

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

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This report is a(n) (ch	neck one):New Regis			-7	
The organization is for a (check one):Candidate			Political Committee	Office	e Holder
(Please Print or Type)				
Name of Committee:					
Slinger	for St. Paul	City			
Mailing Address of Committee (include city state & zip code)				Phone Number:	
P.O. Box 16126 St.Paul MV			55716 218-234-83		4-8338
Purpose or Office	I City Council				
Geographic Area	t. Paul City- Li	ard 3			
Officers of Com	nittee				
Officer	Name	Addr	ess		Phone Number
Chair:	Tylor Slinger	· · · · · · · · · · · · · · · · · · ·	Mt. Curre Blod st Paul, MN 55	116	218-234-8338
Co-Chair (If any)	Ryan Moe		Walnut Lane ple Valley, MN 5	5124	612-345-2458
Treasurer	Nancy Parker	751	Mt. Curve Blud +Paul MN 55116		218-234-8338
Deputy Treasurer (If any)	Kimberly Huff	162	102 Lake Ave Detriot Lakes MN 56501		218-841-7734
Other Principal Officers (If any)					
Other Principal Officers (If any)					
Custodian of Books	Name:	Addr	ess:		Phone Number:
Depository(ies)/Bar Location of Commit Funds		K Addr	Cleveland Ave South Saint Paul, MN55	116	Phone Number: 012-872-3657
Depository(ies)/Bar Location of Commi Funds		Addr	ess:		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)
	ontinuing one? (Check appropriate response) Be Completed By All Committees	Yes	<u>X_</u> No
Liquid assets on har	nd as of (date) 0 - 10- 70		
I, Tylor Ja (Print or type nar	nes Slinger, CERTIFY THAT THE	EINFORMATION CO	NTAINED ON THIS FORM IS
COMPLETE, TRUE	AND CORRECT.		
Signature:	la games Surgassurer, Candidate or Office Holder		Date: 01-10-201

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.