

**CAMPAIGN FINANCIAL REPORT (Photocopy version)**

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

Name of candidate, committee or corporation Tim Bennett

Office sought or ballot question Sherriff District \_\_\_\_\_

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

Period of time covered by report: from 05/26/22 to 04/23/23

**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 \$ 0  
 IN-KIND + \$ \_\_\_\_\_  
 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
	Mike Bennett - \$500.00, Paula Bennett - \$500	
	William Neff \$500, Carolyn Smith \$200	
	Greg Jensen \$600, Dawn Jensen \$600	
	Anna Rahn \$600, Brad Hougard \$600	
	TOTAL	\$4100.00

**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. T. Bennett 4-26-23  
 Signature Date

Printed Name Tim Bennett Telephone 507-402-8467 Email (if available) \_\_\_\_\_  
 Address 1605 Todd Ave, Albert Lea, MN 56007



Report

Office

For Office Use Only: Name