

## Report

Office

Name

**For Office Use Only:**

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

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.

**Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.**

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.

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

Printed Name Pam Christensen Telephone 9523933331 Email (if available) chr548-11870@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

## Report

Office

Name \_\_\_\_\_

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

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### DISBURSEMENTS

**Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.**

## 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

I certify that this is a full and true statement.  8/19/2018  
Signature Date

Printed Name Paul Christiansen Telephone (952) 331-3331 Email (if available) chr197@a15300@icloud.com  
Address 18100 Zumbro Ave. Shakopee, MN 55379

## Report

Office

Name

**For Office Use Only:**

from 10/4 to 10/12

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

For Office Use Only:	Name	Office	Report

Period of time covered by report:  
from 10/17/18 to 10/22/18

## 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	\$ _____	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
10/17/18	MeETING	16. <sup>59</sup>
10/22/18	Marketing	122. <sup>91</sup>
	TOTAL	139. <sup>50</sup>

## 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

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

I certify that this is a full and true statement.

Printed Name Paul Christian Telephone 952-393-3337 Email (if available) 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) Chr1st@aol11800  
Address 18100 Zumbro Ave, Shakopee, MN 55379 1cloud.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