

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Gregory Lehman  
 Office sought or ballot question School board District 272

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
X \_\_\_\_\_ Final report

Period of time covered by report:  
 from Nov 2015 to Dec 2016

## 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                  | \$ | <u>0</u>    | TOTAL CASH-ON-HAND | \$ | <u>0</u> |
| IN-KIND               | +  | \$ <u>0</u> |                    |    |          |
| TOTAL AMOUNT RECEIVED | =  | \$ <u>0</u> |                    |    |          |

## 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 |
|--------------|---------|--------|
|              |         |        |
|              |         |        |
|              |         |        |
|              |         |        |
| <b>TOTAL</b> |         | 0      |

## 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 |
|--------------|---------|-------------------------------|------------------------------------|
|              |         |                               |                                    |
|              |         |                               |                                    |
| <b>TOTAL</b> |         |                               | 0                                  |

I certify that this is a full and true statement.  11-10-2015  
 Signature Date

Printed Name Greg Lehman Telephone 952-381-7308 Email (if available) gglehma@gmail.com  
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Final Report

Report

Office

Name

For Office Use Only: