



## 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   
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 Roger L Tabbert  
 Office sought or ballot question Councilman District City of Gibbon

Type of report \_\_\_\_\_ 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
<b>TOTAL</b>		<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
<b>TOTAL</b>			<u>0</u>

I certify that this is a full and true statement. Roger L Tabbert 11/10/18  
 Signature Date

Printed Name Roger L Tabbert Telephone 507-276-2463 Email (if available) rtabbert@hotmail.com  
 Address 941 Dewey Ave Gibbon, MN 55335

Report  
Office  
Name  
For Office Use Only:

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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 GREGORY C. OLSON  
 Office sought or ballot question Gibbon City Council District \_\_\_\_\_

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

Period of time covered by report:  
 from \_\_\_\_\_ to \_\_\_\_\_

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CASH	\$	<u>0</u>	TOTAL CASH-ON-HAND	\$	<u>-0-</u>
IN-KIND	+	<u>0</u>			
TOTAL AMOUNT RECEIVED	=	<u>0</u>			

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Date	Purpose	Amount
		<u>0</u>
<b>TOTAL</b>		<b><u>-0-</u></b>

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Project title or description \_\_\_\_\_

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
			<u>0</u>
			<u>0</u>
<b>TOTAL</b>			<b><u>-0-</u></b>

I certify that this is a full and true statement. Gregory C. Olson 11/13/18  
 Signature Date

Printed Name Gregory C. Olson Telephone 507-276-0797 Email (if available) golson86@gmail.com  
 Address 309 EAST Mill Road Gibbon MN 55335

Report Office Name For Office Use Only:

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Signature of candidate or committee treasurer \_\_\_\_\_

Date

11/13/18

