



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: JANE PRINCE FOR SAINT PAUL WARD 7 COMMITTEE
Mailing Address of Committee (include city state & zip code): 1004 BURNS AVE. ST. PAUL MN 55106
Phone Number: 651.308.4984
Purpose or Office: CITY COUNCIL
Geographic Area: WARD 7

Officers of Committee

Table with 4 columns: Officer, Name, Address, Phone Number. Rows include Chair (SHELDON JOHNSON), Co-Chair, Treasurer (SAMUEL E. MURPHY), Deputy Treasurer (DAVID J. MURPHY), and Other Principal Officers (STEPHANIE HARR).

Custodian of Books: Name: TREAS./DEP TREAS, Address: 1004 BURNS AVE ST. PAUL, MN 55106, Phone Number: 651.308.4185

Depository(ies)/Bank Location of Committee Funds: Name: CITY COUNTY CREDIT UNION, Address: 144. 11th St. E. ST. PAUL MN 55101, Phone Number: 651.225.2700

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) |
|-------------------------|---------|--------|----------------------------|
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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) 12/11/2014 are \$ 1,471.00

I, JANE L. PRINCE, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)
COMPLETE, TRUE AND CORRECT.

Signature: Jane L. Prince
Treasurer, Candidate or Office Holder

Date: 12/11/2014

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.