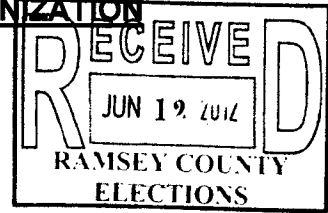




**REGISTRATION AND STATEMENT OF ORGANIZATION**

(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>Sue Jeffers for Ramsey 2</i>	
Mailing Address of Committee (include city state & zip code) <i>P.O. Box 75990</i>	Phone Number: <i>ANDY N. (952) 250-7813 (612) 384-4374 sue</i>
Purpose or Office <i>Ramsey County Commissioner (campaign for elected office)</i>	
Geographic Area <i>District 2 - Roseville, New Brighton, Little Canada, Mounds View, Lauderdale St. Anthony</i>	

**Officers of Committee**

Officer	Name	Address	Phone Number
Chair:	<i>Sue Jeffers</i>	<i>P.O. Box 75990 ST. PAUL, MN 55175</i>	<i>612-384-4374</i>
Co-Chair (If any)	<i>Andy Noble</i>	<i>P.O. Box 75990 St. Paul, MN 55175</i>	<i>952-250-7813</i>
Treasurer	<i>Beverly Aplikowski</i>	<i>P.O. Box 75990 St. Paul MN 55175</i>	<i>651-633-1264</i>
Deputy Treasurer (If any)	<i>N/A</i>		
Other Principal Officers (If any)	<i>N/A</i>		
Other Principal Officers (If any)	<i>N/A</i>		

Custodian of Books	Name: <i>ANDY NOBLE</i>	Address: <i>P.O. Box 75990 St. Paul MN 55175</i>	Phone Number: <i>952-250-7813</i>
--------------------	----------------------------	---	--------------------------------------

Depository(ies)/Bank Location of Committee Funds	Name: <i>US Bank</i>	Address: <i>101 E. Fifth St St Paul, MN 55101</i>	Phone Number: <i>651-466-8372</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)

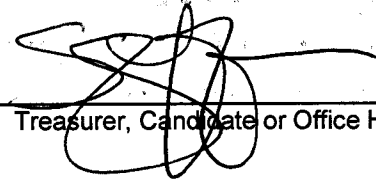
Is the committee a continuing one? (Check appropriate response)  Yes  No

**This Section is To Be Completed By All Committees**

Liquid assets on hand as of (date) \_\_\_\_\_ are \$ \_\_\_\_\_.

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

COMPLETE, TRUE AND CORRECT.

Signature:  \_\_\_\_\_  
Treasurer, Candidate or Office Holder

Date: 6-22-12

**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.**