

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

IN-KIND

TOTAL AMOUNT RECEIVED

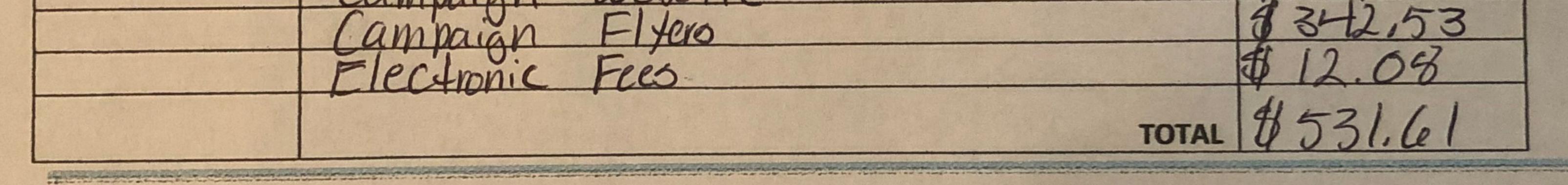
TOTAL CASH-ON-HAND

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
9-31-12	Campaign checks	\$32.94
0 0	Campaign uebsite	\$ 144,06

Office



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	

a session and to a the part of a factor and the state of the I certify that this is a full and true statement. Date Signature 70-1525_ Email (if available)_ Telephone 95 Printed Name Address ____

CONTRIBUTIONS

Contribution Description	Purpose	Cash	In-Kind	Total Amount Received over \$100.00
Aaron olson	Open Campaign account	х		\$100.00
Dale Zoerb	Cash-Campaign support	Х		\$600.00
Nancy Grossmann	Cash-Campaign support	х		\$200.00
Ted & Jeanine Hansen	Cash-Campaign support	Х		\$100.00
Matt Oachs	Cash-Campaign support	Х		\$100.00
Nancy Grazzini Olson	Cash-Campaign support	Х		\$200.00
Jeanine Hansen	Cash-Campaign support	Х		\$150.00

non itemized contributions

\$159.99

DISBURSEMENTS

DISDONSEINENTS		
	Purpose	Amount
	8/31/23 Purchased campaign checks	(\$32.94)
	9/11/23 website creation	(\$144.06)
	9/14/23 campaign flyers	(\$342.53)
	9/8/23 Electronic fee	(\$0.53)
	9/11/23 Electronic fee	(\$11.55)

	1	ion in this report is public information)	
lame of candidate, co	mmittee or corporation <u>Aau</u>	ran Olsan	
Office sought or ballot	question <u>Schoo</u>	2 Board District	2144
Type of	Candidate report Campaign commi Association or com	ittee report	e covered by report:
	Final report	$\frac{1}{1}$	to
		RIBUTIONS RECEIVED	
money or in-kind) rather contributions from a sing	r than contributor. See note on co	riod of time covered by this report. Contril ontribution limits on the back of this form. Us ing the calendar year. This itemization must i contributions.	se a separate sheet to itemize a
CASH	\$ <u>0</u>	TOTAL CASH-ON-HAND	\$ 128.70
N-KIND FOTAL AMOUNT RECE	VED = 5		
	×		
Date 11-Ce - 23 (11-7-23 [ampaing Flyers	Purpose Mappreaciation Food	Amount \$ 100.70 \$ 78.13
		τοται	\$173,83
	any media project or corpora	E PROJECT EXPENDITURES	
	nit a separate report for each pi		·
more than \$200. Subm		Name and Address of Recipient	Expenditure or Contribution Amount
nore than \$200. Subn Project title or descript	tion	Name and Address of Recipient	Expenditure or Contribution Amount
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nore than \$200. Subn Project title or descript Date	tion	Name and Address of Recipient	Expenditure or Contribution Amount

Report

Office

For Office Use Only: Name

		(All of the informat	ion in this report is public	information)	
Name of candi	idate, committee o	or corporation <u>Aa</u>	ron Oken		
Office sought of	or ballot question	School	Board	District	44
Type of report	X	Candidate report			covered by report: to <u>12-31-2</u> 3
money or in-kir	nd) rather than cont om a single source t	received during the period	RIBUTIONS RECEIVE eriod of time covered by t ontribution limits on the b ing the calendar year. This contributions.	his report. Contributer contri	a separate sheet to itemiz
CASH		\$ <u> </u>	TOTAL CA	SH-ON-HAND	\$ 23,70
IN-KIND		* \$			
FOTAL AMOUN	NT RECEIVED	= <u>\$</u>			
	nount, date and pu nal sheets if neces		ements made during the Purpose	e period of time co	vered by report.
				TOTAL	
		ia project or corpora	E PROJECT EXPENDI ate message project for project. Attach addition	which contributio	
	description				
Date		Purpose	Name and A of Recip		Expenditure or Contribution Amount
				TOTAL	

Report

Office

For Office Use Only: Name

I certify that this is a full and true statement.	noka	[24-24
1	Signature	Date	,
Printed Name Hara Olson Teleph	one	Email (if available)	
Address 33953 Oasis Rol Center	City MN	55012	