

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Jack Vogel

Office sought or ballot question Brown County Commissioner District 5

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

Period of time covered by report:
 from 6-5-18 to 7-9-18

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 \$ _____
 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
6-5-18	Brown County filing fee	50.00
6-27-18	MN secretary of State mailing List	35.00
7-1-18	Host Gator website Host	76.42
7-1-18	Namecheap website domain	11.16
7-2-18	Host Gator word Press	53.82
	TOTAL	53.82

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. Jack Vogel 7-9-18
 Signature Date

Printed Name Jack Vogel Telephone 507-227-0391 Email (if available) jackandbacky.vogel@gmail.com
 Address 10630 country road 3 Comfrey MN 56019

Report Office Name For Office Use Only:

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CASH \$ _____ TOTAL CASH-ON-HAND \$ _____
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ _____

DISBURSEMENTS

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Date	Purpose	Amount
7-6-18	Deluxe Print Signs	837.53
	TOTAL	

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I certify that this is a full and true statement. _____

Signature _____ Date _____

Printed Name _____ Telephone _____ Email (if available) _____

Address _____

Report

Office

Name

For Office Use Only: