

**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 WELSHAGEN VOLUNTEER COMMITTEE

Candidate Name (first and last) JONATHAN WELSHAGEN

Mailing Address of Committee (include city, state, and zipcode) 327 OAKWOOD DR, SHOREVIEW, MN 55126

Email JWELSHAGEN@GMAIL.COM Phone 651-238-6043

Purpose or Office sought SCHOOL BOARD

Geographic Area MOUNDS VIEW ISD #621

**Officers of the Committee**

	Name	Address	Phone
Chair (required)	JONATHAN WELSHAGEN	327 OAKWOOD DRIVE SHOREVIEW, MN 55126	651-238-6043
Treasurer/ Secretary (required)	SAME	SAME	SAME
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds U.S. BANK 101 E 5TH ST 651-244-7720  
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) 10/20/2015 are \$ 2632.70.

I, James W. [Signature] CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: [Signature] Date: 10-20-2015

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.