

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation MICHAEL L. KEARNEY

Office sought or ballot question County Commissioner District 5

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

Period of time covered by report:
 from 4/2/22 to 8/10/2022

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 \$ 125.00 TOTAL CASH-ON-HAND \$ 125.00
 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
4/21/2022	DOOR HANGERS	277.10
5/4/2022	YARD SIGNS + magnets	925.22
7/7/2022	BILLBOARD	450.00
TOTAL		\$1,652.32

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	
			<div style="border: 2px solid blue; padding: 5px;"> <p style="margin: 0;">COUNTY AUDITORS OFFICE</p> <p style="margin: 0; font-size: small;">Expenditures Contribution</p> <p style="margin: 0; font-size: x-large; color: red; font-weight: bold;">Amount</p> <p style="margin: 0; font-size: x-large; color: red; font-weight: bold;">AUG 10 2022</p> <p style="margin: 0; font-size: small;">Kirk Paysar Aitkin County, Minnesota</p> </div>
TOTAL			

I certify that this is a full and true statement. 8/10/2022
 Signature Date

Printed Name Michael L. Kearney Telephone 218-429-1496 Email (if available) mkearney218@yahoo.com
 Address 54276 US Hwy 169 PALISADE MN 56469

Report

Office

Name

For Office Use Only: