



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: <p align="center" style="font-size: 1.2em;">ST PAUL DFL</p>	
Mailing Address of Committee (Include city state & zip code) <p style="font-size: 1.2em;">PO BOX 40425 ST PAUL, MN 55104</p>	Phone Number:
Purpose or Office <p style="font-size: 1.2em;">PROMOTE DFL ACTIVITIES AND CANDIDATES IN ST PAUL</p>	
Geographic Area <p style="font-size: 1.2em;">CITY OF ST PAUL</p>	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	ELIZABETH KANTNER	753 FULLER AVE ST PAUL, MN 55104	612-860- 7823
Co-Chair (If any)			
Treasurer	STEVEN KANTNER	460 MARSHALL AVE APT 3 ST PAUL, MN 55102	651-587- 5022
Deputy Treasurer (If any)			
Other Principal Officers (If any)	MAY SHOUA MOUA SECRETARY	758 STRYKER ST PAUL, MN 55107	612-886- 4726
Other Principal Officers (If any)	MATT FREEMAN ASSOCIATE CHAIR	603 CLEVELAND AVE ST PAUL, MN 55116	612-298- 0845

Custodian of Books	Name: STEVE KANTNER	Address:	Phone Number: 651-587- 5022
--------------------	------------------------	----------	-----------------------------------

Depository(ies)/Bank Location of Committee Funds	Name: ASSOCIATED BANK	Address: 176 SNEELING AVE N ST PAUL, MN 55104	Phone Number: 651-646- 8681
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)
DFL	PO Box 40425	—	DFL

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) 7/21/14 are \$ 21,515.89

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

COMPLETE, TRUE AND CORRECT.

Signature: Steve Kantner
Treasurer, Candidate or Office Holder

Date: 8/4/14

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.