



CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Lonnie K. Marcyes

Office sought or ballot question Todd County Sheriff District _____

Type of report: Candidate report
 Campaign committee report
 Association or corporation report
 Final report

Period of time covered by report:

from 4/23/14 to 6/6/14

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 \$ 420.00 TOTAL CASH-ON-HAND \$ 0
IN-KIND + \$ _____
TOTAL AMOUNT RECEIVED = \$ 420.00

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
5/5/14	Campaign Stickers	\$205.95
5/23/14	Filing Fee - Todd County	\$50.00
5/27/14	Prairie Days Booth	\$50.00
6/3/14	Campaign YARD SIGNS + Magnet	\$62.63
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.

Lonnie K. Marcyes
Signature

6/6/14
Date

Printed Name Lonnie K. Marcyes Telephone 320-760-9938 Email (if available) lawnchair93@hotmail.com

Address 23352 County 20, Brainerd MN 56438

Name Lonnie Marcyes Office Todd County Sheriff Report 1

For Office Use Only:

Mike and Jenny AKsamit
241 Front Street
Browerville MN 56438

- Owners AKsamit Transportation

4/23/14 \$200.00

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

EXPENDITURES

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Date	Purpose	Amount
6/4/14	Flyers, Business CARDS, + Design	\$614.00
	TOTAL	\$1582.58

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Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
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I certify that this is a full and true statement. Lonnie Marcyes Signature 6/6/14 Date

Printed Name Lonnie Marcyes Telephone 320-760-9938 Email (if available) _____

Address 23352 County Zg, Browerville MN 56438

Report Office Name For Office Use Only: