

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation JEFFREY S. SWENSON
 Office sought or ballot question COUNTY COMMISSIONER District 4

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

Period of time covered by report:
 from JUNE 7 to AUG 2

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>0</u> | TOTAL CASH-ON-HAND | \$ | <u>0</u> |
| IN-KIND | + | \$ <u>0</u> | | | |
| TOTAL AMOUNT RECEIVED | = | \$ <u>0</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 |
|--------------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| TOTAL | | <u>0</u> |

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 | | | <u>0</u> |

I certify that this is a full and true statement. _____ 8/17/2018
Signature Date

Printed Name JEFF SWENSON Telephone 651-459-4185 Email (if available) SWENSONCREW@COMCAST-NET
 Address 1125 LINCOLN AVE, ST PAUL PARK, MN 55071

Report Office Name For Office Use Only: