

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 Bruce (Charlie) Anderson

Office sought by candidate (if applicable) Faribault County Commissioner 5th Dist

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

Date

11/17/20



CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Bruce (Charlie) Anderson

Office sought or ballot question Faribault County Commissioner District 5

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

Period of time covered by report:

from _____ to _____

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
10/16/20	Advertising	144.00
10/25/20	Advertising	542.57
7/24/20	Advertising	35.50
TOTAL		722.07

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.

Signature

Date

Printed Name Bruce (Charlie) Anderson Telephone 507-526-7580 Email (if available) 14charlie@bevecomm.net

Address 50156 110th St Briceyn, MN 56014

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

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Campaign Information

Name of candidate or committee *William "Bill" Groskreutz Jr.*

Office sought by candidate (if applicable) *Faribault County Commissioner District 3*

Identification of ballot question (if applicable)

Certification

Select the appropriate choice below, and sign.

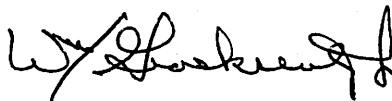
☒ I do swear (or affirm) that all campaign financial reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer.

☐ 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

Date

11/3/20



Report

Office

Name

For Office Use Only:

from 5/22/20 to 7/27/20

CASH	\$ _____	TOTAL CASH-ON-HAND	\$ _____
IN-KIND	+ \$ _____		
TOTAL AMOUNT RECEIVED	= \$ _____		

Date	Purpose	Amount
5/22/20	Filing Fee	50.00
6/24/20	Yard Signs & Car Magnets	542.61
7/27/20	Yard Signs & Advertising	478.49
	TOTAL	1071.10

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

Address 36 4th Ave SW Wells MN 56097

CAMPAIGN FINANCIAL REPORT (Photocopy version)

Page 1

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation William "Bill" Groskreutz Jr.

Office sought or ballot question Fairbault County Commissioner District 3

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 10/20/20

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
9-29-2020	KBEW Radio Ads	500.00
9-30-2020	Postage - Campaign mailing	146.00
9-26-2020	Cards & Envelopes	21.00
10-3-2020	Postage - Campaign mailing	70.00
Continued to Page 2		TOTAL

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. Wm Groskreutz Jr. 10/20/20

Signature

Date

Printed Name Groskreutz Jr.

Telephone 507 553 3518 Email (if available) _____

Address 36 4th Ave SW Wells MN 56097

Report

Office

For Office Use Only: Name

CAMPAIGN FINANCIAL REPORT (Photocopy version)

Page 2

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation William "Bill" Groskreutz Jr.

Office sought or ballot question Faribault County Commissioner District 3

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

Period of time covered by report:
 from 7/28/20 to 10/20/20

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
10/6/2020	Postage - Campaign mailing	4.90
10/8/2020	S.C. News - Newspaper ads	95.00
	TOTAL	837.50

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.

William Groskreutz Jr.
 Signature

10/20/20
 Date

Printed Name Groskreutz Jr.

Telephone 507 553 3518 Email (if available) _____

Address 36 4th Ave SW Wells MN 56097

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation William "Bill" Groskreutz Jr.

Office sought or ballot question Faribault County Commissioner District 3

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

Period of time covered by report:

from 10/21/20 to 11/19/2020

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 \$ None

IN-KIND + \$

TOTAL AMOUNT RECEIVED = \$ None

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
11/19/2020	Advertising	335.00
	TOTAL	335.00

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

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

I certify that this is a full and true statement.

Signature

Date _____

Printed Name William Groskreutz Jr.

Telephone 507 553 3518 Email (if available) bass@hercomm

Address 36 4th Ave SW Wells MN 56097

net

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

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Campaign Information

Name of candidate or committee Dennis Koziolk

Office sought by candidate (if applicable) County Commissioner District 5

Identification of ballot question (if applicable)

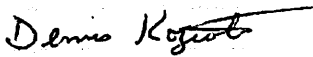
Certification

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



Date 11-25-2020

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Dennis Koziolk

Office sought or ballot question County Commissioner

District 5

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

Period of time covered by report:

from 05-20-20 to 11-24-20

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 = \$ 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
	See back page	
	TOTAL	1633.41

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.

Dennis Koziolk
Signature

11-24-2020
Date

Printed Name Dennis Koziolk

Telephone 507 402-3700

Email (if available) _____

Address 59172 130th St Wells, MN 56097

Report

Office

Name

For Office Use Only:

Sheet1

Disbursements Campaign Financial Report

Date	Purpose	Amount
08-21-2020	South Central News Newspaper ad	295.00
08-21-2020	Friendly Dutchman Newspaper ad	95.00
09-04-2020	Church Offset Printing signs	379.72
09-14-2020	Flatline Design signs	181.69
09-14-2020	South Central News Newspaper ad	91.00
09-14-2020	Friendly Dutchman Newspaper ad	35.00
11-14-2020	Friendly Dutchman Newspaper ad	190.00
11-24-2020	South Central News Newspaper ad	366.00
		1633.41

For Office Use Only: Name

Name of candidate, committee or corporation Dennis Koziolk

Office sought or ballot question County Commissioner

District 5

X

Candidate report

Period of time covered by report:

Campaign committee report

Association or corporation report

Final report

from 05-20-20 to 09-14-20

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

113

\$ _____

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

<i>Date</i>	<i>Purpose</i>	<i>Amount</i>
	TOTAL	

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

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

I certify that this is a full and true statement.

Dennis Kozminski

Signature

9-16-2020

Date _____

Printed Name **Dennis Koziolk**

Telephone **507 402-3700**

Email (if available) kozolfarms@gmail.com

Address 59172 130th St Wells, MN 56097

Sheet1

Disbursements Campaign Financial Report

Date	Purpose	Amount
08-21-2020	South Central News Newspaper ad	\$295.00
08-21-2020	Friendly Dutchman, Newspaper ad	\$95.00
09-04-2020	Church offset printing, signs	\$379.72
09-14-2020	Flatline Design, signs	\$181.69
09-14-2020	South Central News Newspaper ad	\$91.00
09-14-2020	Friendly Dutchman, Newspaper ad	\$35.00
	TOTAL	\$1,077.41

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Campaign Information

Name of candidate or committee
Office sought by candidate (if applicable)
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
Date

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation STEVEN A LINDE

Office sought or ballot question _____ District _____

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

Period of time covered by report:

from 05/21/20 to 11/03/20

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 \$ 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
05/21/20	Fannibault County Filing FEE	50 ⁰⁰
07/13/20	Precession Sign Campaign Yard Signs	316 ²⁴
10/04/20	South Central News Campaign Ads	288 ⁰⁰
09/23/20	Vista Print Campaign Door Hangers	129 ⁷⁶
	TOTAL	894 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. Steven A Linde 11/30/20
Signature Date

Printed Name STEVEN LINDE Telephone 507 553-5536 Email (if available) linde@bevecomm.net

Address 453 10TH ST SE WELLS, MN 56097

Report

Office

Name

For Office Use Only:

Disbursements

Date	Purpose	Amount
10/01/20	United States Postal Service Stamps to mail out Campaign Material Rural	110 ⁰⁰

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Campaign Information

Name of candidate or committee John Roper

Office sought by candidate (if applicable) Dist. 1 County Commissior

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

Date

11 / 19 / 2020



Report

Office

Name

For Office Use Only:

from June to Nov.

CASH \$ 0

IN-KIND + \$ 0

TOTAL AMOUNT RECEIVED = \$ 0

TOTAL CASH-ON-HAND \$ 0

Date	Purpose	Amount
	none	
	TOTAL	

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

Printed Name JOHN ROGER Telephone 507-526-2710 Email (if available) _____
Address 18 Elm Blv. BLUE EARTH MN 56013