

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation TRAVIS JOHNSON

Office sought or ballot question County Commissioner District _____

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

Period of time covered by report:
 from OCT 10 to 15 NOV

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
<u>Oct-Nov</u>	<u>Face Book ADS</u>	<u>32.00</u>
<u>Oct NOV</u>	<u>Print Advs - CROOKSTON Times / Fertile Journal</u>	<u>649.00</u>
TOTAL		<u>681.00</u>

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			<u>0</u>

I certify that this is a full and true statement. [Signature] Date _____
 Printed Name TRAVIS JOHNSON Telephone 218-2804854 Email (if available) meba@honestad.com
 Address 36167 state Hwy 9 SW, Beltrami MN 56517

Report Office Name For Office Use Only: