

RECEIVED
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OFFICE OF THE
NAME
OFFICE
TYPE
REPORT

Name of candidate, committee or corporation Columbia Heights Federation of Teachers, Local #710

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

Period of time covered by report:
 from 9/1/2024 to 10/24/2024

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.

Report

Include the amount, date and purpose for all disbursements made during the period of time covered by report.
Attach additional sheets if necessary.

Office

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.

Name

For Office Use Only:

TOTAL	
Signature	Date

Printed Name Daniel E. Honigs Telephone 612-850-0877 Email (if available) _____

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