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OCT 2 5 2024	
By:	

## **CAMPAIGN FINANCIAL REPORT**

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

Association or corporation report  CONTRIBUTIONS RECEIVED  ive the total for all contributions received during the period of time covered by this report. Use a separate sheet to itemize ontributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employ or occupation if self-employed, amount and date for these contributions.  ASH  S  TOTAL CASH-ON-HAND  S  DISBURSEMENTS  Include the amount, date and purpose for all disbursements made during the period of time covered by report. It tach additional sheets if necessary.  Date  Purpose  Amount  Purpose  Amount  11 0 3 / 2 4 CASH CONTRIBUTION TO CAIL THEISEN  # 500.00	Name of candidate	, committee or corporation <u>For</u>	REST LAKE EDUCATION	ASSOCIATION	
Campaign committee report  Association or corporation report  Final report  CONTRIBUTIONS RECEIVED  In the second of the covered by this report. Contributions should be listed by typone or or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize ontributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employ or occupation if self-employed, amount and date for these contributions.  ASH  S  TOTAL CASH-ON-HAND  S  DISBURSEMENTS  Clude the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.  Date  Purpose  Purpose  Amount  Final Period  CASH CONTRIBUTION TO ROB RAPHER L  S 50.00  T/03/2Y  CASH CONTRIBUTION TO ROB RAPHER L  S 50.00  T/03/2Y  CASH CONTRIBUTION TO ROB RAPHER L  S 50.00  T/03/2Y  CASH CONTRIBUTION TO SOLUTION TO SOLUTION SOLUTION TO SOLUTION SOLUTION TO SOLUTION SOLUTION TO SOLUTION SOLUTION TO SOLUTION SOLUTION SOLUTION TO SOLUTION SOLUT	Office sought or ba	llot question <u>ScHool</u> Bo	ARD MEMBER District F	ELAS 1.5.D. 831	
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ertify that this is a full and true statement.  Result (FLEA Pres.) 10/25/24  Signature Date  Inted Name RICHARD ELLIOT Telephone 651) 326-0450 Email (if available) president fleathers Less 9th St. Sw PINE CITY MN 55063 gmail.com			TOTAL	-	
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