

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

This report is a(n) (ch	neck one):X_New Registration _	Amendment	
The organization is fo	r a (check one):Candidate	Political Committee	Office Holder
(Please Print or Type)			
Name of Committee:	ALTONIA CARTAGORIA CONTRACTORIA		
o de la companya del companya de la companya del companya de la co	riends for Stee		
Mailing Address of Co	mmittee (include city state & zip code)	Phone	e Number:
Purpose or Office	mmittee (include city state & zip code) Burgess St	5, St. Prul, MN 6	51-757-87
Geographic Area	-anscy Carry Con	missioner	
- Section of the Contract of t	Pistrict 3		
Officers of Comn	nittee		
Officer	Name	Address	Phone Number
Chair:	Lovi Ske	As above	(681) 757-8769
Co-Chair (If any)			
Treasurer	Steven Cohen	St. Pral, MN 55108	681)
Deputy Treasurer (If any)		}	
Other Principal Officers (If any)			
Other Principal Officers (If any)			
Custodian of Books	Name: Skven Colen	Address:	Phone Number:
Depository(ies)/Bank Location of Committ Funds		Address: 1BOLW. County RtC Roscville, MN55113 Address:	Phone Number: (6 51) 6 31-1040
Depository(ies)/Bank Location of Committ Funds	(Name:	Address:	Phone Number:

This section for Political	Committees Only					
Candidate or Party Suppo	rted by Political Committee					
Candidate or Party Name	Address	Office	Party Affiliation (If any)			
Is the committee a continuing one? (Check appropriate response) YesNo						
	mpleted By All Committees					
Liquid assets on hand as of (date) $\frac{12/31/13}{31/13}$ are \$ 1,327.60.						
I, Skuen Collen , CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS (Print or type name)						
COMPLETE, TRUE AND	CORRECT		././			
Signature:	Candidate or Office Holder	D:	ate:/3/14			

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.

RAMSEY COUNTY CAMPAIGN FINANCIAL REPORT FORM

Committee Name: Friend's for Siee	and the state of t			
Office sought or held by candidate or purpose of political committee:	mmissioner			
Type of Organization: Candidate Committee Political (Action Business/Corpo				
	oses committee account; A.03 for requirements)			
Give the total for all contributions received during the period of time covered by this report. Contributed by type (money or in-kind) rather than contributor. Use a separate sheet to itemize all contributors amount, date, name, address, employer or occupation if self-employed for all contributors. CASH \$ 1,350.00 EXPENDITURES Include all disbursements made by the committee during period of time covered by report. Attach as	butions from a single n must provide			
necessary. Itemization must include date, purpose, and amount for each expenditure.				
Date Purpose Un lip Checks	22,40			
17n/10 Checks				
TOTA	AL 22.40			
CURRENT ACCOUNT BALANCE: \$ 1327.60 I certify that this is a full and true statement Signature Date				
Printed Name Skver Coven Coven Email Skve Coven (a) concast wet				
Printed Name Stuen Colon Email Stue Colon Address 1496 Milary Play Phone 651-46 St. Paul, MN 55108	12-3573			

Contributors of \$100 or more

Note	\$1,100.00 Loan to campaign		
Amount	\$ 1,100.00	\$ 100.00	\$ 100.00
Occupation/Employer		Kellar Williams Realty	Dr., Minnetonka, 55345 Social Enterprise Alliance
Address	1006 Burgess St., St. Paul, 55103	12/31/2013 Colleen Stee 125 C McKnight Rd, St. Paul, 55119	12/31/2013 Kevin Lynch 3909 Dartmouth Dr., Minnetonka, 55345
Name	Lori Stee	Colleen Stee	Kevin Lynch
Date	Various	12/31/2013	12/31/2013