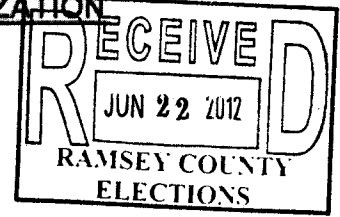




REGISTRATION AND STATEMENT OF ORGANIZATION

(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: Lisa for Roseville	
Mailing Address of Committee (include city state & zip code) 1769 Lexington Ave. N., # 309 Roseville, MN 55113	Phone Number: (612) 242-74 85
Purpose or Office City Council	
Geographic Area Roseville, MN	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Lisa Laliberte (candidate)	1769 Lexington Ave N. #309, Roseville, MN 55113	(612) 242-74 85
Co-Chair (If any)			
Treasurer	Richard Laliberte	1617 Ridgewood Lane S. Roseville, MN 55113	(651) 308-5001
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: Richard Laliberte	Address: 1617 Ridgewood Lane S. Roseville, MN 55113	Phone Number: (651) 308-5001
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Depository(ies)/Bank Location of Committee Funds	Name: North Star Bank	Address: 1820 Lexington Ave. N. Roseville, MN 55113	Phone Number: (651) 489-8811
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Depository(ies)/Bank Location of Committee Funds	Name: —	Address: —	Phone Number: —
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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 16, 2012 are \$ 1,128.35

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

COMPLETE, TRUE AND CORRECT.

Signature: Richard C Laliberte
Treasurer, Candidate or Office Holder

Date: June 16, 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.