



## 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)

<b>Name of Committee:</b>  Volunteers For Williams	
<b>Mailing Address of Committee (include city state &amp; zip code)</b>  2932 Hamline Ave W Roseville MN 55113	<b>Phone Number:</b>  651-633-4601
<b>Purpose or Office</b>  Roseville City Council	
<b>Geographic Area</b>  City of Roseville	

### Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Bob Williams	2932 Hamline Ave W Roseville MN 55113	651-633-4601
Co-Chair (If any)			
Treasurer	Debby Williams	2932 Hamline Ave W Roseville MN 55113	612-865-7655
Deputy Treasurer (If any)			
Other Principal Officers (If any)			
Other Principal Officers (If any)			

<b>Custodian of Books</b>	<b>Name:</b> Debby Williams	<b>Address:</b> See Above	<b>Phone Number:</b>
---------------------------	--------------------------------	------------------------------	----------------------

<b>Depository(ies)/Bank Location of Committee Funds</b>	<b>Name:</b> US Bank	<b>Address:</b> PO Box 1800 St. Paul MN 55101	<b>Phone Number:</b> 800 673-3555
<b>Depository(ies)/Bank Location of Committee Funds</b>	<b>Name:</b>	<b>Address:</b>	<b>Phone Number:</b>

**This section for Political Committees Only**

Candidate or Party Supported by Political Committee

Candidate or Party Name	Address	Office	Party Affiliation (If any)
Bob Williams	2932 Hamblin A. N. Roseville MN 55113	City Council	N/A


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) 7/8/2014 are \$ 150.00.

I, Bob Williams, CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS  
(Print or type name)

COMPLETE, TRUE AND CORRECT.

Signature:   
Treasurer, Candidate or Office Holder

Date: 7/8/2014

**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.**