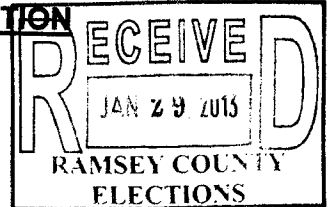




**REGISTRATION AND STATEMENT OF ORGANIZATION**

(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: <b>LOCAL 1935 POLITICAL ACTION COMMITTEE</b>	
Mailing Address of Committee (include city state & zip code) <b>2166 12<sup>TH</sup> ST WHITE BEAR LAKE, MN 55110</b>	Phone Number: <b>651-330-9118</b>
Purpose or Office <b>TO SUPPORT VARIOUS CANDIDATES OF INTEREST TO LOCAL 1935</b>	
Geographic Area <b>RAMSEY COUNTY</b>	

**Officers of Committee**

Officer	Name	Address	Phone Number
Chair:	<b>JAMES KURKOWSKI</b>	<b>239 LINDA ST LINDA LAKES, MN 55014</b>	
Co-Chair (if any)	<b>MICHAEL SCHAEMI</b>	<b>1899 WHITE BEAR AVE MAPLEWOOD, MN 55109</b>	
Treasurer	<b>STEVEN REEVES</b>	<b>2166 12<sup>TH</sup> ST WHITE BEAR LAKE, MN 55110</b>	
Deputy Treasurer (if any)			
Other Principal Officers (if any)	<b>JANILE GREENE</b>	<b>1712 96<sup>TH</sup> AVE HAMMOND WI 54015</b>	
Other Principal Officers (if any)			

Custodian of Books	Name: <b>STEVEN REEVES</b>	Address: <b>2166 12<sup>TH</sup> ST WBL, MN 55110</b>	Phone Number:
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Depository(ies)/Bank Location of Committee Funds	Name: <b>CITY AND COUNTY CREDIT UNION</b>	Address: <b>144 11<sup>TH</sup> ST EAST ST PAUL, MN 55101</b>	Phone Number: <b>651-225-2700</b>
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Depository(ies)/Bank Location of Committee Funds	Name:	Address:	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) JAN 24, 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:   
Treasurer, Candidate or Office Holder

Date: 1-

**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.**