

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Lisa O'Brien

Office sought or ballot question school board District FSD 273

Type of report Candidate report
 Campaign committee report
 Association or corporation report
 Final report

Period of time covered by report:
 from 8/1/17 to 9/1/17

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 \$ 0
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 0

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>8/2/17</u>	<u>webpage</u>	<u>16.00</u>
	TOTAL	<u>16.00</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
		TOTAL	

I certify that this is a full and true statement.

Lisa O'Brien 25 Sep 17
 Signature Date

Printed Name Lisa O'Brien Telephone 612 812 5569 Email (if available) LL05333@gmail.com
 Address 5333 Minnehaha Blvd Edina MN 55424

Report
Office
Name
For Office Use Only:

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Date	Purpose	Amount
9/2/17	webpage	16.00
9/3/17	stickers & buttons	144.00
9/8/17	lawn sign stickers	535.30
9/14/17	lawn signs	534.55
TOTAL		see page 2

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TOTAL			

I certify that this is a full and true statement.

[Signature]
Signature

25 Sep 17
Date

Printed Name Lisa O'Brien Telephone (628) 25569 Email (if available) 4053330@gmail.com

Address 5333 Minnehaha Blvd, Edina MN 55429

Report Office Name For Office Use Only:

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Office sought or ballot question school board District ESD 273

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DISBURSEMENTS

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Date	Purpose	Amount
<u>9/12/17</u>	<u>brochures</u>	<u>45.15</u>
TOTAL		<u>1275.00</u>

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 Signature Date

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