



fax to: 651 266 2177

Attn: Josh K.

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 Carol A. Mueller for Mounds View MN Mayor

Candidate Name (first and last) Carol A. Mueller

Mailing Address of Committee (include city, state, and zipcode) 8343 Groveland Rd, Mounds View MN 55112

Email mueller4dc@gmail.com Phone 763 458 2719

Purpose or Office sought Mayor

Geographic Area northwest corner of Ramsey County

Officers of the Committee

	Name	Address	Phone
Chair (required)	Carol A. Mueller	8343 Groveland Rd Mounds View mn 55112	763-458- 2719
Treasurer/ Secretary (required)	Carol A. Mueller	Same	Same
Other Principal Officers (if any)	(spouse) Daniel M. Mueller	Same	Same
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds (Personal account used, no campaign account opened.)

Western Bank 2711 NE Hwy 10, 651-290-7866
Name Address Mounds View 55112 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) _____ are \$ 0.

I, Carol A. Mueller CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.

Signature: Carol A Mueller Date: 11/17/16

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.