



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:
 RUSS FOR WARD 4

Mailing Address of Committee (include city state & zip code)
 c/o 1500 Charles Ave, St. Paul, MN 55104

Phone Number:
 651-324-2807

Purpose or Office
 St. Paul City Council

Geographic Area
 St. Paul Ward 4

Officers of Committee

Officer	Name	Address	Phone Number
Chair:	Mary Morse Marti	214 Exeter Place St. Paul, MN 55104	651-917-7577
Co-Chair (If any)			
Treasurer	Bob Butterbrodt	1711 Laurel Ave. St. Paul, MN 55104	651-261-7431
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:
	Western Bank	663 University Ave. St. Paul, MN 55103	651-290-8100
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)

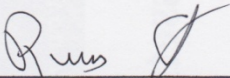
Is the committee a continuing one? (Check appropriate response) Yes No

This Section is To Be Completed By All Committees

Liquid assets on hand as of (date) 12/31/13 are \$ 4,356.78.

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

COMPLETE, TRUE AND CORRECT.

Signature: 
Treasurer, Candidate or Office Holder

Date: 1.23.14

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.