OFFICE OF COUNTY TREASURER
NOV 19 2014
TODD COUNTY MINN.

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Kevin A. Boyce

Office sought or ballot question Commissioner District 2

Type of report
- X Candidate report
- ___ Campaign committee report
- ___ Association or corporation report
- ___ Final report

Period of time covered by report:

from Oct 14 to Nov 14

## 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

IN-KIND + $ 0

TOTAL AMOUNT RECEIVED = $ 0

TOTAL CASH-ON-HAND $ 0

## EXPENDITURES

Include the amount, date and purpose for all expenditures made during the period of time covered by report. Attach additional sheets if necessary.

| *Date* | *Purpose* | *Amount* |
|---|---|---|
| | | 0 |
| | | |
| | | |
| | | |
| | **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** | 0 |

I certify that this is a full and true statement. Kevin A Boyce 11-14-14
Signature Date

Printed Name Kevin A. Boyce Telephone 320-732-2180 Email (if available) ___

Address 27387 165th Ave Long Prairie MN 56347

*For Office Use Only:* Name Office Report