

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Donald Skarie

Office sought or ballot question County Commissioner District 4

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

Period of time covered by report:
 from 7-29-20 to 8-25-20

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
7-29	Signs	459.03
8-13	Sign Stands	168.71
8-25	Sign Stands	179.96
8-25	Signs	469.01
TOTAL		\$ 1,276.71

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. Donald Skarie 8-25-2020
 Signature Date

Printed Name Donald Skarie Telephone 218-847-8163 Email (if available) drskariew@cabecker.mn.us
 Address 25793 Cty Rd 149 Detroit Lakes, MN 56501

Report

Office

Name

For Office Use Only: