

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Joe Leko for Dakota County Sheriff

Office sought or ballot question Dakota County Sheriff

District \_\_\_\_\_

Type of  
report

☐ Candidate report  
☒ Campaign committee report  
☐ Association or corporation report  
☐ Final report

Period of time covered by report:

from 12/08/22 to 01/31/23

## 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 \$ \$0.00 TOTAL CASH-ON-HAND \$ \$8,815.44  
IN-KIND + \$ \$0.00  
TOTAL AMOUNT RECEIVED = \$ \$0.00

## 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          |
|-------------------|------------------------|-----------------|
| 12/27/22-01/25/23 | Canva subscription     | \$25.98         |
| 12/16/22          | PO Box fee             | \$40.00         |
| 01/28/23          | Website subscription   | \$240.00        |
| 01/28/23          | Website domain renewal | \$100.85        |
|                   | <b>TOTAL</b>           | <b>\$406.83</b> |

## 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.

Signature

Date

Printed Name Shirley Leko

Telephone 651-457-6978

Email (if available) saleko48@gmail.com

Address

Report

Office

Name

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