

OCT 26 REC'D

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation TINA RIEHLE

Office sought or ballot question STILLWATER SCHOOL BOARD District # 834

Type of report

Candidate report

Campaign committee report

Association or corporation report

Final report

Period of time covered by report:

from 8/28/18 to 10/31/18

## 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 \$ 1270.00 TOTAL CASH-ON-HAND \$ 0

IN-KIND + \$ 86.29

TOTAL AMOUNT RECEIVED = \$ 1356.29

## 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
<u>VARIOUS</u>	<u>ONLINE MARKETING/WEBSITE</u>	<u>20.17</u>
<u>VARIOUS</u>	<u>MARKETING MATERIALS</u>	<u>1768.05</u>
	<b>TOTAL</b>	<u>1788.22</u>

## 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>	

I certify that this is a full and true statement.

 Signature

10/26/18 Date

Printed Name JOSH MOX (TREASURER) Telephone 651 739 6233 Email (if available) \_\_\_\_\_

Address 421 W PINE ST STILLWATER MD 55082

Report Office Name For Office Use Only:

CONTRIBUTIONS FROM A SINGLE SOURCE THAT EXCEED \$100 FOR THE CALENDAR YEAR.

NAME	ADDRESS	CITY	STATE	ZIP	DATE	AMOUNT	OCCUPATION
JENNIFER AXELROD	15760 JEFFREY AVE. N.	HUGO	MN	55038	10/21/18	260.00	DIASORIN

SUPERINTENDENT  
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