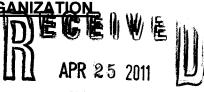


REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)



RAMSEY COUNTY This report is a(n) (check one): _____New Registration _____Amendment **ELECTIONS** Candidate Political Committee The organization is for a (check one): Office Holder (Please Print or Type) Name of Committee: Friends of Cynthia Schanno Mailing Address of Committee (include city state & zip code) Phone Number: 651-261-PO Box 7374, Saint Paul MN 55107 6634 Purpose or Office Saint Paul City Council Geographic Area Ward 2

Officers of Committee

Officer	Name	Address	Phone Number
Chair:			
Co-Chair (If any)	David Walters	saint Paul, MN 55101-1202	651- 426- 4634
Treasurer	Michelle Walston	827 Promontory Pl Saint Paul, MN 55123	412 - 508- 3149
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: Michelle Walston	Address: 827 Promontory Pl Saint Paul, MN 55123	Phone Number: 612- 508-
	<u> </u>		

Depository(ies)/Bank Location of Committee Funds	Name: Alliance Bank	Address: 55 5th Street East, Ste 115 Saint Paul, MN 55101	Phone Number:
Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:

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) April 20, 2011 are \$_____ CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS (Print or type name) COMPLETE, TRUE AND CORRECT. Signature: Date: <u>April 20, 2011</u>

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.

Treasurer, Candidate or Office Holder

This section for Political Committees Only