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
- ____ Candidate report
- ____ Campaign committee report
- ____ Association or corporation report
- X Final report

Period of time covered by report:

from 1/1/24 to 1/14/24

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 $ _____

IN-KIND + $ _____

TOTAL AMOUNT RECEIVED = $ _____

TOTAL CASH-ON-HAND $ 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*
	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 Date

Printed Name Michelle Clasen Telephone (513)36-9974 Email (if available) _____

Address [redacted]

Report

Office

Name

For Office Use Only: