

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes* 211A.05, subdivision 1)

Campaign Information

Name of candidate or committee *MARK WEIMERSKIRCH*
Office sought by candidate (if applicable) *SWCD SUPERVISOR*
Identification of ballot question (if applicable)

Certification

Select the appropriate choice below, and sign.

- I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been submitted to the filing officer.
- I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer *Mark Weimer*
Date *11/15/24*

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Campaign Information

Name of candidate or committee scott olson

Office sought by candidate (if applicable) swcd supervisor

Identification of ballot question (if applicable)

Certification

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I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer scott olson

Date 11-14-2024

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Campaign Information

Name of candidate or committee *Peter Peterson*
Office sought by candidate (if applicable) *Commissioner*
Identification of ballot question (if applicable) *—*

Certification

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Signature of candidate or committee treasurer *Peter Peterson*
Date *11-14-24*

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Campaign Information

Name of candidate or committee *ERIC RUDNINGEN*

Office sought by candidate (if applicable) *DISTRICT 5 COUNTY COMMISSIONER*

Identification of ballot question (if applicable)

Certification

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Signature of candidate or committee treasurer *[Signature]*

Date *11/19/2024*

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Campaign Information

Name of candidate or committee *Gary Hendricky*
Office sought by candidate (if applicable) *Sustd County Commission*
Identification of ballot question (if applicable)

Certification

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- I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer *Gary Hendricky*
Date *11-15-14*

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Gary Hendricks

Office sought or ballot question County Commission District _____

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

Period of time covered by report:

from 7-1-24 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 \$ _____ 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
8-19-24	Signage election cards newspaper ads	496.49
8-19-24	newspaper ads	150.15
11-8-24	newspaper ads	214.50
TOTAL		806.14

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. Gary Hendricks 11-12-24
 Signature Date

Printed Name Gary Hendricks Telephone 320 809-2082 Email (if available) gary.hendricks@gmail.com
 Address 135 Schlieman ave Appleton mn 56208

Report

Office

Name

For Office Use Only: