

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

This report is a(n) (check one):New RegistrationAmendment			
The organization is for a (check one):CandidatePolitical CommitteeOffice Holder			
(Please Print or Type)			
Name of Committee:			
FRIENDS OF REBECCA NOECKER			
Mailing Address of Co	mmittee (include city state & zip code)		Phone Number:
1486 West Minnehaha Ave St Paul, MN 55104 651-314-9311			
Purpose or Office			
STRAWL CITY COUNCIL WARD 2 - ELECTION IN 2015			
Geographic Area			
WARD 2 - ST. PAUL West Side, West 7th, Downtown, Summer Hill			
Officers of Committee			
Officer	Name	Address	Phone Number
Chair:	BETSY REVEAL	534 Superior St, 8t	. Pay 1,MN 4746
Co-Chair (If any)			
Treasurer	RACHEL SHIELDS	1486 W. Minnehalm Ar	8t.Paul 202.321- 65104 6989
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			
Custodian of	Name:	Address:	St. Paul Phone Number: 202 - 321
Books	Rachel Smields	1486 W. Mirinehabra Ar	87.1201 202-321- 18 55104 6989
Depository(ies)/Bank Name: Address: St. Paul Phone Number:			
Location of Committe		1	MN 55104 8100
Funds Depository(ies)/Bank		Address:	Phone Number:
Location of Committe			

This section for Political Committees Only Candidate or Party Supported by Political Committee Candidate or Party Affiliation (If any) Office Party Name Address Is the committee a continuing one? (Check appropriate response) _____ Yes This Section is To Be Completed By All Committees Liquid assets on hand as of (date) 8/26/2014 are \$ 4,885.31. Peberca Vocker, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS (Print or type name) COMPLETE, TRUE AND CORRECT. Phr Shee Date: 8-26-/4/

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.