

Report

Office

Name

For Office Use Only:

from 9/6/22 to 9/20/22

Address _____

Donor Name(s)	Address	Occupation	Amount	Date
Stockwell, Amanda		Youth Minister	\$30.00	09/06/2022
Keller, Mike & Nancy		Chief Financial Officer & Homemaker	250	09/06/2022
Hanson, Jon & Peggy		Attorney & Homemaker	200	09/06/2022
Wottreng, Bob & Karen		Dentist & Dental Assistant	250	09/14/2022
Betti, Doug & Dawn		Plant Manager & Preschool Teacher	100	09/08/2022
TOTAL			\$830.00	

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Lori Weisenburger

Office sought or lia for question School board

District 1SD 761

Type of report

☒ Candidate report
☐ Campaign committee report
☐ Association or corporation report
☐ Final report

Period of time covered by report:

from 9/21/22 to 10/28/22

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 \$ 998.00

TOTAL CASH-ON-HAND \$ 1,280.23

IN-KIND \$

TOTAL AMOUNT RECEIVED \$ 998.00

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
9/29/2022	advertising - stickers - etc.	369.52
9/29/2022	fuels - advertising	198.25
	TOTAL	547.77

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.

Lori M. Weisenburger

Signature

10/28/22

Date

Printed Name Lori Weisenburger

Telephone

Email (if available)

Address

[REDACTED]

Baker, Rod		Systems Developer	100	09/27/2022
Kerr, Mike & Joanne		CEO	150	10/11/2022
Hyland, Lisa		Director of HR	200	10/11/2022
Gilthvedt, Elizabeth		doctor	100	10/14/2022

CAMPAIGN FINANCIAL REPORT (Photocopy version)

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Lori Weisenburger

Office sought or held for election School board District ISD 761

Type of report: ☐ Candidate report ☐ Campaign committee report ☐ Association or corporation report ☒ Final report

Period of time covered by report:

from 10/29/22 to 11/11/22

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 \$ 1,040.23 TOTAL CASH-ON-HAND \$.08
IN KIND + \$ _____
TOTAL AMOUNT RECEIVED = \$ 1,040.23

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
10/30/22	Newspaper ad	290.00
10/31/22	Newspaper ad	480.00
11-9-22	signs	1710.38
11-9-22	rebar	40.00
	TOTAL	2,520.38

CORPORATE PROJECT EXPENDITURES

Corporate or multi-employer 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.

Lori M Weisenburger

Signature

11/11/2022

Date

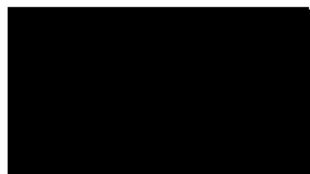
Printed Name Lori M. Weisenburger

Telephone _____

Fax (if available) _____

Address _____

Rasp, Steve & Wendy
Wottreng, Bob & Karen
DeBruin, Kelly & Marco
Weisenburger, John
Misc



retired teacher/HR	100	11/09/2022
Dentist & Dental Assistant	325	11/09/2022
engineer	200	11/09/2022
minister	375.23	11/10/2022
	40	11/07/2022