(All of the information in this report is public information) Name of candidate, committee or corporation BRAD BARSON Office sought or ballot question Goodbye Co. Commissiones District _____ Candidate report Type of Period of time covered by report: report _____ Campaign committee report _____ Association or corporation report from MM3/202 to Aug 8, 2022 Final report **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** TOTAL **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 Expenditure or of Recipient Contribution **Amount** Printed Name BAD ANDERSON Telephone 651 308 - 7809 Email (if available) BAD, ANDERSON Address 10679 375 TH ST. WAY CHUREN FALLS MUSSON & CO. Geal Here W. M. U.S. I certify that this is a full and true statement. ______ Partial Control of the c

or Office Use Only:

CAMPAIGN FINANCIAL REPORT

Office sought or	ballot question _	COMMIS	swad	Count	District	2	
Type of eport	Candidate rep		ort mittee report		District		
		Association or Final report	corporation re	eport	from	to	
contributions from	a single source th	eceived during the butor. See note on	period of time contribution li	mits on the back dar year. This ite	of this famou 11	butions should be liste se a separate sheet to include name, address,	
CASH		Ś	e contributions		-ON-HAND	\$ <i>O</i>	
N-KIND		+ \$		IO INC CHOH	-ON-HAND	\$	-
OTAL AMOUNT	RECEIVED :	\$					
nclude the amou	unt, date and pur	pose for all disbur	DISBURSEN sements mad	e during the pe	eriod of time c	overed by report.	
nclude the amou ttach additional Date	unt, date and pur I sheets if necessa	pose for all disbur	sements mad Purpose	e during the pe	eriod of time c	overed by report. Amount	
	unt, date and pur I sheets if necessa	pose for all disbur	sements mad	e during the pe	eriod of time c	Amount	
Date Orporations munore than \$200.	st list any media Submit a separat	pose for all disbur	Purpose FE PROJECT	EXPENDITU	TOTAL RES	Amount	e(s) to
Date Corporations munore than \$200.	st list any media Submit a separat	CORPORAT	Purpose FE PROJECT rate message project. Atta	EXPENDITU	TOTAL RES nich contributioneets if necess	Amount	e(s) to
Date Corporations munore than \$200. roject title or de	st list any media Submit a separat	CORPORATE Project or corporte report for each	Purpose FE PROJECT rate message project. Atta	EXPENDITU project for which additional shadditional shad	TOTAL RES nich contributineets if necess	ion(s) or expenditure or Contribution Amount	e(s) to
Corporations munore than \$200.	st list any media Submit a separat	CORPORATE Project or corporte report for each	Purpose FE PROJECT rate message project. Atta	EXPENDITU project for which additional shadditional shad	TOTAL RES nich contributioneets if necess	ion(s) or expenditure or Contribution Amount	e(s) to
Date Corporations munore than \$200. Project title or de	st list any media Submit a separat	CORPORATE Project or corporate report for each	Purpose FE PROJECT rate message project. Atta	EXPENDITU project for which additional shadditional shad	TOTAL RES nich contributineets if necess	ion(s) or expenditure or Contribution Amount	e(s) to

For Office Use Only: Name

CAMPAIGN FINANCIAL REPORT

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

Office sought of ba	allot question _ County	BRAD ANDS	District	7		
			DISTRICT	~		
Type of report	Candidate re	port	Period of time	e covered by report:		
	Campaign co	Campaign committee report				
•	Association o	Association or corporation report Final report from Mo				
	, marreport					
Circ the Lands	CO	NTRIBUTIONS RECEIVED				
Give the total for all (monev or in-kind) ra	I contributions received during the	e period of time covered by this re	port. Contrib	utions should be listed by		
contributions from a	single source that exceeded \$100	during the calendar year. This item				
or occupation if self-e	employed, amount and date for th	ese contributions.	ization must ir	iciude name, address, emp		
CASH	\$	TOTAL CASH-O	N HAND	. 10		
IN-KIND	+ \$		IN-HAND	\$		
TOTAL AMOUNT RE	ECEIVED =					
to and the second second beautiful and the second s	Y					
Date		Purpose		Amount		
,						
,						
			ΤΟΤΑΙ	# 0		
			TOTAL	40		
Corporations must nore than \$200. Su Project title or desc	list any media project or corp ubmit a separate report for eac	ATE PROJECT EXPENDITUR orate message project for whic h project. Attach additional she	ES	on(s) or expenditure(s) try.		
	list any media project or corpubmit a separate report for eac	orate message project for which project. Attach additional she	E S h contributio ets if necessa	ry.		
Project title or desc	list any media project or corp ubmit a separate report for eac	orate message project for which project. Attach additional she	E S h contributio ets if necessa	ry. Expenditure or		
Project title or desc	list any media project or corpubmit a separate report for eac	orate message project for which project. Attach additional she	E S h contributio ets if necessa	ry. Expenditure or Contribution		
Project title or desc	list any media project or corpubmit a separate report for eac	orate message project for which project. Attach additional she	E S h contributio ets if necessa	ry. Expenditure or		
Project title or desc	list any media project or corpubmit a separate report for eac	orate message project for which project. Attach additional she	E S h contributio ets if necessa	ry. Expenditure or Contribution		
Project title or desc	list any media project or corpubmit a separate report for eac	orate message project for which project. Attach additional she	E S h contributio ets if necessa	ry. Expenditure or Contribution		
Project title or desc Date	list any media project or corpubmit a separate report for eacription Purpose	orate message project for which project. Attach additional she Name and Addres of Recipient	ES h contributio ets if necessa	ry. Expenditure or Contribution		
Project title or desc Date certify that this is a	list any media project or corpubmit a separate report for each ription	norate message project for which project. Attach additional she Name and Address of Recipient Signature	h contribution ets if necessaries	Expenditure or Contribution Amount		
Project title or desc Date certify that this is a	list any media project or corpubmit a separate report for each ription	orate message project for which project. Attach additional she Name and Addres of Recipient	h contribution ets if necessaries	Expenditure or Contribution Amount		

Office of the Minnesota Secretary of State

CAMPAIGN FINANCIAL REPORT CERTIFICATION OF FILING

Instructions

Campaign Information

Each county, municipal or school district candidate or treasurer of a committee formed to promote or defeat a ballot question shall certify to the filing officer that all reports required by *Minnesota Statutes* 211A.02 have been submitted to the filing officer or that the candidate or committee has not received contributions or made disbursements exceeding \$750 in the calendar year. The certification shall be submitted to the filing officer not later than seven days after the general or special election. (*Minnesota Statutes* 211A.05, subdivision 1)

Name of candidate or committee	BRAY	AND	eksoer		
Office sought by candidate (if applicable)	Coun	84 C	o au nvissi	oudel	
Identification of ballot question (if applica	ble)				
Certification					
Select the appropriate choice below, and	sign.				
I do swear (or affirm) that all campa	ign financial rep	orts requir	ed by Minnesot	a Statutes 211A.02 have	e been
submitted to the filing officer.					
O I do swear (or affirm) that all campa	gn contributior	ıs or disbur	sements did not	exceed \$750 in the cal	endar
year.					
Signature of candidate or committee trea	surer 3		Ad	n	
Date 11-10-22					