

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(r	n) (check one): X New re	egistration Amendment to re	gistration
The organization is for a (check one): X Candidate Committee Political Committee Political Fund			
Committee NameSue Denkinger for Shoreview City Council			
Candidate Name (first and last)Susan Denkinger			
Mailing Address of Committee			
(include city, state, and zipcode) 4494 Chatsworth St., Shoreview, MN 55126			
Email suedenkinger@gmail.com Phone 651-490-3166		6	
Purpose or Office soughtShoreview City Council			
Geographic Area City of Shoreview, MN			
Officers of the Committee			
Ţ/	Name	Address	Phone
Chair (required)	Sue Denkinger	4494 Chatsworth St., Shoreview, MN 55126	651-490-3166
(,		33120	
Treasurer/	Sue Denkinger	4494 Chatsworth St., Shoreview, MN	651-490-3166
Secretary (required)		55126	
Other Principal	None		
Officers (if any)			
	None		
Other Principal Officers			
(if any)			
Depository(ies)/			•
Bank Location of	TCF National Bank	405 Xenium Lane No. lymouth, MN	800-823-2265
Committee Funds	Name 55	5441 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) $1/ l_{\theta}/2016$ are \$ $\frac{0}{2000}$.			
Susan C Denkinger CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS			
COMPLETE, TRUE, AND CORRECT.			
COMPLETE, TRUE, AND CORRECT. Signature: Date: 11/16/2016			
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.			