

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Campaign Committee for Michelle Clasen
 Office sought or ballot question Washington County Commissioner District 5

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

Period of time covered by report:
 from 10/30/22 to 11/8/22

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 \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 0

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
	see attached	
	TOTAL	

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. Michelle Clasen 11/15/2022

Signature Date

Printed Name Michelle Clasen Telephone 651-336-9970 Email (if available) michelleclasen4commissioner@gmail.com

Address _____

Report

Office

Name

For Office Use Only:

Disbursements		
Date	Purpose	Amount
10/30/22	Digital	\$50.11
11/1/22	Digital	\$303.76
11/7/22	Digital	\$69.67
11/8/22	Digital	\$149.87