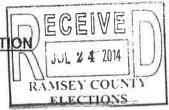


REGISTRATION AND STATEMENT OF ORGANIZATION (All data on this form is public information)



	\ /		
This report is a(n) (c	heck one): New Registration		
The organization is for a (check one):CandidatePolitical CommitteeOffice Holder			office Holder
(Please Print or Type	a)		
Name of Committee:		The state of the s	SAIT IXIMMITTORCHI HILLIA
KAY	ING THAO for	Roseville	
	ommittee (include city state & zip code)	Phone Nu	
2713	Marion St Ros	senlle MN 55113 61	2 385 302
Purpose or Office	1 - 0		
	ical campaign fo	rath council	in
Geographic Area	city of Roseville		
Officers of Com	nittee		
Officer	Name	Address	Phone Number
Chair:	MONALANGSTON	4152 Lexington Ave N #5206; Shoveview MN 55126	763
+ ×- 111+11-11-11-11-11-11-11-11-11-11-11-11-	LANG 910N	#5206; Shoveview Mr	913.0278
Co-Chair (If any)	*	55126	
Treasurer	Fre Lee	2407 Fremont Aver Minneapolis MN 55	
Deputy Treasurer (If any)	115-77-11111		
Other Principal Officers (If any)			
Other Principal Officers (If any)			
Custodian of Books	Name:	Address:	Phone Number:
Depository(ies)/Ban Location of Commit Funds	too Credit Union	Address: 175 W. Lafayetta St Paul MN 5510-	Phone Number: 191291
Depository(ies)/Ban Location of Commit Funds		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) Is the committee a continuing one? (Check appropriate response) This Section is To Be Completed By All Committees Liquid assets on hand as of (date) CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE AND CORRECT. Signature; 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.