

Report

Office

Name

For Office Use Only:

from 1/1/20 to 12/31/20

CASH	\$ _____	TOTAL CASH-ON-HAND	\$ <u>106.47</u>
IN-KIND	+ \$ _____		
TOTAL AMOUNT RECEIVED	= \$ _____		

<i>Date</i>	<i>Purpose</i>	<i>Amount</i>
	TOTAL	

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

Printed Name Beth Olson Telephone 218-355-0293 Email (if available) betholsenjane@gmail.com
Address 726 N. 43rd Ave W. Duluth MN 55807

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Beth Olson

Office sought or ballot question County Commissioner District 3

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

Period of time covered by report:

from 1/1/21 to 12/31/21

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 \$ 0
IN-KIND + \$ _____
TOTAL AMOUNT RECEIVED = \$ _____

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
1/21/21	reimbursement of various supplies, expensed paid	106.47
	TOTAL	

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.

Signature

Date

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