

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

This report is a(n) (ch	eck one):New Registration	Amendment			
The organization is for	r a (check one):Candidate	Political Committee	Office Holder		
(Please Print or Type)					
Name of Committee:					
Bob Fletcher for Council Committee					
Mailing Address of Committee (include city state & zip code) 55127		Phone Number:			
458 OAK Creek Dr. So, VADNAIS Heights 65			651-248-2400		
Purpose or Office					
VADNAIS Heights City Council					
Geographic Area					
VADNA	is Heights, MN	OCT 1 6 2014			
Officers of Committee					
Officer	Name	Address	Phone Number		
Chair:	Bob Fletcher	458 OAK Creek D.	~ So 6512482400		
Co-Chair (If any)					
Treasurer	Kris Fletcher	458 OAK Creek T	Dr. So 6514073442		
Deputy Treasurer (If any)					
Other Principal Officers (If any)					
Other Principal Officers (If any)					
Custodian of Books	Name:	Address:	Phone Number:		
Depository(ies)/Bank Location of Committee Funds Name: USBANK		Address:	Phone Number: \$00 - \$72-2657 Phone Number:		
Depository(ies)/Bank Location of Committee Funds		Address:	Frione number:		

This section for Political	Committees Only	/			
Candidate or Party Suppo	rted by Political Committee				
Candidate or Party Name	Address	Office	Party Affiliation (If any)		
Is the committee a continuing one? (Check appropriate response)YesNo					
This Section is To Be Completed By All Committees					
Liquid assets on hand as	of (date) Oct 14, 2014	_are \$ <u>757'</u>	g r.		
I, Bob FI (Print or type name)	etcher, certify that the 11	NFORMATION CONTAINI	ED ON THIS FORM IS		
COMPLETE, TRUE AND	CORRECT.				
Simulatura:	Bol- 7. O. Ilen	Date:	10/14/2014		

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.

Treasurer, Candidate or Office Holder