



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>Ward 4 DFL</i>	
Mailing Address of Committee (include city state & zip code) <i>1455 Simpson St. St Paul MN.</i>	Phone Number <i>651-649-0959</i>
Purpose or Office <i>DFL</i>	
Geographic Area <i>Ward 4 DFL in St Paul</i>	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>Beth Connors</i>	<i>2294 Commonwealth Ave</i>	<i>651-645-1644</i>
Co-Chair (if any)			
Treasurer	<i>John Felter</i>	<i>1455 Simpson St. St Paul MN</i>	<i>651-649-0959</i>
Deputy Treasurer (if any)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books	Name:	Address:	Phone Number:
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Depository (ies) / Bank Location of Committee Funds	Name: <i>Topline Fed. Credit Union</i>	Address: <i>9353 Jefferson Hwy Maple Grove 55309</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)
DH	Candidate		

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) Oct 25, 2012 are \$ 43700

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

COMPLETE, TRUE AND CORRECT.

Signature: [Signature]
Treasurer, Candidate or Office Holder

Date: 10/23/2012

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