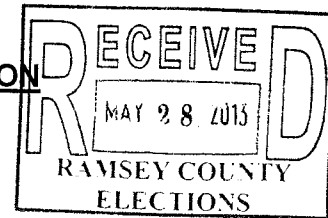


REGISTRATION AND STATEMENT OF ORGANIZATION

(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>Friends for Matt Hill</i>	
Mailing Address of Committee (include city state & zip code) <i>P.O. Box 40533 St Paul MN 55104</i>	Phone Number: <i>651-343-3491</i>
Purpose or Office <i>City Council</i>	
Geographic Area <i>Ward 1</i>	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>Dr. Tyrone Brookins</i>	<i>P.O. Box 40533 St Paul MN 55104</i>	<i>651-343-3491</i>
Co-Chair (If any)			
Treasurer	<i>Tim Hill</i>	<i>P.O. Box 40533 St Paul MN 55104</i>	<i>651-343-3491</i>
Deputy Treasurer (If any)			
Other Principal Officers (If any)	<i>Matt Hill</i>	<i>P.O. Box 40533 St Paul MN 55104</i>	<i>651-343-3491</i>
Other Principal Officers (If any)	<i>Liz Young</i>	<i>P.O. Box 40533 St Paul MN 55104</i>	<i>651-343-3491</i>

Custodian of Books	Name: <i>Tim Hill</i>	Address: <i>P.O. Box 40533 St Paul MN 55104</i>	Phone Number: <i>651-343-3491</i>
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Depository(ies)/Bank Location of Committee Funds	Name: <i>Western Bank</i>	Address: <i>663 University Ave W St Paul MN 55104</i>	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name: <i>PayPal</i>	Address: <i>P.O. Box 45950 Omaha, NE 68145</i>	Phone Number:
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This section for Political Committees Only

Candidate or Party Supported by Political Committee

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

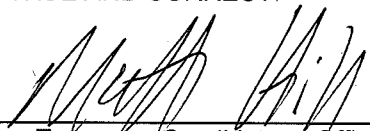
Is the committee a continuing one? (Check appropriate response) _____ Yes _____ No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 5/28/13 are \$ 300

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 5/28/13

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.