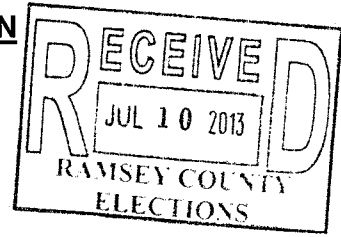


REGISTRATION AND STATEMENT OF ORGANIZATION

(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: Committee to elect Johnny Howard ^{To St Paul} City Council	
Mailing Address of Committee (include city state & zip code) 638 Van Buren Ave St Paul 55104	Phone Number: 651-894-3216
Purpose or Office	
Geographic Area Ward One	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Willie Mae Wilson	179 N Lexington	222-7669
Co-Chair (If any)	Yussif Magen	1094 Laurel	291-8850
Treasurer	Cheryl Hyles	638 Van Buren	276-8256
Deputy Treasurer (If any)	Cobie Golden		612 718-9702
Other Principal Officers (If any)	Don Estel Miller		757-0976
Other Principal Officers (If any)			

Custodian of Books	Name: Cobie Golden	Address:	Phone Number: 612 718-9702
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Depository(ies)/Bank Location of Committee Funds	Name: Wells Fargo Bank	Address:	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)

Is the committee a continuing one? (Check appropriate response)

Yes

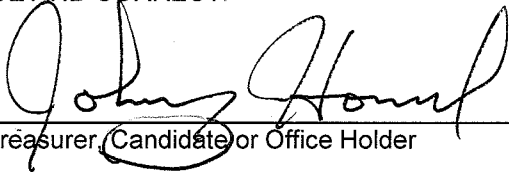
No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 7-10-13 are \$ 625⁰⁰

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 7-10-13

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.