| RAMSEY COUNTY | | | | | | | | | | |
|--|-----------------------------------|---|--|--|--|--|--|--|--|--|
| CITY OF SAINT PAUL CAMPAIGN FINANCE REPORT FORM (All data on this form is public information) | | | | | | | | | | |
| Committee Name Pam - | TollEFSON FU | or CITY Council | | | | | | | | |
| Type of organization: X Cand | lidate Committee | Political Committee Political Fund | | | | | | | | |
| Office sought/Purpose of committee St Poul City Council | | | | | | | | | | |
| Type of report: Initial report 8 week pre-election 2 week pre-election January report | | Final report (closes committee account - see MS Ch 211A.03 for requirements) One-time report from political committee registered with Campaign Finance Board Registration # This report serves as both the initial and final | | | | | | | | |
| Reporting period: From $\frac{2}{(Day following the constraints of the co$ | 923owing end date of last report) | report. to $2/35$ (5 days prior to due date OR December 31 if January report) | | | | | | | | |
| Summary Statement to Date (In column B, enter totals from column C from previous report.) | A. Totals for this report | B. Cumulative C. Cumulative Totals to Date Totals to Date from previous report | | | | | | | | |
| 1. Total contributions under \$50 | \$ \$25.00 + | \$ = \$ 50025 | | | | | | | | |
| 2. Total contributions equal to/ greater than \$50 | \$ 500,00 + | \$ = \$ <u>500,00</u> | | | | | | | | |
| 3. Expenditures | \$ + | \$\$ | | | | | | | | |
| | | Account Balance $\frac{525.00}{(as of report end date)}$ (Column C: 1+2-3 = balance) | | | | | | | | |

Itemization of Contributions

Itemize all contributions made by an individual or committee that are equal to or greater than \$50 in the aggregate. Itemization must include: date, name, address, employer or occupation if self-employed, and amount. **Attach separate sheet or Excel spreadsheet.**

Itemization of Expenditures

Itemize all expenditures. Itemization must include: date, purpose, and amount. Attach separate sheet or Excel spreadsheet.

| Depository(ies)/Bank Location of Committe | ee Funds <u>U.S.</u> | Bank | |
|--|----------------------|---------|------------------------------|
| Signature of candida secretary, or treasure | te, Pan Toll | 450n | PTollefson ward Salgmail.con |
| Printed Name | im Tollefson | U Email | Ma 12000 · |
| Address <u>5</u> | 15 BRAINERA | AM | _ Phone_6519645227 |

 REQUIRED

 Saint Paul committees

 Contributions itemized \$50 and above

 Date
 Amount
 Name
 Address
 Employer or occupation (if self-employed)

 2/6
 \$500
 Richard Tollefson
 8195 Turtle Creek Blvd. Minnetrista 55375
 Retired

| Optional - for Saint Paul | record-keep | es . | | |
|------------------------------|---------------------|--------------------------------------|---------------------------------------|--|
| ontributions b | elow \$50 Amount | (the day after the last repo Name | ort was submitted) through Address | _ (5 days before this report's due date) Employer or occupation (if self-employer |
| 2/6 | | Lynn Dexter | 4880 149th St, Hugo, MN 55038 | |
| 2/6 | \$25.00 | Lynn Dexter | 4880 149th St, Hugo, MN 55038 | Retired |
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