



## REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): New		egistration X Amendment to registration	
The organization is for a (check one): Candidate Committee $X$ Political Committee Political Fund			
Committee Name ST. Paul Ward 4 DFL			
Candidate Name (first and last)			
Mailing Address of Committee (include city, state, and zipcode) 1618 Van Buren Ave St Paul, MN 55104			
EmailPhone 651-646-4160			
Purpose or Office sought DFL			
Geographic Area Ward 4 DFL in St. Paul			
Officers of the Committee			
	Name	Address	Phone
Chair (required)	Beth Commers	2294 Common wealth Are	651-645-4644
Treasurer/ Secretary (required)	Richard Moore	1618 Van Buren	651-646-4100
Other Principal Officers (if any)			
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of Committee Funds Associated Bank P.O. Box 19097, Green Bay WT (51-523-6318) Name Address Phone			

## THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name Straul Ward 4 DFL
Address
Office sought by candidate ————————————————————————————————————
Party Affiliation (if any)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) $9-3-2015$ are \$ $3,870,13$ .
I, <u>Richard Moore</u> CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.
Signature:
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.