



CAMPAIGN FINANCIAL REPORT
(All of the information in this report is public information)

Name of candidate, committee, or corporation Ranker For Commissioner

Office sought or ballot question County Commissioner District 7

Type of report Candidate report
 Campaign committee report
 Association or corporation report
 Final report
Period of time covered by report:
from 12/3/14 to 1-31-15

CONTRIBUTIONS

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 exceed \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount, and date for these contributions.

CASH \$ 750.00
+ \$ -
IN-KIND \$ -
= \$ 750.00
TOTAL AMOUNT RECEIVED \$ 750.00

EXPENDITURES

Include the amount, date, and purpose for all expenditures made during the period of time covered by this report. Attach additional sheets if necessary.

| Date | Purpose | Amount |
|----------|------------------------------------|---------------|
| 12-4-14 | Advertising Sign Hqs. Curling Club | 255.00 |
| 12-5-14 | SCSU Foundation - Donation | 20.00 |
| 12-5-14 | Donation - SPLAW Center | 35.00 |
| 12-5-14 | Donation - Northern Food Bank | 22.00 |
| 12-23-14 | Advertising - Hibbing Youth Hockey | 300.00 |
| 1-31-15 | Advertising/Donation - TGIRA | 280.00 |
| | TOTAL | 912.00 |

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 |
|------|---------|-------------------------------|------------------------------------|
| | NONE | | |
| | | | |
| | | | |
| | | | Total |

I certify that this is a full and true statement. Steve Ranker Signature 1-31-15 Date

Printed Name Steve Ranker Telephone (318) 262-4000 Email (if available) _____

Address 301 1st Ave. So. Hibbing Mn. 55246

Report

Office

Name

For Office Use Only: