

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (ch	eck one):New Registrat	ion <u>XX</u> Amendment		
The organization is for	a (check one):	andidate XX Political CommitteeC	Office Holder	
(Please Print or Type)				
Name of Committee:				
Saint Pa	nul Republican City Com	nmittee GOP		
Mailing Address of Committee (include city state & zip code)			Phone Number:	
P.O. Box 4815, St. Paul, MN 55101-8815			612-223-5073	
Purpose or Office				
To supp	oort candidates and caus	es consistent with the Minnesota GOP		
Geographic Area				
Ramsey	County			
Officers of Comm	nittee			
Officer	Name	Address	Phone Number	
Chair:	John Krenik	1270 Cleveland Ave South	651-699-6555	
Co-Chair (If any)	Mitch Berg	1440 W. Minnehaha Ave	651-855-8912	
Treasurer	Steven Olson	Box 4815, St. Paul, MN 55101	612-223-5073	
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 Committ Funds		Address: 1959 Burns Avenue, St. Paul, MN	Phone Number:	
Depository(ies)/Bank Location of Committe Funds		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
s the committee a co	ntinuing one? (Check appropriate response)	_XX_ Yes	No	
This Section is To B	se Completed By All Committees			
This Section is To B			No	
This Section is To B	se Completed By All Committees	are \$	286.60	 O ON THIS FORM IS
This Section is To B	d as of (date), CERTIFY THAT TH	are \$	286.60	 O ON THIS FORM IS

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.

Treasurer, Candidate or Office Holder