



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

This report is a(n) (check one): New registration Amendment to registration

The organization is for a (check one): Candidate Committee Political Committee Political Fund

Committee Name Crewsforward 1

Candidate Name (first and last) Trakern Crews

Mailing Address of Committee (include city, state, and zipcode) 901 Fuller Ave, Saint Paul, MN 55104

Email trakerncrews@gmail.com Phone 651-404-8700

Purpose or Office sought Saint Paul City Council

Geographic Area Saint Paul ward 1

Officers of the Committee

	Name	Address	Phone
Chair (required)	<u>Lena Denise Bixby</u>	<u>1001 Selby Ave</u>	<u>612 418-0930</u>
Treasurer/ Secretary (required)	<u>Jimelle Duncan</u>	<u>2356 Lorain Ln Maplewood 55119</u>	<u>651-246-6230</u>
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds Trakern Crews 901 Fuller Ave St. Paul, MN 55104 651 404-8700

Associated Bank
202 Snelling Ave N

THIS SECTION FOR POLITICAL COMMITTEES ONLY
Candidate or Party supported by Political Committee

Candidate Name or Party Name Trabern Crews

Address 901 Fuller Ave St. Paul, MN 55104

Office sought by candidate Saint Paul City Council

Party Affiliation (if any) Green Party

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 5-18-2015 are \$ 408.55.

I, Trabern Crews CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: Trabern Crews Date: 5/21-2015

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.