	(All of the information in this report is public	-
	mmittee or corporation Pour Christ	iaus En
Office sought or ballot	question School Board	District 720
Type of	Candidate report	Period of time covered by report:
report	Campaign committee report	
	Association or corporation report Final report	from <u>8/15/18</u> to <u>11/7/2018</u>
	CONTRIBUTIONS RECEIV	/ED
(money or in-kind) rather contributions from a sing	tributions received during the period of time covered b r than contributor. See note on contribution limits on the de source that exceeded \$100 during the calendar year. T loyed, amount and date for these contributions.	e back of this form. Use a separate sheet to itemize all
CASH	\$ <u>918.30</u> TOTAL	CASH-ON-HAND \$
IN-KIND	+ \$	<i>,</i>
TOTAL AMOUNT RECE	VED = \$ 9,1930	
Include the amount, da	DISBURSEMENTS ate and purpose for all disbursements made during t	the period of time covered by report.
Attach additional shee	ts if necessary.	
Date	Purpose	Amount
	See ATTached She	et

CORPORATE PROJECT EXPENDITURES

TOTAL 918.30

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.	Repeter	zen hy zunzym tennen benen die zennen het genanen neben einen het personen eine genanen het genanen het die se
	Signature	Date
	Telephone 9 52 39 3 3 3 3 1	
Address 18100 Zumbro Ave	Shato Ree M	155379 icloud, con

Report

Name

For Office Use Only:

Date	Purpose	Amount	
8/15/2018	Signs	297.48	
8/19/2018	Disclaimer Stickers	20.82	
10/4/2018	Brochures	24	
10/4/2018	Brochures	395.2	
10/17/2018	meeting	16.59	
10/22/2018	Marketing	122.91	
11/7/2018	Loan Payment	41.21	
Total		918.12	

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

Office sought or ba	Illot question School Board	District <u>ISD</u> 720
Type of report	Candidate report	Period of time covered by report:
-	Association or corporation report Final report	from <u>\$/15/2018</u> to <u>8/19/20</u> 19
money or in-kind) ra	CONTRIBUTIONS RECEI contributions received during the period of time covered to ather than contributor. See note on contribution limits on th single source that exceeded \$100 during the calendar year.	by this report. Contributions should be listed le back of this form. Use a separate sheet to ite
or occupation if self-	employed, amount and date for these contributions.	
CASH	\$ <u>Ø</u> TOTAL	CASH-ON-HAND \$
N-KIND	* \$ ©	
TOTAL AMOUNT RI	ECEIVED = \$	
	DISBURSEMENTS	
	t, date and purpose for all disbursements made during heets if necessary.	the period of time covered by report.
	Purpose	Amount
Date		
	Yard Sighs Colons on the cheap.	Com) 297.48
	Vard Signs Colons on the cheep. (Disclaimer STickers Por Signs (C	Com) 297.48 Office Max) 20.82

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.	e Rehez	8/19/2018
		Date
Printed Name Paul Christiansen Te	elephone <u>C992</u>)331-33	Email (if available) Chr 1579 ~ 118300
Address 18100 Zumbro Ave. 51	a Kopee, MN 5:	5379

Report

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

	N	n. School Board	
Type of	X	Candidate report	Period of time covered by report:
report		Campaign committee report Association or corporation report Final report	from <u>10/4</u> to <u>10/17</u>
	NEAR THE REPORT OF T	CONTRIBUTIONS RECEIV	ED

or occupation if self-employed, an	mount and date for these contributio	ons.	
CASH	\$	TOTAL CASH-ON-HAND	\$
IN-KIND	+ \$		
TOTAL AMOUNT RECEIVED	= \$		

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
10/4/18	Brochures	395:29
	TOTAL	395.29

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.	Reache	10/12/18	
	Signature	Date	
Printed Name Part Chrittanser	Telephone 952 - 39 1-3331	Email (if available) Christer 11880	(
Address 18100 Zumbro Ave, 51	akoree, MN 5:	1210	ind i con

Report

Office

For Office Use Only: Name

		mation in this report is public.		
	te, committee or corporation			
Office sought or	ballot question School	Bourd	District	20
Type of report	Candidate re Campaign co	port mmittee report	Period of time covered by report: from <u>ICV17/18</u> to <u>ICV22/18</u>	
	Association of Associ	or corporation report		
	со	NTRIBUTIONS RECEIVE	D	
contributions from	rather than contributor. See note a single source that exceeded \$100 If-employed, amount and date for the \$) during the calendar year. This nese contributions.	s itemization must incl	
IN-KIND	+			
TOTAL AMOUNT	and the second se			
	unt, date and purpose for all dist I sheets if necessary.	DISBURSEMENTS oursements made during the	e period of time cove	ered by report.
Date		Purpose		Amount
10/17/18	MERTING			16.59
10/22/19	5 Marketing			122.91

CORPORATE PROJECT EXPENDITURES

TOTAL 139.50

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	
ertify that this is a fu	Ill and true statement. The		12014
rinted Name	The Tele	4 (79772 - 1980 ephone <u>962 - 393 - 333</u> / Email (if availa	Christella Christella icle
ddress 18100	Zumbro Ave, 5h	~ Kofee, MN 55379	

For Office Use Only: Name

Report

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

Turne of	Constitution of the second sec		
Type of report	Candidate report	Period of time covered by report:	
	Association or corporation report	from <u>3/15/18</u> to 10/26/17	
(money or in-kind) rather t contributions from a single	han contributor. See note on contribution limits on the source that exceeded \$100 during the calendar year. T	by this report. Contributions should be listed by type e back of this form. Use a separate sheet to itemize all	
(money or in-kind) rather t contributions from a single or occupation if self-emplo	ibutions received during the period of time covered be han contributor. See note on contribution limits on the source that exceeded \$100 during the calendar year. The yed, amount and date for these contributions.	VED by this report. Contributions should be listed by type e back of this form. Use a separate sheet to itemize all This itemization must include name, address, employer CASH-ON-HAND \$ 41, 21	
(money or in-kind) rather t contributions from a single	ibutions received during the period of time covered be han contributor. See note on contribution limits on the source that exceeded \$100 during the calendar year. The yed, amount and date for these contributions.	by this report. Contributions should be listed by type e back of this form. Use a separate sheet to itemize all This itemization must include name, address, employer	

Date	Purpose	Amount
50	ee Attched Sheet	
	· · ·	
	TOTAL	877 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
			·····
		TOTAL	<u> </u>

I certify that this is a full and true statement	PERCH	10129/2018
	Signature	Date
Printed Name Paul Chilsthanse	Telephone 952373-3331 Emai	il (if available) Christea 11880
Address 18100 Zumbro Ave	, Shattofee MN 55379	i cloud . com

Report

Exfense?

	Purpose	Amount
2018	Signs	297.48
2018	Disclaimer Stickers	20.82
2018	Brochures	24
2018	Brochures	395.2
2018	meeting	16.59
2018	Marketing	122.91
		877
2018 2018	Brochures meeting	395.2 16.59 122.91

Donations

Date Туре From 8/19/2018 Loan 10/1/2018 Donation Scott County RPM

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Paul Christiansen

Amount Address 318.3 18100 Zumbro Ave Shakopee, MN 55379 600 P.O. Box 623 Shakopee, MN 55379

Employer United Health Care N/A

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