

**CAMPAIGN FINANCIAL REPORT (Photocopy version)**

**CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, committee or corporation Darin Tinguist

Office sought or ballot question County Commissioner District 1

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

Period of time covered by report:  
 from 10/25/18 to 1/2/2019

**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 \$222.46  
 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 |
|-------|---------|--------|
|       |         |        |
|       |         |        |
|       |         |        |
|       |         |        |
|       |         |        |
| 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. Pamela Wecker 1-2-19  
 Signature Date

Printed Name Pamela Wecker Telephone 218-244-6661 Email (if available) \_\_\_\_\_  
 Address 203 2nd St SE Deer River Mn 56631

Report

Office

For Office Use Only: Name