



## 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: <p style="text-align: center; font-size: 1.2em;">HOFFMAN FOR ROSEVILLE</p>	
Mailing Address of Committee (include city state & zip code) <p style="text-align: center; font-size: 1.2em;">2467 SHELDON ST., ROSEVILLE, MN 55113</p>	Phone Number: <p style="text-align: center; font-size: 1.2em;">651-324-1911</p>
Purpose or Office <p style="text-align: center; font-size: 1.2em;">CITY COUNCIL - ROSEVILLE, MN</p>	
Geographic Area <p style="text-align: center; font-size: 1.2em;">ROSEVILLE, MN</p>	

### Officers of Committee

Officer	Name	Address	Phone Number
Chair:	William Hoffman III	2467 SHELDON STREET ROSEVILLE, MN 55113	651-324-1911
Co-Chair (if any)			
Treasurer	MONICA FEIDER	(SAME AS CHAIR)	651-245-4144
Deputy Treasurer (if any)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books	Name: <del>XXXXXXXXXX</del> WILLIAM HOFFMAN III	Address: 2467 SHELDON ST. ROSEVILLE, MN 55113	Phone Number: 651-324-1911
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Depository(ies)/Bank Location of Committee Funds	Name: WELLS FARGO	Address: <del>XXXX</del> 2440 FAIRVIEW ROSEVILLE, MN 55113	Phone Number: 651-205-6345
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) June 19, 2012 are \$ 1,124.51

I, William Hoffmann III, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS  
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: William Hoffmann III  
Treasurer, Candidate or Office Holder

Date: 6/20/12

**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.**