

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

•	neck one):XNew Registration			
The organization is fo	or a (check one):Candid	datePolitical Committee	Office Holder	
(Please Print or Type)			
Name of Committee:	A 40 A 47			
VOERDING	Y VOLUNTEER CO.	MMITTEE		
Mailing Address of Committee (include city state & zip code) Phone Number:				
113 FAR	RINGTON STREET	ϵ	51-224-2919	
Purpose or Office				
			3	
Geographic Area	24 4 4			
SAINT	PAUL WAROI			
Officers of Comr	nittee			
Officer	Name	Address	Phone Number	
Chair:				
Co-Chair (If any)				
Treasurer				
Deputy Treasurer (If any)				
Other Principal Officers (If any)				
Other Principal Officers (If any)				
Custodian of Books	Name:	Address:	Phone Number:	
Depository(ies)/Ban	k Name:	Address:	Phone Number:	
Location of Commit	tee WESTERN BANK	663 UNIVERSITY AV		
Depository(ies)/Ban Location of Commit Funds	k Name: tee	Address:	Phone Number:	

This section for Political Committees Only

Candidate or Party Supported by Political Committee

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) JULY 36 TH, 30/3 are \$ 306.00 I, MARK VOERDING CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM (Print or type name) COMPLETE, TRUE AND CORRECT.	Candidate or Party Name	Address	Office	Party Affiliation (If any)
This Section is To Be Completed By All Committees Liquid assets on hand as of (date)	····		CITY COUNCIL	
This Section is To Be Completed By All Committees Liquid assets on hand as of (date)				
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This Section is To Be Completed By All Committees Liquid assets on hand as of (date)				
, MARK VOERDING, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM (Print or type name) COMPLETE, TRUE AND CORRECT.	Γhis Section is To Be Co	ompleted By All Committees		
COMPLETE, TRUE AND CORRECT.	Liquid assets on hand as	of (date) <u> </u>	_are \$_306.00	
	I, MARK VOERA (Print or type name)	DING CERTIFY THAT THE I	NFORMATION CONTAI	NED ON THIS FORM IS
Signature: Mark Voerderig Date: 7-26-2013 Treasurer, Candidate or Office Holder	(Print of type name)		NFORMATION CONTAI	NED ON THIS FORM IS

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.