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

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money or in-kind) rathe contributions from a sing	CONTR  ntributions received during the per er than contributor. See note on co gle source that exceeded \$100 duri ployed, amount and date for these of	ntribution limits on the back of thing the calendar year. This itemiza	his form. Use	a separate sheet to item
CASH	\$ 1,175,00	TOTAL CASH-ON-	-HAND	\$ 1,023.53
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OTAL AMOUNT RECE				
	late and purpose for all disburse	ments made during the period	of time cov	refed by report.
nclude the amount, d Attach additional shee Date	ets if necessary.	Purpose	of time cov	Amount
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Attach additional shee	CORPORATE  at any media project or corpora  mit a separate report for each p	Purpose  Check  Project EXPENDITURES  The message project for which	TOTAL S contributio	Amount  B 78.45  n(s) or expenditure(s)
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Date	Last Name	First Name	Address	City	State	Zip	Employer	Occupation	Amount (\$)	Notes
7/27/2023	Rasmussen	Juli	3040 Jersey Ave. S	Saint Louis Park	MN	55426	Not Employed	Not Employed	165.00	In-kind
8/8/2023	Williams	Alex	1940 Rhode Island Ave. N	Minneapolis	MN	55427	UnitedHealth Group	Sr. Product Manager	300.00	
8/17/2023	Naegeli	David	1004 Cardinal Cir.	Hudson	WI	54016	Not Employed	Not Employed	150.00	
8/17/2023	Isham-Schopf	Kenneth	9416 Frederick Ave.	Saint Louis Park	MN	55426	Not Employed	Not Employed	250.00	
8/18/2023	Williams	Taylor	1801 Jersey Ave. S	Saint Louis Park	MN	55426	Supply Chain	Emerson	100.00	
8/18/2023	Rasmussen	Juli	3040 Jersey Ave. S	Saint Louis Park	MN	55426	Not Employed	Not Employed	250.00	

Date	Payee	Purpose	Amount (\$)		
8/13/23	ActBlue Fee	Fee	11.85		
8/20/23	ActBlue Fee	Fee	31.62		
8/27/23	ActBlue Fee	Fee	1.98		
8/29/23	Associated Bank	Account Fee	33.00		