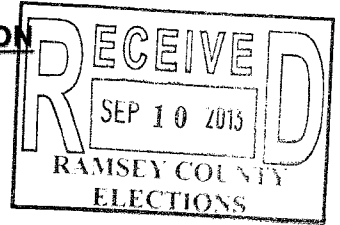




REGISTRATION AND STATEMENT OF ORGANIZATION

(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: LOCAL 1935 POLITICAL ACTION COMMITTEE	
Mailing Address of Committee (include city state & zip code) 300 HARDMAN AVE S SOUTH SAINT PAUL, MN 55075	Phone Number: 651-330-9118
Purpose or Office TO SUPPORT VARIOUS CANDIDATES OF INTEREST TO LOCAL 1935	
Geographic Area RAMSEY COUNTY	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	JAMES KURKOWSKI		
Co-Chair (if any)	MICHAEL SCHAOPF		
Treasurer	STEVEN REEVES		
Deputy Treasurer (if any)			
Other Principal Officers (if any)	JANILE GREENE		
Other Principal Officers (if any)			

Custodian of Books	Name: STEVEN REEVES	Address: 5341 CEDAR WOOD CT WHITE BEAR TWP, MN 55110	Phone Number: 651-330-9118
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Depository(ies)/Bank Location of Committee Funds	Name: CITY AND COUNTY CREDIT UNION	Address: 144 11TH ST E ST. PAUL MN 55101	Phone Number: 651-225-3700
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)

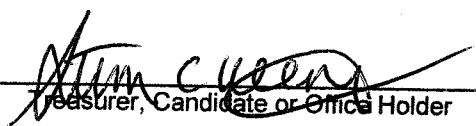
Is the committee a continuing one? (Check appropriate response) Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) JAN 04, 2013 are \$ 0.00

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

COMPLETE, TRUE AND CORRECT.

Signature:  Date: 1-
Treasurer, Candidate or Office Holder

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.