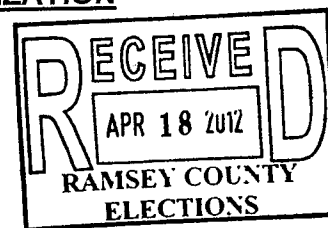


REGISTRATION AND STATEMENT OF ORGANIZATION

(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: <i>ASCH FOR COMMISSIONER.</i>	
Mailing Address of Committee (include city state & zip code) <i>4700 Larson Road, Shoreview MN 55126</i>	Phone Number: <i>612-384-7800</i>
Purpose or Office <i>County Commissioner</i>	
Geographic Area <i>District 1</i>	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>MARC W ASCH</i>	<i>4700 Larson Rd.</i>	<i>612-756-8013</i>
Co-Chair (If any)			
Treasurer	<i>Pat Sellner</i>	<i>1860 Yorkshire St Paul, MN</i>	<i>651-699-3176</i>
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: <i>Pat Sellner</i>	Address: <i>1860 Yorkshire, St Paul</i>	Phone Number: <i>651-699-3176</i>
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Depository(ies)/Bank Location of Committee Funds	Name: <i>Bremer Bank</i>	Address: <i>4600 White Bear Parkway</i>	Phone Number: <i>651-742-2400</i>
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)


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) 4/14/12 are \$ 700⁰⁰

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer Candidate or Office Holder

Date: 4/14/12

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.