

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 TSD 273

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

Period of time covered by report:
from 9/24 to 10/31/17

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 \$ 9
IN-KIND + \$ _____
TOTAL AMOUNT RECEIVED = \$ 9

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
10/2/17	Webpage	16.00
9/24/17	Water and lollipops	19.40
10/20/17	Sun Current ad	1093.53
10/27/17	Brochures	35.93
TOTAL		see page 2

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 Signature Date Oct 31, 2017

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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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>9/6/17</u>	<u>sign stands (rec'd invoice on 10/30/17)</u>	<u>119.30</u>
	TOTAL	<u>1278.16</u>

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I certify that this is a full and true statement. [Signature] Oct 31, 2017
 Signature Date

Printed Name Lisa O'Brien Telephone 612 812 5569 Email (if available) llo5333@gmail.com
 Address 5333 Minnetonka Blvd Edina MN 55424

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