

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation CHAD STRUSS

Office sought or ballot question AUDITOR - TREASURER District \_\_\_\_\_

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

Period of time covered by report:

from 10/24/14 to 11/30/2014

## 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          |
|------------|--|-----------------|
| 10/24/2014 | CAMPAIGN SIGN SUPPLIES                           | 15.55           |
| 10/25/2014 | LITERATURE DESIGN / PRINTING / MAILING / POSTAGE | 4545.43         |
| 11/4/2014  | FUEL FOR VAN RENTAL                              | 51.69           |
| 11/7/2014  | VAN RENTAL FOR SIGN COLLECTION                   | 222.38          |
| 11/26/2014 | POSTAGE  | 5.88            |
|            | <b>TOTAL</b>                                     | <b>4,860.93</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]  
Signature

12/1/2014  
Date

Printed Name CHAD STRUSS Telephone 763-229-5503 Email (if available) CSstruss@gmail.com

Address PO BOX 303, CAMBRIDGE, MN 55008

Report Office Name For Office Use Only: