

Revised 3/2015

## CITY OF SAINT PAUL CAMPAIGN FINANCE REPORT FORM

(All data on this form is public information)

| Committee Name _                                                    | Neighb                                                                                 | ors fo    | ral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Livable Saint                          | Pau                               |                                                                                                                                                                                                                                     |               |                                       |         |       |        |                                 |                  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------|---------|-------|--------|---------------------------------|------------------|
| Type of organization: Candidate Committee                           |                                                                                        |           | e Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _                                      | X Political Committee Political F |                                                                                                                                                                                                                                     |               |                                       |         | Fund  |        |                                 |                  |
| Office sought/Purp                                                  | ose of co                                                                              | mmitte    | ee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                   |                                                                                                                                                                                                                                     |               |                                       |         |       |        |                                 |                  |
| Type of report:                                                     | of report:  X 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 report. |               |                                       |         |       |        |                                 |                  |
| Reporting period:                                                   | From                                                                                   | (Day foll | lowin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | g end date of last r                   | eport)                            |                                                                                                                                                                                                                                     |               | to                                    | (5 days |       | or to  | due date OR Decembe             | er 31 if January |
| Summary Statem<br>(In column B, enter tot<br>column C from previou  | als from                                                                               | ate       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A. Totals for this report              |                                   | В                                                                                                                                                                                                                                   | Tota          | nulative<br>als to Date<br>m previous |         |       |        | C. Cumulative<br>Totals to Date |                  |
| 1. Total contribution                                               | ns under                                                                               | r \$50    | \$ (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                      | _ +                               | \$_                                                                                                                                                                                                                                 | 0             |                                       |         | =     | \$_    | 0                               |                  |
| 2. Total contribution greater than \$5                              |                                                                                        | to/       | \$_2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2950                                   | +                                 | \$_                                                                                                                                                                                                                                 | 0             |                                       |         | =     | \$_    | 2950                            |                  |
| 3. Expenditures                                                     |                                                                                        |           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                      | _ +                               | \$_                                                                                                                                                                                                                                 | 0             | (as of r                              | report  | end   | date   | 0<br>2950<br>e)<br>alance)      |                  |
| Itemization of Co<br>Itemize all contributi<br>include: date, name, | ons made                                                                               | by an ii  | ndivio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | dual or committe<br>occupation if self | e that<br>f-empl                  | are<br>oye                                                                                                                                                                                                                          | equa<br>d, an | al to or gre                          | ater th | nan Ş | \$50 i | in the aggregate. Ite           | mization must    |
| Itemization of Ex<br>Itemize all expenditu                          |                                                                                        |           | nust i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | include: date, pui                     | rpose,                            | and                                                                                                                                                                                                                                 | d amo         | ount. <b>Attac</b>                    | h sepa  | arate | e she  | eet or Excel spreads            | heet.            |
| Depository(ies)/Ba<br>Location of Commi                             | ttee Fund                                                                              | ds US     | Ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nk, 211 Clev                           | eland                             | A b                                                                                                                                                                                                                                 | ve.,          | St. Pau                               | ıl, MN  | N 55  | 511    | 6                               |                  |
| Signature of candid secretary, or treasu                            |                                                                                        |           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | and                                    | 2                                 |                                                                                                                                                                                                                                     |               | and the second second                 |         |       |        |                                 |                  |
| Printed Name Paul Mason                                             |                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | Email pmason695@gmail.com         |                                                                                                                                                                                                                                     |               |                                       |         |       |        |                                 |                  |
| 695 Mount Curve Blvd., St. Paul, MN 55116 Address                   |                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | Phone612-801-2731                 |                                                                                                                                                                                                                                     |               |                                       |         |       |        |                                 |                  |
|                                                                     | **************************************                                                 |           | 100 market |                                        |                                   |                                                                                                                                                                                                                                     |               |                                       |         |       |        |                                 |                  |

## Neighbors for a Livable Saint Paul

## **Donation List**

| Date     | Name           | Address               | Employer         | Amount     |
|----------|----------------|-----------------------|------------------|------------|
| 8/3/2017 | Howard Miller  | 2081 Highland Pkwy.   | Retired          | \$1,074.00 |
| 8/3/2017 | Kathy McGuire  | 2203 Fairmount Avenue | Retired          | \$1,000.00 |
| 8/3/2017 | Char Mason     | 695 Mount Curve Blvd. | Self-employed    | \$200.00   |
| 8/3/2017 | Chico Hathaway | 507 Montrose Lane     | Barr Engineering | \$200.00   |
| 8/3/2017 | Bruce Hoppe    | 531 Mount Curve Blvd  | Pentair          | \$200.00   |
| 8/3/2017 | Kate Hunt      | 2081 Highland Pkwy    | Retired          | \$200.00   |
|          |                |                       |                  |            |
| TOTAL    |                |                       |                  | \$2,874.00 |