



REGISTRATION AND STATEMENT OF ORGANIZATION
(All data on this form is public information)

RECEIVED
APR 20 2011

**RAMSEY COUNTY
ELECTIONS**

This report is a(n) (check one): ☒ New Registration ☐ Amendment

The organization is for a (check one): ☒ Candidate ☐ Political Committee ☐ Office Holder

(Please Print or Type)

Name of Committee: HAL CLAPP FOR CITY COUNCIL	
Mailing Address of Committee (include city state & zip code) 1086 JUNO AVE ST. PAUL MN 55116	Phone Number: 612-964-8737
Purpose or Office CITY COUNCIL	
Geographic Area WARD 3	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	HAL CLAPP	1086 JUNO AVE ST. PAUL MN 55116	612 964 8737
Co-Chair (If any)	ROB CLAPP	915 YOUNG ST. ST. PAUL 55104	612 508 6350
Treasurer	LAURIE WATSON	1086 JUNO AVE ST. PAUL MN 55116	612 310 2623
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: LAURIE WATSON	Address: 1086 JUNO AVE ST. PAUL MN. 55116	Phone Number: 612 310 2623
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Depository(ies)/Bank Location of Committee Funds	Name: WELLS FARGO	Address: 430 Wabasha St. W	Phone Number: 651-205 8715
Depository(ies)/Bank Location of Committee Funds	Name: BANK Cherokee	Address: 607 SMITH AVE S.	Phone Number: 651 227

7071

This section for Political Committees Only

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (If any)

Is the committee a continuing one? (Check appropriate response) _____ Yes _____ No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 4/18/11 are \$ 9.

I, HAROLD CLAPP, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: Harold Clapp
Treasurer, Candidate or Office Holder

Date: 4/20/11

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.