

CAMPAIGN FINANCIAL REPORT

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

COUNTY AUDITORS OFFICE
FILED

AUG 04 2022

Report by: reportysar
Aitkin County, Minnesota

Name of candidate, committee or corporation DONALD NIEMI District 3

Office sought or ballot question COUNTY COMMISSIONER

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

Period of time covered by report
 from MAY 17 to JULY 30

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 + \$ _____
 TOTAL AMOUNT RECEIVED = \$ None

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
JUNE - July	RADIO SPOTS FOR CAMPAIGN KKLN	\$ 350.00
6-30	CAMPAIGN BANNER TID Holm PRINTING	16.95
JUNE thru July	US POST OFFICE STAMPS FOR CAMPAIGN LETTERS	\$ 522.00
JULY 13	AITKIN INDEPENDENT AGE CAMPAIGN AD	250.00
July 13, 20		
TOTAL		1198.95

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. Donald Niemi 8-2-22

Signature Date

Printed Name DONALD NIEMI Telephone 218-427-9947 Email (if available) _____

Address 32340 STATE HWY 47 AITKIN, MN 56431

Report Office Name For Office Use Only: