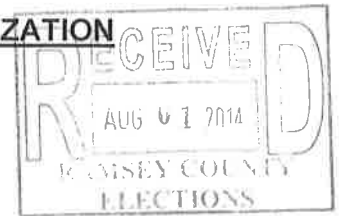




REGISTRATION AND STATEMENT OF ORGANIZATION

(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: <i>Neighbors for Marit Brock</i>	
Mailing Address of Committee (include city state & zip code) <i>74 Garfield St. Saint Paul, MN 55102</i>	Phone Number: <i>651-341-3188</i>
Purpose or Office <i>Saint Paul City Council</i>	
Geographic Area <i>Ward 2</i>	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	<i>Connie Lewis</i>	<i>292 Ryan Ave. St. Paul, MN 55102</i>	<i>651-221-0550</i>
Co-Chair (If any)	<i>Margaret "Brit" Youngquist</i>	<i>270 West Page St. St. Paul, MN 55107</i>	<i>651-227-2264</i>
Treasurer	<i>Juan Jaime Fuentes</i>	<i>22 Douglas St. St. Paul, MN 55102</i>	<i>720-226-4386</i>
Deputy Treasurer (If any)			
Other Principal Officers (If any)	<i>Karen Voracek</i>	<i>240 Spring St. #225 St. Paul, MN 55102</i>	<i>651-290-2003</i>
Other Principal Officers (If any)			

Custodian of Books	Name: <i>Juan Jaime Fuentes</i>	Address: <i>22 Douglas St. St. Paul, MN 55102</i>	Phone Number: <i>720-226-4386</i>
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Depository(ies)/Bank Location of Committee Funds	Name: <i>Think Mutual Bank</i>	Address: <i>400 Robert St. Unit #240 St. Paul, MN 55101</i>	Phone Number: <i>651-288-1010</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)

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) 8/1/2014 are \$ 0.

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 8/1/14

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.