2022**

 Association or corporation report

 Final report

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 \$240.12

+ IN-KIND \$ 0

TOTAL AMOUNT RECEIVED \$ 240.12 TOTAL CASH-ON-HAND \$ \$877.63

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

7-15-22	Postage	\$29.00	
8-2-22	Postage	\$66.00	
8-3-22	Postage	\$96.00	
8-5-2022	Reimburse donor	\$400.00	
7-18-22	EmEn Design (posters, signs)	\$1,226.15	
		\$1,817.15	

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

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

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

 X I certify that this is a full and true statement. Kindra Ramaker

Signature Date **August 3-2-22**

Printed Name Kindra Ramaker Telephone 507-269-9112 Email lgr.kindra@gmail.com

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