

RECEIVED

AUG 03 2020

Finance Office

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Keith Allen

Office sought or ballot question Goodhue County Commissioner District 3

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

Period of time covered by report:
from 5-22 to 6-30

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 TOTAL CASH-ON-HAND \$ _____
 IN-KIND + \$ 0
 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
5-22-2020	U.S. PO Box Wanamunso	\$54.00
6-26-2020	Look Signs Inc. Campaign Signs	\$2331.58
6-30-2020	Menards Wood for Signs	\$63.72
TOTAL		2449.30

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. [Signature]

Signature _____ Date _____

Printed Name Keith B. Allen Telephone 507-273-5552 Email (if available) Keith@VoteKeithAllen.co

Address P.O. Box 118 Wanamunso, MN 55983

Report

Office

Name

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CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Keith Allen

Office sought or ballot question Goodhue County Commissioner District 3

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

Period of time covered by report:
 from 5-27 to 6-11

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 TOTAL CASH-ON-HAND \$ _____
 IN-KIND + \$ 0
 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
5-26-2020	Web Site	126.88
6-4-2020	Biz Cards	9.99
6-11-2020	Voter Info MN Sec. of State	35.00
5-27-2020	Goodhue County Filing	50.00
6-11-2020	Vehicle Magnets	67.11
TOTAL		298.98

CORPORATE PROJECT EXPENDITURES

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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. [Signature] Signature Date

Printed Name Keith R Allen Telephone 507-273-5552 Email (if available) keith@vote.keithallen.com
 Address P.O. Box 118 Wanamunga MN 55983

Report Office Name For Office Use Only:

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AUG 03 2020

Finance Office

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Keith Allen

Office sought or ballot question Goodhue County Commissioner District 3

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

Period of time covered by report:
from 7-6 to 7-31

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 TOTAL CASH-ON-HAND \$ _____
 IN-KIND + \$ 0
 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
7-6-2020	Monards Wood for Signs	63.72
7-9-2020	Office Max Copy's	110.92
7-11-2020	Postage	22.00
7-31-2020	Postage	110.00
7-29-2020	Zumbro Shopper Advertising	114.60
TOTAL		421.94

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.



Signature

Date

Printed Name Keith R Allen Telephone 507-273-5552 Email (if available) Keith@VoteKeithAllen.com
 Address P.O. Box 118 Wanamingo MN 55983

Report

Office

Name

For Office Use Only:

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Keith Allen

Office sought or ballot question Goodhue County Commissioner District 3

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

Period of time covered by report:
 from 8-3 to 9-9

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 \$ X TOTAL CASH-ON-HAND \$ 170.00
 IN-KIND + \$ X
 TOTAL AMOUNT RECEIVED = \$ X

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
8-3-2020	Printing	99.49
8-5-2020	Stamps	110.00
9-9-2020	Web site Balance	23.12
9-2-2020	Lumber & Hardware for signs	46.54
TOTAL		279.15

CORPORATE PROJECT EXPENDITURES

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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. Keith Allen 10-23-2020
 Signature Date

Printed Name Keith R. Allen Telephone 507-273-5552 Email (if available) Keith@VoteKeithallen.com

Address P.O. Box 118 Vanamings, MN 55983

Report Office Name For Office Use Only:

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Keith Allen

Office sought or ballot question Goodhue County Commissioner District 3

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

Period of time covered by report:
 from 9-21 to 10-23

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 /check \$ ~~100.00~~ 100.00 TOTAL CASH-ON-HAND \$ 170.03
 IN-KIND + \$ 950
 TOTAL AMOUNT RECEIVED = \$ 1050.00

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
9-21-2020	Hardware for Signs	9.07
9-23-2020	Labels	14.29
9-23-2020	Ads in Paper	57.30
9-23-2020	Mailer & Printing	2147.46
10-6-2020	Advertising in paper	172.00
TOTAL		2405.12

CORPORATE PROJECT EXPENDITURES

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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. [Signature] 10-23-2020
 Signature Date

Printed Name Keith R. Allen Telephone 507-273-5552 Email (if available) Keith@votekeithallen.com
 Address P.O. Box 118 Wanamingo, MN 55983

Report Office Name For Office Use Only:

Contributions

Mike Jensen ^{In kind} Printing 10-11-20 \$950

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes* 211A.05, subdivision 1)

Campaign Information

Name of candidate or committee
Office sought by candidate (if applicable)
Identification of ballot question (if applicable)

Certification

Select the appropriate choice below, and sign.

- I do swear (or affirm) that all campaign financial reports required by Minnesota Statutes 211A.02 have been submitted to the filing officer.
- I do swear (or affirm) that all campaign contributions or disbursements did not exceed \$750 in the calendar year.

Signature of candidate or committee treasurer
Date

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Keith Allen

Office sought or ballot question Goodhue County Commissioner District 3

Type of report: Candidate report Period of time covered by report:
 Campaign committee report
 Association or corporation report
 Final report from 10-7 to 11-6

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 \$ X TOTAL CASH-ON-HAND \$ 10.00
 IN-KIND + \$ X
 TOTAL AMOUNT RECEIVED = \$ X

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
10-26	APG Media / Kenyan Leader Inserts	33.67
10-28	Grimstad Publishing Ads & Inserts	454.33
10-26	D & S Printing	186.46
TOTAL		\$ 674.46

CORPORATE PROJECT EXPENDITURES

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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. [Signature] Date
 Printed Name Keith R. Allen Telephone 507-273-5552 Email (if available) Keith@VoteKeith.com
 Address P.O. Box 118 Wanamingo, MN 55983

Report Office Name For Office Use Only: