For Office Use Only: Name

	(All of the information in this report is public information,)		
Jame of candidate, o	committee or corporation CITIZENS FOR MED	INA		
Office sought or ballo	A 140 -	ct		
Type of	Candidate report Period Campaign committee report		to 10124114	
money or in-kind) rath contributions from a si	CONTRIBUTIONS RECEIVED contributions received during the period of time covered by this report. ther than contributor. See note on contribution limits on the back of this fingle source that exceeded \$100 during the calendar year. This itemization imployed, amount and date for these contributions.	form. Use a n must inclu	separate sheet to iter de name, address, em	nize al
CASH	\$ 1,850 TOTAL CASH-ON-HA	AND \$	1,850	
IN-KIND	⁺ \$			
TOTAL AMOUNT RE	CEIVED = \$ 1.450			
Include the amount	DISBURSEMENTS , date and purpose for all disbursements made during the period o	f time cove	ered by report.	
Attach additional sh	, date and purpose for all disbursements made during the period oneets if necessary.	f time cove		INDERNICACI
	, date and purpose for all disbursements made during the period o	f time cove	ered by report. Amount	is control of
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Attach additional sh	, date and purpose for all disbursements made during the period oneets if necessary. Purpose	f time cove		
Attach additional sh	CORPORATE PROJECT EXPENDITURES list any media project or corporate message project for which cubmit a separate report for each project. Attach additional sheets	TOTAL	Amount On(s) or expenditure	s) tot
Attach additional sh Date Corporations must more than \$200. S	CORPORATE PROJECT EXPENDITURES list any media project or corporate message project for which cubmit a separate report for each project. Attach additional sheets	TOTAL	Amount On(s) or expenditure	s) tot
Corporations must more than \$200. S	CORPORATE PROJECT EXPENDITURES list any media project or corporate message project for which cubmit a separate report for each project. Attach additional sheets cription Purpose Name and Address	TOTAL	Amount n(s) or expenditure Expenditure or Contribution	s) tot

I certify that this is a full and true statement.

Signature

Date

Printed Name STEPHEN R. PFLAUM Telephone 713.473.4134 Email (if available) STEPHEN. PRAUM Address 2725 DEERHILL ROAD, LONGLAKE, MN.55356 ESTINSON LEONARD