

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Bob Emmers

Office sought or ballot question Auditor / Treasurer District Le Sueur County

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

Period of time covered by report:  
 from 08/04/18 to 10/26/18

## 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	\$ <u>500.00</u>	TOTAL CASH-ON-HAND	\$ <u>500.00</u>
IN-KIND	+ \$ _____		
TOTAL AMOUNT RECEIVED	= \$ <u>500.00</u>		

## 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
	NONE	
	<b>TOTAL</b>	0.00

## 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>	

I certify that this is a full and true statement. Robert L. Emmers 10/26/18  
 Signature Date

Printed Name Robert L. Emmers Telephone 507-357-4213 Email (if available) \_\_\_\_\_

Address 288 W Minnesota Street, Le Center, MN 56057

For Office Use Only: Name Bob Emmers office Aud-Treas. Report 10 day before General

