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# REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

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

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

(Please Print or Type)

Name of Committee: <b>66 Senate District DFL</b>	
Mailing Address of Committee (include city state & zip code) <b>1455 Simpson St. St Paul. 55108</b>	Phone Number: <b>651-649-0959</b>
Purpose or Office <b>Senate District 66</b>	
Geographic Area <b>Roseville, St Paul, Ramsey County, Lauderdale</b>	

## Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<b>Jane Gurestin</b>		
Co-Chair (if any)			
Treasurer	<b>John Filler</b>	<b>1455 Simpson St Paul, MN 55108</b>	<b>651-649-0959</b>
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 (fee) / Bank Location of Committee Funds	Name:	Address:	Phone Number:
Depository (fee) / Bank Location of Committee Funds	Name:	Address:	Phone Number:

**Topline Fed Credit Union**      **9353 Jefferson Hwy**  
**Maple Grove MN 55369**

**This section for Political Committees Only**

**Candidate or Party Supported by Political Committee**

Candidate or Party Name	Address	Office	Party Affiliation (if any)
DFL - Candidates			DFL

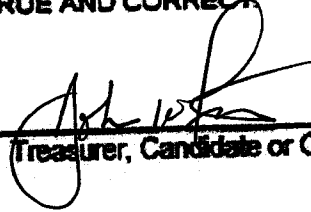
Is the committee a continuing one? (Check appropriate response)  Yes  No

**This Section is To Be Completed By All Committees**

Liquid assets on hand as of (date) 10/23/12 are \$ \$7,000

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

COMPLETE, TRUE AND CORRECT

Signature:   
(Treasurer, Candidate or Office Holder)

Date: 10/23/2012

**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.**

