



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: BOSTROM VOLUNTEER COMMITTEE	
Mailing Address of Committee (include city state & zip code) 1646 E. SHORE DRIVE, ST. PAUL, 55106	Phone Number: 651-776-4876
Purpose or Office CITY COUNCIL - ST. PAUL	
Geographic Area WARD 6	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	SCOTT RENSTROM	1974 CALIFORNIA ST ST. PAUL, MN. 55119	651-793-5770
Co-Chair (if any)			
Treasurer	DAVID BOSTROM	6195 EDMONTON RD. BAXTER, MN. 56425	218-600-0229
Deputy Treasurer (if any)	RICHARD STAHL	2620 FOREST ST. MAPLEWOOD, MN 55109	651-481-1372
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books	Name: DAVID BOSTROM	Address: 6195 EDMONTON RD 56425	Phone Number: 218-600-0229
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Depository(ies)/Bank Location of Committee Funds	Name: WELLS FARGO	Address: 1379 PHALEN BLVD. ST. PAUL, MN. 55106	Phone Number: 651-205-8100
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)
DANIEL BOSTROM	1646 E. SHORE DR	CITY COUNCIL WARD 6	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) ~~3/1/2012~~ ^{3/2/2012} are \$ 7826.36

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 3/2/2012

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.