

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Brad Milbrath  
 Office sought or ballot question County Commissioner District 3

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
X Final report  
 Period of time covered by report: from 07/01/23 to 1/30/24

## 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 \$ -0-  
 IN-KIND + \$ \_\_\_\_\_  
 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
<u>01/30/24</u>	<u>Flyers</u>	<u>725.62</u>
<u>01/30/24</u>	<u>Newspaper ads</u>	<u>280.00</u>
<u>01/30/24</u>	<u>Signs</u>	<u>1306.13</u>
<u>01/30/24</u>	<u>Postage</u>	<u>1676.40</u>
	<b>TOTAL</b>	<u>3988.15</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>	

I certify that this is a full and true statement. Brad J. Milbrath 01/30/24  
 Signature Date

Printed Name Brad J. Milbrath Telephone 507 521 8101 Email (if available) \_\_\_\_\_  
 Address 1416 4th Cir NE, Waseca MN 56093

Report  
Office  
Name  
For Office Use Only:

