

# CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Jason Bukavsky  
 Office sought or ballot question Sheriff's Office District St Louis County

Type of report \_\_\_\_\_ Candidate report  
 \_\_\_\_\_ Campaign committee report  
 \_\_\_\_\_ Association or corporation report  
X Final report  
 Period of time covered by report: from - to 11/28/2022

## 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 \$ \$509.25 TOTAL CASH-ON-HAND \$ 0.00  
 IN-KIND + \$ 0.00  
 TOTAL AMOUNT RECEIVED = \$ \$509.25

## 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 |
|--------------|---------------------|--------|
| <u>11-</u>   | <u>See Attached</u> |        |
|              |                     |        |
|              |                     |        |
|              |                     |        |
| <b>TOTAL</b> |                     |        |

## 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 |
|--------------|---------|-------------------------------|------------------------------------|
|              |         |                               |                                    |
|              |         |                               |                                    |
| <b>TOTAL</b> |         |                               |                                    |

I certify that this is a full and true statement. [Signature] 11/28/2022  
 Signature Date  
 Printed Name Michael Emerson Telephone 218-393-8159 Email (if available) N/A  
 Address N/A

Report Office Name For Office Use Only:



















