CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Charlene K Christenson

Office sought or ballot question Hubbard County Commissioner District 2

Type of report
- X Candidate report
- ___ Campaign committee report
- ___ Association or corporation report
- ___ Final report

Period of time covered by report:

from 5/17/16 to 7/20/16

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 $ 4900

IN-KIND + $ –

TOTAL AMOUNT RECEIVED = $ 4900

TOTAL CASH-ON-HAND $ –

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
5/17/16	filing fee	50.00
7/13/16	sticky notes to hand out campaigning door to door	179.53
	TOTAL	$229.53

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. Charlene Christenson (Signature) 7/20/16 (Date)

Printed Name Charlene Christenson Telephone 701-388-1849 Email (if available) christensoncha@gmail.com

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For Office Use Only: Name Office Report