



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)

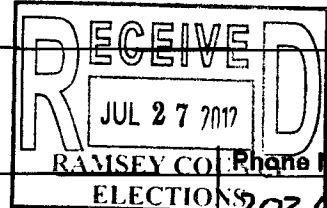
Name of Committee:
Working America Minnesota Political Fund

Mailing Address of Committee (include city state & zip code):
815 16th St., NW, Washington DC 20006

Phone Number:
202.637.5137

Purpose or Office:

Geographic Area:
State of Minnesota



Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>David Welde</i>	<i>815 16th St NW Washington DC 20006</i>	<i>202 637. .5137</i>
Co-Chair (if any)			
Treasurer			
Deputy Treasurer (if any)			
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Custodian of Books	Name: <i>Tim Gray</i>	Address: <i>815 16th St NW Washington DC 20006</i>	Phone Number: <i>202 637.5137</i>
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Depository(ies)/Bank Location of Committee Funds	Name: <i>Amalgamated Bank of Chicago</i>	Address: <i>1 West Monroe Chicago, IL 60603</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)
Tony Bennett	5707 Prairie Ridge Dr. Shoreline, MI 48126	District 1 County Commissioner	

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) 7/23/12 are \$ 26,211⁶⁵

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

Signature: 
Treasurer, Candidate or Office Holder

Date: 7/26/12

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.