

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Philip St. Ores

Office sought or ballot question 834 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 July to Oct 28

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 1143.96 \$ ~~1500.00~~ 1143.96 TOTAL CASH-ON-HAND \$ ~~3000~~ 48
 IN-KIND + \$ 48
 TOTAL AMOUNT RECEIVED = \$ ~~108~~ 1191.96

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 |
|----------|---------------|----------------|
| 11/19/22 | Signs and lit | 1105.96 |
| | Web site | 25.00 |
| | URL | 13.00 |
| | TOTAL | 1143.96 |

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. Phil St. Ores Signature Date 10/28/22

Printed Name Philip St. Ores Telephone 651-491-8588 Email (if available) philstoresfor834@gmail.com
 Address 345 lake street south bayport mn 55003 il.com

Received 10/28/22
 Jan Hurley

Report Office Name For Office Use Only:

1143.96

Phil St. Oros

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Box port, MM 55003

1143.96