

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Joseph Ehrler

Office sought or ballot question School Board District 834

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

Period of time covered by report:  
 from 9/8/20 to 10/22/20

## 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 \$ 200 TOTAL CASH-ON-HAND \$ 118.96  
 IN-KIND + \$ \_\_\_\_\_  
 TOTAL AMOUNT RECEIVED = \$ 200

## 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          |
|----------|------------------|-----------------|
| various  | social media ads | 81.04           |
| 09/14/20 | Signs            | 506.50          |
| 9/17/20  | flyers           | 691.11          |
|          |                  |                 |
|          | <b>TOTAL</b>     | <b>1,278.65</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.  Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name Joseph Ehrler Telephone 763-218-4368 Email (if available) ehrlr4sb834@gmail.com

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Report

Office

Name

For Office Use Only:

Date 10/3/2020 Name Dennis and Marj Frederickson Address 4 Sunrise Dr City New Ulm State MN Zip 56073 ER / Occ retired Amount \$ 200.00 email