Project title or description \_\_\_

		(All of the information in this report is p		( 1 2 3 1
Name of candida	te, committee or	corporation St. Croix Edus	cution Association	(Local # 1291)
Office sought or	ballot question	<u> </u>	District	) # <i>83</i> +
Type of report	X	_ Candidate report _ Campaign committee report _ Association or corporation report _ Final report	from 4/2//	rered by report:
		CONTRIBUTIONS REC	FIVED	
contributions from	a single source tha f-employed, amoun +	sutor. See note on contribution limits on the exceeded \$100 during the calendar year and date for these contributions.  \$ 6,857		
TOTAL AMOUNT				
Include the amou	int, date and purp sheets if necessal	<b>DISBURSEMENTS</b> pose for all disbursements made during		d by report.
Include the amou		ose for all disbursements made durir		Amount
Attach additiona		ose for all disbursements made durir ry.		

Corporations must list any n more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	

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	11	
I certify that this is a full and true statement.	Mitti	9/8/21
DC T 11 (8005. )	Signature	Date

Printed Name Losiah Hill Sceal Telephone 651.7/7.5430 Email (if available) hill Pstilluters and Address 1/24 Mice Way 55.//mter, Mr 55082

