

**CAMPAIGN FINANCIAL REPORT**

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

Name of candidate, committee, or corporation Marylee Abrams

Office sought or ballot question Maplewood City Council District \_\_\_\_\_

Type of report  Candidate report Period of time covered by report:

Campaign committee report

Association or corporation report

Final report

from 10-30-18 to 12-6-2018

**CONTRIBUTIONS**

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 exceed \$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    | \$ | _____ <u>393.98</u> |
| IN-KIND | \$ | _____ | = | _____ | TOTAL AMOUNT RECEIVED | \$ | _____               |

**EXPENDITURES**

Include the amount, date, and purpose for all expenditures made during the period of time covered by this report. Attach additional sheets if necessary.

| Date | Purpose      | Amount |
|------|--------------|--------|
|      |              |        |
|      |              |        |
|      |              |        |
|      |              |        |
|      | <b>TOTAL</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. \_\_\_\_\_ 12-6-2018

Marylee Abrams  
Signature

Printed Name Marylee Abrams

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Report

Office

Name

For Office Use Only: