

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation _____ Minnesota Parents Alliance _____

Office sought or ballot question _____ school board seats (4) _____ District _ISD 196 _____

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

Period of time covered by report:

from _9/27/23_ to _9/29/23_

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 \$ _____ TOTAL CASH-ON-HAND \$ _____
IN-KIND +
\$ _1807.00_
TOTAL AMOUNT RECEIVED =
\$ _1807.00_

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
9/27/23	in-kind contribution phone calls and doorknocking	\$1807.00
	TOTAL	\$1807.00

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. _____ 9/29/23

Signature

Date

Printed Name _Cristine Trooien_ Telephone _612-385-3426_ Email (if available) _____

Address _____ cristine.trooien@minnesotaparents.org _____

Report

Office

Name

For Office Use Only:

Minnesota Parents Alliance CFR ISD 196

9/29/2023

Contributions exceeding \$100

Date	Amount	Name	Address	Employer
9/27/2023	\$1807.00 in-kind	Freedom Club		n/a