

Report

900

Name _____

Period of time covered by report:

from 9/20/24 11/3/24

For Office Use Only:

CASH \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 0

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
Sep 14, 2024	FAMILY fun PLATABLES	503.90
	TOTAL	503.90

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

<i>Date</i>	<i>Purpose</i>	<i>Name and Address of Recipient</i>	<i>Expenditure or Contribution Amount</i>
		TOTAL	

I certify that this is a full and true statement.

Signature

Date _____

Printed Name JUAN S ESQUIVEL Telephone 651-442-4835 Email (if available) EsquivelJS6204@Gmail.
Address 6459 W. 46TH STN DAKOTA MN 55128 COM



Your payment was successfully processed.

Confirmation number
NGMCPYHDGV

Payer Contact info
esquivelj6204@gmail.com

Payment Method
*******9476**

Family Fun Flatables Donation

Name

Juan Esquivel

Phone

6514424835

Base price **\$500.00**

Processing Fee **\$3.90**

Total **\$503.90**

Announcement



Office Hours are Monday
through Friday from 8am to
4:30pm.

Contact us



651-730-2712

Contact us