



# REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)



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:

Helgen for Ward 5 City Council

Mailing Address of Committee (include city state & zip code)

988 Hoyt Ave. W. St. Paul MN 55117

Phone Number:

651-331-0981

Purpose or Office

Saint Paul City Council

Geographic Area

Ward 5

## Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Lee Helgen	988 Hoyt Ave W St. Paul MN 55117	651-331-0981
Co-Chair (If any)			
Treasurer	Rebecca Dennis	1630 Mackubin St St. Paul MN 55117	651-208-1671
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books

Name:

Address:

Phone Number:

Depository(ies)/Bank Location of Committee Funds

Name:

US Bank

Address:

PO Box 1800 St. Paul MN 55101

Phone Number:

Depository(ies)/Bank Location of Committee Funds

Name:

Address:

Phone Number:

**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) Dec. 31, 2010 are \$ 4,512.11.

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

COMPLETE, TRUE AND CORRECT.

Signature: Lee Helgen  
Treasurer, Candidate or Office Holder

Date: 1/10/11

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