

CAMPAIGN FINANCIAL REPORT

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

Name of candidate, committee or corporation Pam Bakken
 Office sought or ballot question City Council District So. St. Paul

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

Period of time covered by report:
 from 7/12/24 to 10/25/24

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 \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 0

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
5/24/24	Filing Fee	80.00
10/14/24	Ad in SSP Voice	314.85
10/11/24	OTR A Booth / Banner	60.00
10/11/24	Town Square	150.00
9/20/24	OTTO Camp	130.26
10/4/24	The Apparel Lab	162.19
TOTAL		897.30

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
TOTAL			

I certify that this is a full and true statement. Chris Bakken 10/25/24
 Signature Date

Printed Name Christopher Bakken Telephone 651-285-6093 Email (if available) cpbakken@msn.com
 Address 337 Grand Ave W, SSP mn 55075

Report Office Name For Office Use Only:

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Name of candidate, committee or corporation Pam Bakken

Office sought or ballot question City Council District So. St. Paul

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 from 7-2-24 to 10-25-24

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Date	Purpose	Amount
<u>8/23/24</u>	<u>Chauek Art Sponsorship</u>	<u>75.00</u>
	TOTAL	<u>75.00</u>

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I certify that this is a full and true statement. [Signature] 10/25/24

Printed Name Christopher Bakken Telephone 651-285-6093 Signature _____ Date _____
 Address 337 Grand Ave W, SSP, min 55015 Email (if available) cpbakken@msn.com

Report

Office

Name

For Office Use Only: