

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation DeAnn Croatt  
 Office sought or ballot question Supervisor District \_\_\_\_\_

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

Period of time covered by report:  
 from 7/30/24 to 11/5/24

## 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 + \$ 517.50  
 TOTAL AMOUNT RECEIVED = \$ 517.50

## 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
9/11	Letter to the Editor (10/17)	25.00
9/16	Ad - published 3 times (9/19, 9/24, 9/31)	126.00
10/11	Stamps	112.01
9/15	Tee shirts	122.90
<b>TOTAL</b>		<b>385.90</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. DeAnn Croatt 10/30/24  
Signature Date

Printed Name DeAnn Croatt Telephone 952.758.4505 Email (if available) dcroatt@bcvcomm.i  
 Address 27466 Delmar Ave., New Prague mn 56071

Report Final  
 Office Sup 3  
 Name Croatt  
 For Office Use Only:





# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Heather M Taylor DuCharme  
 Office sought or ballot question Clerk District Helene Township

Type of report:  Candidate report Period of time covered by report:  
 Campaign committee report from 8/2024 to 11/5/2024  
 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 \$ 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
	<u>0</u>	
	<b>TOTAL</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
		<u>0</u>	
		<b>TOTAL</b>	

I certify that this is a full and true statement. [Signature] 11/7/2024  
 Signature Date

Printed Name Heather M. Taylor DuCharme Telephone 612 432 3832 Email (if available) \_\_\_\_\_

Address 925 Silver Maple Dr New Prg MN 52001

Report Final  
 Name Heather M Taylor DuCharme  
 Office Clerk

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