CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Michelle Clasen

Office sought or ballot question County Commissioner District 5

Type of report
- X Candidate report
- ___ Campaign committee report
- ___ Association or corporation report
- ___ Final report

Period of time covered by report:

from 10/24/22 to 12/3/22

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 $ ___ TOTAL CASH-ON-HAND $ 0

IN-KIND + $ ___

TOTAL AMOUNT RECEIVED = $ ___

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*
	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. [signature] 1/16/23

Signature Date

Printed Name Michelle Clasen Telephone 651-336-9970 Email (if available) ___

Address [redacted]

For Office Use Only: Name Office Report