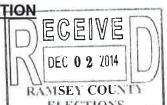


REGISTRATION AND STATEMENT OF ORGANIZATION
(All data on this form is public information)



This report is a(n) (c	neck one):New Registration	Amendment	ELECTIONS
	or a (check one):Candidate		Office Holder
(Please Print or Type	2		
Name of Committee:			
East Siders	For Paul Sauger		
Mailing Address of Co	mmittee (include city state & zip code)		Phone Number:
1346 Point Douglas Rd S Saint Paul MV SS119 Purpose or Office			612-269-1024
l ·			
City Counc		ъ	
Geographic Area	Ward 7	10 m	
Officers of Comm	nittee		
Officer	Name	Address	Phone Number
Chair:	Lizeht De La Torre	2215 Sta St E Saint Paul MW 55719	657-470-1928
Co-Chair (If any)),5		<
Treasurer	Paul Sarger	1346 Point Douglas Rd S Saint Paul MW 55119	612-269-1024
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)	Y		
Custodian of	Name:	Address:	Phone Number:
Books	Paul Sarger	Address: 1346 Point Douglas Rd S Saint Paul MV 55119	612-269-1024
Depository(ies)/Banl		Address:	Phone Number:
Location of Committ	ee Think Bank	400 Robert St N Switer Saint Paul MN 55101	651-288-1010
Depository(ies)/Banl Location of Committ	γ Name:	Address:	Phone Number:

This section for Political Committees Only Candidate or Party Supported by Political Committee Candidate or

Candidate or Party Name	Address	Office	Party Affiliation (If any)
Faity Name	Address	Office	Faity Aimation (if any)
	Completed By All Committee	e response) Yes	NO
	as of (date)		2
I. Paul Sawyer (Print or type name)	, CERTII	FY THAT THE INFORMATION CON	ITAINED ON THIS FORM IS
COMPLETE, TRUE AN	ID CORRECT.		
Signature: Treasu	rer, Candidate or Office Holder		Date:

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.