

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

Name of candidate, committee, or corporation Keenan Volunteer Committee

Office sought or ballot question County Commissioner District 2

Type of report  Candidate report Period of time covered by report:  
 Campaign committee report  
 Association or corporation report  
 Final report from 1-31-14 to 1-29-15

**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 \$ 584.03 TOTAL CASH ON HAND \$ 584.03  
 +  
 IN-KIND \$ \_\_\_\_\_  
 =  
 TOTAL AMOUNT RECEIVED \$ \_\_\_\_\_

**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.

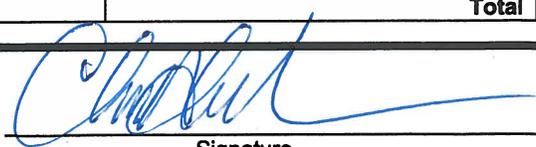
| Date                     | Purpose                      | Amount  |
|--------------------------|------------------------------|---------|
| 1-31-14 through 12-31-14 | Monthly bank service charges | \$60.00 |
|                          | (\$5 per month)              |         |
|                          |                              |         |
|                          |                              |         |
|                          | <b>TOTAL</b>                 | \$60.00 |

**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 |
|------|---------|-------------------------------|------------------------------------|
|      |         |                               |                                    |
|      |         |                               |                                    |
|      |         | <b>Total</b>                  |                                    |

I certify that this is a full and true statement.  1-29-2015  
Signature Date

Printed Name Charles H. Andresen Telephone 218-722-4766 Email (if available) cha@hanftlaw.com

Address 1000 US Bank Place, 130 W Superior St, Duluth, MN 55802

Report

Office

Name



For Office Use Only: