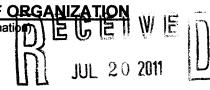


REGISTRATION AND STATEMENT OF ORGANIZATION (All data on this form is public information)



This report is a(n) (check one):New Registration	Amendment	RAMSEY COUNTY ELECTIONS
The organization	is for a (check one):Candidate	ePolitical Committee	Office Holder
(Please Print or T	ype)		
Name of Committee		<u> </u>	
Ber K	. Xiona Campaign	Committee	
Mailing Address of	of Committee (include city state & zip code)		Phone Number:
16217	The Standard Campaign of Committee (include city state & zipcode) The Standard Sta	MN 55106	769-4108
1 _ 1	l City Course		,
Geographic Area	26		
Officers of Co	ommittee		
Officer	Name	Address	Phone Number
Chair:	Whiacheng Vang	Brookin Cent	Phone Number We N 612- W m N 366-253 5429
Co-Chair (If any)			' ' 1
Treasurer	Yer Ly	St Poul, MN	StE 651- 55/06 285-380
Deputy Treasure	>r / /	, ,	
Other Principal Officers (If any)			
Other Principal Officers (If any)			
Custodian of Books	Name:	Address:	Phone Number:
Depository(ies)/ Location of Com Funds	mittee Affinity plus	Address: 95 La fay	Phone Number: 651-291-3700
Depository(ies)/ Location of Com Funds		Address: 7 floor, 7	55/07 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 c	ontinuing one? (Check appropriate	response)Yes	No
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Thic	Section	ic To	Do (Completed	D. Ali	Committees
i nis	Section	IS IO	Re (Completed	RA VII	Committees

Liquid assets on hand as of (date)	7/19/11	are \$ <u>\$</u> \$\tag{600}	
(Print or type name)	CERTIFY THAT	THE INFORMATION CON	TAINED ON THIS FORM IS
COMPLETE, TRUE AND CORRECT			
Signature To a line		D	rate: 7/19/11

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.