



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 BILL HOSKO FOR CITY COUNCIL

Candidate Name (first and last) BILL HOSKO

Mailing Address of Committee (include city, state, and zipcode) 400 N ROBERT ST

Email BILLHOSKO97AHOV.COM Phone 651-222-4767

Purpose or Office sought WARD 2 CITY COUNCIL

Geographic Area SAINT PAUL

Officers of the Committee

	Name	Address	Phone
Chair (required)	BILL HOSKO	741 BAYARD AVE SAINT PAUL	651-222-4767
Treasurer/ Secretary (required)	RUBEN MORALES	211 E 7TH ST SAINT PAUL	651-263-8519
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds TRINK BANK 400 N. ROBERT ST. 651-288-6602

Name Address Phone

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

Candidate Name or Party Name _____

Address _____

Office sought
by candidate _____

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 9/11/15 are \$ 473.92

I, Bill (William) Hosko CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: [Handwritten Signature] Date: 9/11/15

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.