

**Name of Director Candidate**

Michelle Morrison

**Voting District**

2

**Period of time covered by report (date from and date to)**

11/3/2022 - 5/1/2023

**Contributions Received****Total Amount of Contributions Received**

0

**Optional Statement**

I have chosen NOT to accept campaign contributions

- Check if true

By signing, I certify that this report is true, complete and accurate.

**Date**

11/03/2022

**Phone**

(612) 390-3829

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Belle Plaine 56011  
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**Email**

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