REGISTRATION AND STATEMENT OF ORGANIZATION
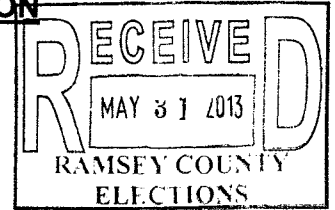(All data on this form is public information)

This report is a(n) (check one): __X__ New Registration _____ Amendment

The organization is for a (check one): __X__ Candidate ___.___ Political Committee _____ Office Holder

(Please Print or Type)

Name of Committee: Friends of Noel Nix	
Mailing Address of Committee (include city state & zip code) 425 Dayton Ave, Apt 3 Saint Paul, MN 55102	**Phone Number:** 612-709-0787
Purpose or Office Saint Paul City Council	
Geographic Area City of Saint Paul	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Willetha Toni Carter	405 Western Ave N Saint Paul, MN 55103	651-293-1362
Co-Chair (If any)			
Treasurer	Paul Raymond	1291 Farrington St Saint Paul, MN 55117	612-226-4483
Deputy Treasurer (If any)			
Other Principal Officers (If any)	Theresa Nix	425 Dayton Ave #3 Saint Paul, MN 55702	612-306-0748
Other Principal Officers (If any)			

Custodian of Books	Name:	Address:	Phone Number:

Depository(ies)/Bank Location of Committee Funds	Name: Western Bank	Address: PO Box 64689 St. Paul, MN 55164	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)
Noel Nix	425 Dayton Ave st Paul, MN 55102	City Council	

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

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This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) ___5/31/13___ are $___600___

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

COMPLETE, TRUE AND CORRECT.

Signature: _____ Date: ___5/31/13___
  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 OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.

Revised 06/2000