

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 Mahoney for Mayor

Candidate Name (first and last) Timothy C. Mahoney

Mailing Address of Committee (include city, state, and zipcode) 1091 Hyacinth Ave S. St. Paul

Email rep@timmahoney1@msn.com Phone 651-776-3200

Purpose or Office sought Mayor, City of St. Paul

Geographic Area City of St. Paul, Mn

Officers of the Committee

	Name	Address	Phone
Chair (required)	<u>Tim Mahoney</u>	<u>1091 Hyacinth</u>	<u>651-776-3200</u>
Treasurer/ Secretary (required)	<u>Chris Smith</u>		<u>651-206-9953</u>
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies):

Bank Location of Committee Funds SUNRISE 1351 Arcade St. St. Paul 651 265 5600

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) 11/21/16 are \$ 0.

I, Timothy C Mahoney CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: Timothy C Mahoney Date: 11/21/16

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.