

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

This report is a(n) (ch	eck one): X New Registration	Amendment			
The organization is for a (check one):Candidate		idate X Political Committee (Party Unit)	Office Holder		
(Please Print or Type)					
Name of Committee:					
	Senate District 64 DFL				
Mailing Address of Committee (include city state & zip code)		e)	Phone Number:		
	P.O. Box 4154, Saint Paul, MN 551	04	651-323-2009		
Purpose or Office	Support DFL Candidates and Elect	tions			
Geographic Area Minnesota's 64th State Senate District (Saint Paul)					
Officers of Comm	nittee				
Officer	Name	Address	Phone Number		
Chair:	Elizabeth Wefel	977 Goodrich Avenue, Apt. 4	4 651-225-1139		
Co-Chair (If any)					
Treasurer	Eric Celeste	1993 Lincoln Avenue	651-323-2009		
Deputy Treasurer (If any)					
Other Principal Officers (If any)					
Other Principal Officers (If any)					
Custodian of Books	Name:	Address:	Phone Number:		
Depository(ies)/Ban Location of Commit Funds	tee Wings Financial	Address: 1804 7th Street W	Phone Number:		
Depository(ies)/Ban Location of Commit Funds		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)			
	per state report					
Vote Yes for Strong School	is 888 Ivy Avenue W	school referendum				
Is the committee a continuing one? (Check appropriate response)No This Section is To Be Completed By All Committees						
Liquid assets on hand as o	of (date)	are \$\$9,519.58	3			
I, Eric Celeste , CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS (Print or type name)						
COMPLETE, TRUE AND	CORRECT.					
Signature: Treasurer	Candidate or Office Holder	Date: _	10/25/2012			

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.