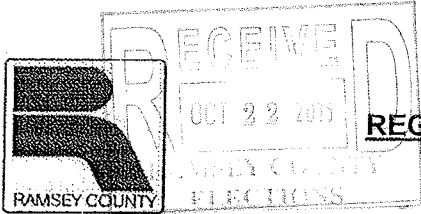


651-266-2177



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

*Registered with the
State Campaign Finance
Board*

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

The organization is for a (check one): Candidate *Independent Expenditure* Political Committee Office Holder
Fund

(Please Print or Type)

Name of Committee: <i>Take Action Minnesota Political Fund</i>	
Mailing Address of Committee (include city state & zip code) <i>705 Raymond Ave #100 Saint Paul MN 55114</i>	Phone Number: <i>651-641-6199</i>
Purpose or Office <i>Independent Expenditure for Progressive Candidates</i>	
Geographic Area <i>Minnesota Including Saint Paul</i>	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>Dan McGrath</i>	<i>705 Raymond Ave #100 Saint Paul MN 55114</i>	<i>651-641-6199</i>
Co-Chair (If any)			
Treasurer	<i>Dan McGrath</i>	<i>705 Raymond Ave #100 Saint Paul MN 55114</i>	
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

Custodian of Books	Name: <i>Leah Drotias</i>	Address: <i>705 Raymond Ave #100 St Paul MN 55114</i>	Phone Number: <i>651-641-6199</i>
--------------------	------------------------------	--	--------------------------------------

Depository(ies)/Bank Location of Committee Funds	Name: <i>Bremer Bank</i>	Address: <i>705 Raymond Ave #100 Saint Paul MN 55114</i>	Phone Number: <i>651-641-6199</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)
Dai Thao	Ward 1, 748 W. Minnehaha Ave. St Paul MN 55104	Ward 1	


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) 10/22/13 are \$ 0.

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: _____

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.