



REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

RAMSEY COUNTY
DEC 01 2014
ELECTIONS

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: SLADE FOR THE EAST SIDE	
Mailing Address of Committee (include city state & zip code) 1005 Conwyz St. St Paul MN 55106	Phone Number: 651-491-2084
Purpose or Office Ward 7 City Council City of St. Paul	
Geographic Area East Side of St Paul, Ward 7	

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	WANDY SLADE	1005 Conwyz St St Paul 55106	651-772-0745
Co-Chair (If any)			
Treasurer	FATIMA MOORIZ	336 Maple St St Paul 55106	612-309-1635
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:	Address:	Phone Number:
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) 12/1/14 are \$ 10,000

I, John J. Slade, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 12/1/14

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.