

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Minnesota Parents Alliance

Office sought or ballot question school board member seats (4) District ISD 719

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
 X  Association or corporation report  
 \_\_\_\_\_ Final report

Period of time covered by report:  
 from 10/6/2022 to 11/8/2022

## 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 \$ \_\_\_\_\_  
 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            |
|-------------------|---|-------------------|
| 10/6/22 - 11/8/22 | digital ad campaign for MPA voter guide and endorsed candidates | \$3,697.77        |
|                   |   |                   |
|                   |   |                   |
|                   |   |                   |
| <b>TOTAL</b>      |   | <b>\$3,697.77</b> |

## 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 |
|--------------|---------|-------------------------------|------------------------------------|
|              |         |                               |                                    |
|              |         |                               |                                    |
|              |         |                               |                                    |
| <b>TOTAL</b> |         |                               |                                    |

I certify that this is a full and true statement. \_\_\_\_\_ Signature \_\_\_\_\_ 11/14/2022 \_\_\_\_\_ Date

Printed Name Cristine Trooien Telephone 612-385-3426 Email (if available) \_\_\_\_\_  
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Report

Office

Name

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