CAMPAIGN FINANCIAL REPORT

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

Name of candida	te, committee or	corporation SE	AN OLSEN F	or SCHOOL BRAKD	1. J	
Office sought or I	ballot question _	SCHOOL BEALD	EASTORN CAMPA	District <u>// 2</u>	10 ₁ 1	
	/		County Stepso	W		
Type of		_ Candidate report		Period of time covered by report:		
report	and the second second second second	Campaign committee report				
		Association or corpo	pration report	from 1/1/22 to 8/21/2		
		Final report				

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. s 881.81

CASH

\$ 1095.00 TOTAL CASH-ON-HAND 133.19

5 1228.19

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
8/19/20	Signs	198.00
8/20/20	Transaction Processos Fero	15.19
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	TOTAL	213.19

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
			1
		TOTAL	

I certify that this is a full and true statement.	Sol J	l6
	Signature	Date
Printed Name SEAN OLSEN		-7745 Email (if available) sean for schools @ gmail com
Address 1732 PRESCOTT LANE	CHOASKA MIN	553/8

Office

Report

	Unitem total	Date
	Unitemized contributions total	First Name 7/6/2020 Ellen K. 8/6/2020 Ellen K. 8/6/2020 Sharon 8/13/2020 Jay
	U,	me
		Last Name Bean Olsen Rohe
		Address 1 3129 Mulligan Lane 3129 Mulligan Lane 17286 Tilia Ridge 3620 Cavallo Pass
		City Chaska Chaska Eden Prairie Chaska
		State MN MN MN
		Zip
		Employer 55318 Retired 55318 Retired 55347 Retired 55318 Legrand
	\$ \$1,	Amour
ч.	\$395.00 \$1,095.00	1t \$200.00 \$200.00 \$300.00 \$150.00