## **CAMPAIGN FINANCIAL REPORT**

## **Chapter 211A Report Form**

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

| Name of c                                                                                          | candidate, co           | mmittee, or cor                                                                                                                                               | poration_womenwin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ning State F                                  | PAC                                                                                                    |                                    |  |  |
|----------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------|--|--|
| Office sou                                                                                         | ight or ballot          | question                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | District                                                                                               |                                    |  |  |
| Type of Organization: Candidate Comm                                                               |                         |                                                                                                                                                               | te Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | reex Political (Action) Committee/Corporation |                                                                                                        |                                    |  |  |
|                                                                                                    |                         | Initial reportX Post-general Repo Pre-primary January report From Pre-general Final report (closes committee account – see M.S. Ch. 211A.03 for requirements) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                                                                        | l:<br>to <u>11/30/2019</u>         |  |  |
| the instruct                                                                                       | tions page. <b>Us</b>   | e a separate shee                                                                                                                                             | d during the period of ting to the desired of the desired to the desired all contributed to the desired to the | tions from a s                                | y this report. See note on contri<br>ingle source that exceed \$100 o<br>self-employed, amount, and da | during the calendar                |  |  |
| TOTAL REC                                                                                          | EIVED                   | \$ 304.54                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                                                                        |                                    |  |  |
| Include every disbursement made for a politica necessary. Itemization must include date, purp Date |                         |                                                                                                                                                               | or each expen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | onal sheets if  Amount                                                                                 |                                    |  |  |
|                                                                                                    |                         |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | TOTAL                                                                                                  | 71.23                              |  |  |
| separate rep                                                                                       |                         |                                                                                                                                                               | CORPORATE PROJ<br>porate message project fo<br>onal sheets if necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                                             | ITURES ution(s) or expenditure(s) total mo                                                             | re than \$200. Submit a            |  |  |
| Date                                                                                               | Purpose                 |                                                                                                                                                               | Name &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name & Address of Recipient                   |                                                                                                        | Expenditure or<br>Contribution Amt |  |  |
|                                                                                                    |                         |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | None                                          |                                                                                                        |                                    |  |  |
|                                                                                                    |                         |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | TOTAL                                                                                                  |                                    |  |  |
|                                                                                                    |                         | BALANCE: \$_4                                                                                                                                                 | Orm 15-27.01.0 (23:34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lson_                                         |                                                                                                        | 12/5/2019<br>Date                  |  |  |
| Printed Na                                                                                         | <sub>ame</sub> Elizabet | th Olson                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Email <u>i</u> r                              | nfo@womenwinning.org                                                                                   |                                    |  |  |
| Address 26                                                                                         | 610 Univers             | ity Ave West, #                                                                                                                                               | #325, Saint Paul, MN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N 55114                                       | Phone 651-251-0690                                                                                     | )                                  |  |  |

| Contact Name                  | <b>Date Received</b> | Amount    | Address            | City        | State | Zip   | Employer           |
|-------------------------------|----------------------|-----------|--------------------|-------------|-------|-------|--------------------|
| Volunteers for (Scott) Dibble | 11/20/2019           | \$ 100.00 | 3100 44th Ave S    | Minneapolis | MN    | 55406 | N/A                |
| Mokros, Andrea K              | 10/28/2019           | \$ 50.00  | 3121 Dakota Ave S  | Minneapolis | MN    | 55416 | Weber Shandwick    |
| Isenberg, Kim M.              | 11/1/2019            | \$ 50.00  | 5028 Belmont Ave S | Minneapolis | MN    | 55419 | Shire              |
| Byrne, Lisa A.                | 11/11/2019           | \$ 54.54  | 3133 Garfield Ave  | Minneapolis | MN    | 55408 | UBS                |
| Rahn, Melissa                 | 11/16/2019           | \$ 50.00  | 948 122nd Ln NW    | Coon Rapids | MN    | 55448 | Fredrikson & Byron |
|                               | TOTAL                | \$ 304.54 |                    |             |       |       |                    |

| Contact Name   | Date Issued | Op | erating Expense | Contributions to Others | Purpose  |
|----------------|-------------|----|-----------------|-------------------------|----------|
| First Data USA | 11/4/2019   | \$ | 2.50            |                         | Bank Fee |
| First Data USA | 11/4/2019   | \$ | 10.15           |                         | Bank Fee |
| First Data USA | 11/4/2019   | \$ | 25.03           |                         | Bank Fee |
| First Data USA | 11/4/2019   | \$ | 28.55           |                         | Bank Fee |
| US Bank        | 11/15/2019  | \$ | 5.00            |                         | Bank Fee |
|                | TOTAL       | \$ | 71.23           |                         |          |