

**CITY OF SAINT PAUL
CAMPAIGN FINANCE REPORT FORM**
(All data on this form is public information)

Committee Name Committee to Elect Tarrence Robertson-Bayless

Type of organization: Candidate Committee Political Committee Political Fund

Office sought/Purpose of committee Saint Paul City Council - Ward 4

Type of report: Initial report Final report (closes committee account - see MS Ch 211A.03 for requirements)
 8 week pre-election
 2 week pre-election One-time report from political committee registered with Campaign Finance Board
 January report Registration # _____
 This report serves as both the initial and final report.

Reporting period: From 27DEC18 to 31DEC18
 (Day following end date of last report) (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 Totals to Date from previous report	=	C. Cumulative Totals to Date
1. Total contributions under \$50	\$ <u>25</u>	+	\$ <u>0</u>	=	\$ <u>25</u>
2. Total contributions equal to/ greater than \$50	\$ <u>175</u>	+	\$ <u>625</u>	=	\$ <u>800</u>
3. Expenditures	\$ <u>25</u>	+	\$ <u>0</u>	=	\$ <u>25</u>

Account Balance \$ 800
 (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 Committee Funds Old National Bank / Saint Paul, MN

Signature of candidate, secretary, or treasurer 

Printed Name Julia A. Bayless Email info@tarrence4ward4.com

Address 1926 Marshall Ave, St. Paul, MN 55104 Phone 763-227-1985

Donations

First Name	Last Name	Address	City	State	Zip	Employer	Date of Contribution	Amount of Contribution
Meline	Juarez	1926 Marshall Ave	Saint Paul	MN	55104	Retired	12/27/2018	\$175

Expenditures

Date	Purpose	Amount
12/30/2018	Order Checks	\$25