

Report

Office

Name

For Office Use Only:

from 8/15/18 to 11/7/2018

Printed Name Paul Christensen Telephone 9523933331 Email (if available) chr54@icloud.com
Address 18100 Zumbro Ave, Shakopee, MN 55379

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

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from 8/15/2018 to 8/19/2018

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.

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
8/15/2018	Yard Signs (signs on the che P. com)	297.48
8/19/2018	Disclaimer Stickers For signs (Office Max)	20.82
	TOTAL	318.30

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

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

I certify that this is a full and true statement.

Signature

8/19/2018
Date

Printed Name Paul Christiansen Telephone (922) 331-3331 Email (if available) christpa11390@icloud.com
Address 18100 Zumbro Ave. Shakopee, MN 55379

Report

Office

Name _____

For Office Use Only:

from 10/4 to 10/12

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

Date	Purpose	Amount
10/4/18	Brochures	395.29
	TOTAL	395.29

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

Date _____

Address 18100 Zumbro Ave, Shakopee, MN 55379 iCloud.com

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from 10/17/18 to 10/27/18


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

Date	Purpose	Amount
10/17/18	MeETING	16. ⁵⁹
10/22/18	Marketing	122. ⁹¹
	TOTAL	139. ⁵⁰

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

[Signature]

10/25/2014



Signature

Date _____

Telephone 952-393-3337

/Email (if available)

Date: 6/19/2011 11:45:50 @
able) iCloud.com

Address 18100 Zumbro Ave, Shakopee, MN 55379

Report

Office

Name

For Office Use Only:

Printed Name Paul Christensen Telephone 952-393-3331 Email (if available) CHRISTPA118@Q
Address 18100 Zumbro Ave, Shakopee, MN 55379 icloud.com

Expenses

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
Total		877

Donations

Date	Type	From	Amount	Address
8/19/2018	Loan	Paul Christiansen	318.3	18100 Zumbro Ave Shakopee, MN 55379
10/1/2018	Donation	Scott County RPM		600 P.O. Box 623 Shakopee, MN 55379

Employer
United Health Care
N/A