



## REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): \_\_\_\_\_ New Registration X Amendment

The organization is for a (check one): X Candidate \_\_\_\_\_ Political Committee \_\_\_\_\_ Office Holder

(Please Print or Type)

Name of Committee:  RUSS FOR WARD 4	
Mailing Address of Committee (include city state & zip code)  1500 CHARLES AVE, ST. PAUL, MN 55104	Phone Number:  651-324-2807
Purpose or Office  St. Paul City Council	
Geographic Area  WARD 4	

### Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Mary Morse Marti	St. Paul 55104 214 Exeter Place	651-917-7517
Co-Chair (If any)			
Treasurer	Jon Commers	St. Paul 55108 2294 Commonwealth Ave	651-645-4644
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name:	Address:	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name: Western Bank	Address: St. Paul 663 University Ave. W.	Phone Number: 651-290-8100
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)
RUSS STARK	1500 Charles Ave.	Ward 4 City Council	DFL

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) 1/26/11 are \$ 2,807.87

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

COMPLETE, TRUE AND CORRECT.

Signature:   
Treasurer, Candidate or Office Holder

Date: 1/27/11

**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.**