



# Campaign Financial Report

All information in this report is public.

Name of candidate, committee, or corporation Al Kokesch

Office sought or ballot question County Commissioner District 3

Report type (choose one)      Reporting period (check which apply)      Dates of reporting period

Candidate       Initial       Annual  
 Campaign committee       Pre-primary       Final  
 Association or corporation       Pre-general

From 05 / 19 / 26 to 7 / 6 / 26

## Contributions Received

Record the totals for all contributions received during the reporting period (dates listed above) by type: monetary or in-kind. 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. See note on contribution limits for individual donors on the back of this form.

MONETARY CONTRIBUTIONS      \$ 0      TOTAL CASH-ON-HAND      \$ 0

IN-KIND VALUE      +      \$ 0

TOTAL AMOUNT RECEIVED      =      \$ 0

## Disbursements

Record the amount, date, and purpose for all disbursements made during this reporting period. Attach additional sheets, if needed.

| Date         | Purpose    | Amount   |
|--------------|------------|----------|
| 6/29/2026    | Yard signs | 1,588.00 |
|              |            |          |
|              |            |          |
| <b>TOTAL</b> |            | 1,588.00 |

## 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 needed.

| Date         | Purpose | Amount |
|--------------|---------|--------|
|              |         |        |
|              |         |        |
|              |         |        |
| <b>TOTAL</b> |         |        |

I certify that all information provided in this report is true:

Al Kokesch            7 / 6 / 26  
 Printed name      Signature      Date  
██████████ Morton, MN 56270      320-894-1654  
 Address      Phone  
ajkokesch@mchsi.com  
 Email address *required or you must affirm the following attestation*       I certify I do not have an email address.