CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation ___Abigail AH___

Office sought or ballot question ___School Board___ District ___150191___

Type of report

____✓____ Candidate report
_____ Campaign committee report
_____ Association or corporation report
_____ Final report

Period of time covered by report:

from __8/1/18__ to __9/19/18__

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
	→ Sign Rocket	
8/7/18	{ Lawn signs + stakes. 10 24"x48". 100 18"x24"	661.56
8/29/18	{ Reprint to match color.	84.00
9/19/18	Burnsville Fire Muster Ad. ECM Publishers	250.00
	TOTAL	995.56

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. ___(signature)___   9/20/18
Signature   Date

Printed Name ___Abigail AH___ Telephone __612-239-3421__ Email (if available) __voteabigailaH@gmail__

Address __16 Marcin Hill Burnsville MN 55337__

RECEIVED

SEP 20 2018

Per _____