

This report is a(n) (check one): \_\_\_\_\_New Registration

## REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

\_Amendment

DEGENWED

MANDEY GOURT

	· — /	CITY CONTRACTOR OF THE CONTRAC	PARTAME
The organization is for	a (check one): Can	didatePolitical Committee	Office Holder
(Please Print or Type)			
Name of Committee:			
Beek.	King Campa	iesa Committee	•
Mailing Address of Con	nmittee (include city state & zip coo	de) Pho	ne Number:
1621 7Th	St E, St Part	PM 55106 76	51-
Purpose or Office	~ .		
St faul C	ify Council-	ward b	
Geographic Area	<u>'</u> p		
Marce 4			
Officers of Comm			
Officer	Name	Address	Phone Number
Chair:	Whiachena Vano	Address 6528 Quail Ave N Joseph Center	16/2- nn 3/4-2=2
Co-Chair (If any)	) 8	559	129
Treasurer	Karina Vang	6911 Calgary Rd Woodbury, MNSI	-125
Deputy Treasurer (If any)	<i>O</i>		
Other Principal Officers (If any)			
Other Principal Officers (If any)			
Custodian of Books	Name:	Address:	Phone Number:
Depository(ies)/Banl Location of Committ		Address:	Phone Number:
Funds Depository(ies)/Banl Location of Committee Funds		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	$\overline{\times}$	_No	

## This Section is To Be Completed By All Committees

	7/21/1	/	400	00
Liquid assets on hand as of (date)	1/27//	<u>/</u> are	\$ 700.	

•	
Bee K. Yours	, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)	

COMPLETE, TRUE AND CORRECT.

Signature: Date: 7/24///
Treasurer, Candidate or Office Holder

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.