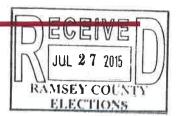


REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)



	This report is a(n) (check one):	New reg	gistration _	Amend	ment to reg	istration	
The organization is for a (check one):Candidate Committee Political Committee Political							ee Political Fund	
	Committee Name Friends of David Sullivan-Nightengale Candidate Name (first and last) David Sullivan-Nightengale							
	Mailing Address of Committee (include city, state, and zipcode) 1/32 Norton St St Paul SS/17							
7 Email Phone <u>651</u>						251-4	489-9019	
′	Purpose or Office sought Saint Paul City Council							
	Geographic Area Ward 5 Officers of the Committee							
		Name		Address			Phone	
	Chair (required)	Stuart Chast	tain	3430 Cha Sharevie			651-482-9026	
	Treasurer/ Secretary (required)	Nancy Cherma	k					
	Other Principal Officers (if any)	Philip Fuehre	r	1560 A: St. Paul			651-501-0639	
	Other Principal Officers (if any)							
	Depository(ies)/ Bank Location of	1.77.04	Rice	e St				
	Committee Funds	Name Wastern		Address	ul		Phone	

THIS SECTION FOR POLITICAL COMMITTEES ONLY

nine is a

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) $7-27-15$ are \$ 300.00
I, <u>Nancia</u> Charmak CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.
Signature: Mancie Chermak Date: 7-27-15

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.