

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation ANDY KIETZMAN  
 Office sought or ballot question Township Board Supervisor District Clay Twp; Hubbard Co; MN

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
X Final report

Period of time covered by report:  
 from 7-1-16 to 11-15-16

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

## 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
<b>TOTAL</b>		<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
<b>TOTAL</b>			<u>0</u>

I certify that this is a full and true statement.

Andy Kietzman  
Signature

Date 11/15/16

Printed Name ANDY KIETZMAN Telephone 218 732 5181 Email (if available) \_\_\_\_\_

Address 29904 Journey Trail PR MN 56470

Report  
Office  
Name  
For Office Use Only:

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation DEL M. HOLT

Office sought or ballot question CLAY TOWNSHIP TREASURY District CLAY

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

Period of time covered by report:

from 7-1-16 to 11-15-16

## 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
<b>TOTAL</b>		<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
<b>TOTAL</b>			<u>0</u>

I certify that this is a full and true statement.

*[Signature]*  
Signature

Date 11-15-16

Printed Name DEL M. Holt Telephone 718-694-5804 Email (if available) \_\_\_\_\_

Address 16729 SASMERE DRIVE, PINE TOPS, MD 56470

Report Office Name For Office Use Only: