

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 Saint Paul DFL

Candidate Name (first and last) _____

Mailing Address of Committee
(include city, state, and zipcode) PO Box 40425 St. Paul, MN 55104

Email _____ Phone _____

Purpose or Office sought _____

Geographic Area City of St. Paul

Officers of the Committee

| | Name | Address | Phone |
|-----------------------------------|-------------------|--|--------------|
| Chair (required) | Elizabeth Kantner | 753 Fuller Avenue St. Paul, MN 55104 | 612-860-7823 |
| Treasurer/ Secretary (required) | Adam Vetvick | 111 Kellogg Blvd. E Apt. 1803 St. Paul, MN 55101 | 651-208-3172 |
| Other Principal Officers (if any) | Rick Varco | 2265 Youngman Ave Apt. 208 St. Paul, MN 55116 | |
| Other Principal Officers (if any) | | | |

Depository(ies)/
Bank Location of
Committee Funds Associated Bank 176 Snelling Ave. St. Paul, MN 55104 651-646-8681

Name Address Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY
Candidate or Party supported by Political Committee

Candidate Name or Party Name DFL

Address PO Box 40425 , ST. PAUL, MN 55104

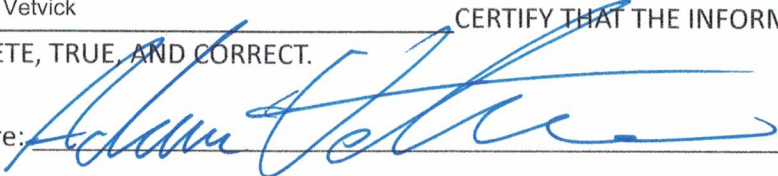
Office sought
by candidate _____

Party Affiliation
(if any) DFL

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 8/1/2016 are \$ 29,050.66.

I, Adam Vetvick CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 8/1/2016

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.