

**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 Friends (Niijis) for David Glass

Candidate Name (first and last) David Glass

Mailing Address of Committee (include city, state, and zipcode) 519 Maryland Ave W St-Paul, MN 55117

Email pglasse@blackbearcrossings.com Phone 651-288-0536

Purpose or Office sought City Council

Geographic Area Ward 5 St-Paul

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	<u>Pamela Borden-Glass</u>	<u>800 Arlington Ave W St-Paul, MN 55117</u>	<u>651-489-6560</u>
Treasurer/ Secretary (required)	<u>Nels Larsen</u>	<u>1509 Midway Pkwy St-Paul, MN 55108</u>	<u>612-618-5299</u>
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds Western Bank 663 University Ave W St-Paul, MN 55104 651-280-8100

Name Address Phone

**THIS SECTION FOR POLITICAL COMMITTEES ONLY**

Candidate or Party supported by Political Committee

Candidate Name or Party Name David Glass

Address 800 Arlington Av W, St Paul, MN 55117

Office sought by candidate St Paul, Ward 5 City Council

Party Affiliation (if any) DFL

**THIS SECTION TO BE COMPLETED BY ALL COMMITTEES**

Liquid assets on hand as of (date) Aug 10 2015 are \$ 5713.28.

I, Pam Borden-Glass CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 8-10-15

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.