



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>Citizens to Elect Paul Holmgren</i>	
Mailing Address of Committee (include city state & zip code) <i>403 Blair Ave, Saint Paul, MN, 55103</i>	Phone Number: <i>651-222-1025</i>
Purpose or Office <i>Saint Paul City Council</i>	
Geographic Area <i>Ward One</i>	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>Jamie Deffen</i>	<i>385 Laurel Ave #108 Saint Paul MN 55101</i>	<i>651-224-6564</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>Paul Holmgren</i>	Address: <i>403 Blair Ave Saint Paul MN 55103</i>	Phone Number: <i>651-222-1025</i>
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Depository(ies)/Bank Location of Committee Funds	Name: <i>Hinway Federal Credit Union</i>	Address: <i>111 Empire Dr St Paul MN 55103</i>	Phone Number: <i>651-294-1515</i>
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)

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) July 31, 2013 are \$ 382.79

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

COMPLETE, TRUE AND CORRECT.

Signature: Paul Holmgren
Treasurer, Candidate or Office Holder

Date: July 31, 2013

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.