

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Joel Johanningsmeier
 Office sought or ballot question Supervisor C District Oranoco Township

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

Period of time covered by report:
 from 1-9-2023 to 3-14-2023

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 |
|--------------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| TOTAL | | <u>0</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] Signature 1-9-2023 Date

Printed Name Joel Johanningsmeier Telephone 507-282-4404 Email (if available) jjoanningsmeier@aol.com
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Report
Office
Name
For Office Use Only: