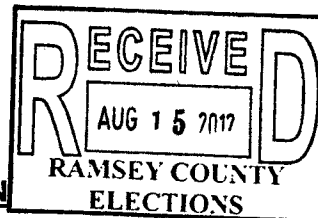




REGISTRATION AND STATEMENT OF ORGANIZATION
(All data on this form is public information)



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: Garbage Haulers for Citizen Choice	
Mailing Address of Committee (include city state & zip code) P.O. Box 605, Anoka, MN 55303	Phone Number: N/A
Purpose or Office City Council	
Geographic Area Roseville	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Mark Stoltman	P.O. Box 169 Delano, MN 55328	612 919-0071
Co-Chair (If any)	N/A		
Treasurer	Mike Berkopec	6601 McKinley St NW Ramsey, MN 55303	763 242-0576
Deputy Treasurer (If any)			
Secretary Other Principal Officers (If any)	Brett Anderson	8984 215th St West Lakeville, MN 55044	763- 709-7557
Other Principal Officers (If any)			

Custodian of Books	Name: Treasurer	Address:	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name: First National Bank of Elk River	Address: 812 Main St Elk River, MN 55330	Phone Number: 763 712-7860
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)
Lisa Laliberte	Roseville	City Council	
Bill Hoffman	Roseville	City Council	


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) 8/1/12 are \$ 4,000

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

COMPLETE, TRUE AND CORRECT.

Signature:  Treas. Date: 8/12/12
Treasurer, Candidate or Office Holder

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.

