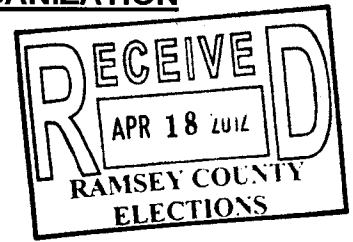


# REGISTRATION AND STATEMENT OF ORGANIZATION

(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>JEFF DAINS FOR RAMSEY COUNTY</b>	
Mailing Address of Committee (include city state & zip code) <b>1743 CARL ST</b>	Phone Number: <b>651 470-3242</b>
Purpose or Office <b>RAMSEY COUNTY COMMISSIONER</b>	
Geographic Area <b>DISTRICT 2</b>	

## Officers of Committee

Officer	Name	Address	Phone Number
Chair:	SHANNON CUNNINGHAM	2920 FAIRVIEW AVE N ROSEVILLE MN 55113	612 207-3318
Co-Chair (If any)			
Treasurer	ERIN AZER	1329 DRAPER AV ROSEVILLE MN 55113	651 788-7711
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: <b>ANNA DAINS</b>	Address: <b>1743 CARL ST LAUDERDALE MN 55113</b>	Phone Number: <b>651 645-7068</b>
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Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:
Depository(ies)/Bank Location of Committee Funds	Name:	Address:	Phone Number:

**This section for Political Committees Only**

Candidate or Party Supported by Political Committee

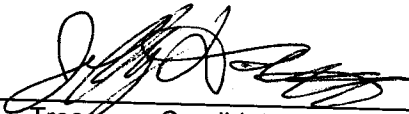
Candidate or Party Name	Address	Office	Party Affiliation (If any)

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) 4-18-2012 are \$ 200.00

I, JEFF DAINS, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS  
(Print or type name)  
COMPLETE, TRUE AND CORRECT.

Signature:   
Treasurer, Candidate or Office Holder

Date: 4-18-2012

**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.**