

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Barrows, Steven

Office sought or ballot question Crow Wing County Commissioner District 3

Type of report Candidate report Period of time covered by report:
 Campaign committee report
 Association or corporation report
 Final report from 8/1/2022 to 10/24/2022

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

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 |
|------------|--------------|---------------|
| 10/7/2022 | Note pads | \$20.98 |
| 10/19/2022 | Pol. mailing | \$2324.08 |
| | | Pg 1 |
| | | TOTAL 3032.41 |
| | | 5376.82 |

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. Steve Barrows 10/20/2022

Signature

Date

Printed Name Barrows, Steven Telephone (218) 820-8199 Email (if available) 65tar949@gmail.com

Address 12619 Noble Fir Dr. Baxter, MN 56425

(2)

Dist. 3
Barrows, Steven
Office: County Commissioner
Name: Barrows, Steven
For Office Use Only:

Rec'd 10/20/2022 de

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Bearcous, Steven

Office sought or ballot question Crow Wing County Commissioner District 3

Type of report Candidate report
 Campaign committee report
 Association or corporation report
 Final report

Period of time covered by report:
from 08/01/2022 to 10/24/2022

CONTRIBUTIONS RECEIVED

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| | | | |
|-----------------------|----|--------------------|----------------|
| CASH | \$ | TOTAL CASH-ON-HAND | \$ <u>None</u> |
| IN-KIND | + | | |
| | \$ | | |
| TOTAL AMOUNT RECEIVED | = | \$ <u>0</u> | |

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 |
|-----------|---------------------|------------------------------|
| 8/1/2022 | Accura - Laminating | \$ 48.51 |
| 9/24/2022 | Political Ad | 413.1 |
| 10/7/2022 | " Mailing | 2339.52 |
| 8/26/2022 | Stamp | 32.85 |
| | | TOTAL <u>4,000.00</u> |

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Project title or description _____

| Date | Purpose | Name and Address of Recipient | Expenditure or Contribution Amount |
|------|---------|-------------------------------|------------------------------------|
| NA | | | |
| | | | |
| | | | |
| | | | TOTAL _____ |

I certify that this is a full and true statement. _____

Signature _____

Date _____

Printed Name _____ Telephone _____ Email (if available) _____

Address _____

Report

Office

Name

For Office Use Only: