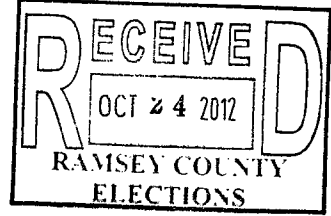




## REGISTRATION AND STATEMENT OF ORGANIZATION

(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)

<b>Name of <del>Committee</del> Corporation:</b> Corporation <p style="text-align: center;">Wells Fargo and Company</p>	
<b>Mailing Address of <del>Committee</del> Corporation (include city state &amp; zip code)</b> Corporation <p style="text-align: center;">Sixth and Marquette, Minneapolis, MN 55479</p>	<b>Phone Number:</b> <p style="text-align: center;">(651) 205-8557</p>
<b>Purpose or Office</b>	
<b>Geographic Area</b>	

### Officers of Committee

Officer	Name	Address	Phone Number
Chair:			
Co-Chair (If any)			
Treasurer			
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

<b>Custodian of Books</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>
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<b>Depository(ies)/Bank Location of Committee Funds</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>
<b>Depository(ies)/Bank Location of Committee Funds</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>

**This section for Political Committees Only**

Candidate or Party Supported by Political Committee

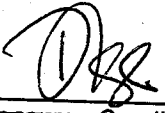
Candidate or Party Name	Address	Office	Party Affiliation (If any)

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, David Quigg  
(Print or type name), CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT.

Signature:   
~~Treasurer, Candidate or Office holder~~ Responsible Person

Date: 10/24/12

**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.**