

**REGISTRATION AND STATEMENT OF ORGANIZATION**

(All data on this form is public information)

RECEIVED
APR 25 2011**RAMSEY COUNTY
ELECTIONS**This report is a(n) (check one): ☒ New Registration ☐ AmendmentThe organization is for a (check one): ☒ Candidate ☐ Political Committee ☐ Office Holder

(Please Print or Type)

Name of Committee:

Friends of Cynthia Schanno

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

PO Box 7374, Saint Paul MN 55107

Phone Number:

651-241-
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	111 Kellogg Blvd. E Ste 400 Saint Paul, MN 55101-1202	651-426- 4634
Treasurer	Michelle Walston	827 Promontory Pl Saint Paul, MN 55123	612-508- 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- 3149
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Depository(ies)/Bank Location of Committee Funds	Name: Alliance Bank	Address: 55 5th Street East, Ste 115 Saint Paul, MN 55101	Phone Number: 651-224- 0070
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) April 20, 2011 are \$ _____.

I, Cynthia P Schanno CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: [Signature]
Treasurer, Candidate or Office Holder

Date: April 20, 2011

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.