

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Shawn Joyce for Sheriff

Office sought or ballot question Sheriff District _____

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

Period of time covered by report:
 from 5/18 to Current

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 + \$ 1,600
 TOTAL AMOUNT RECEIVED = \$ 1,600

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
5/18	Yard Signs	\$ 1,000.00
5/18	T-shirts	\$ 1,142.00
6/13/18	Sheriff Cards	\$ 22.94
6-22-18	Ads for paper	600.25
5/18/18	F.L.S / Nikki Bohlen Photography 100.00	
	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. [Signature] 6/25/18
 Signature Date

Printed Name Shawn Joyce Telephone 320-841-0541 Email (if available) _____

Address 4050 90th Ave NW Minn MN 56262

Report Office Name For Office Use Only:

5/7 Janet Schmedchel 45693 650th Ave
Odessa mn 56276

Ortonville Hospital Nurse | \$500. =

5/7 Jim Schmedchel 45693 650th Ave
Odessa mn 56276
Farmer \$500. =

6/11/13 Bill Marks Insurance Keith Meyer 913 Broadway
Alexandria mn 56308
Insurance provider \$500. =