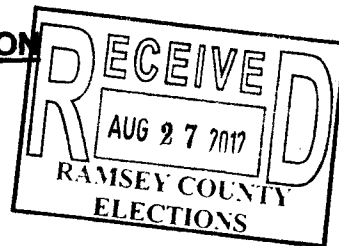




REGISTRATION AND STATEMENT OF ORGANIZATION

(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>Pappas for Senate</i>	
Mailing Address of Committee (include city state & zip code) <i>c/o Diane Gervin 909 Bayard Ave., St. Paul Mn</i>	Phone Number: <i>651-292-3344</i>
Purpose or Office <i>State Senate</i>	
Geographic Area <i>Senate District 65</i>	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>Sandy Pappas</i>	66 East 9th St #2005, <i>St. Paul Mn 55101</i>	<i>651-227-6032</i>
Co-Chair (if any)			
Treasurer	<i>Diane Gervin</i>	<i>909 Bayard Avenue,</i> <i>St. Paul 55102</i>	<i>651-292-3344</i>
Deputy Treasurer (if any)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books	Name: <i>Diane Gervin</i>	Address: <i>above</i>	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name: <i>US Bank</i>	Address: <i>St. Paul, Mn</i>	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)

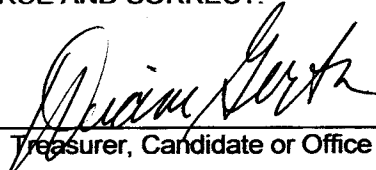
Is the committee a continuing one? (Check appropriate response) Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) July 31, 2012 are \$ 2,455.59

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: Aug 20, 2012

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.