

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 AFSCME Council 5 PEOPLE Fund

Candidate Name (first and last) _____

Mailing Address of Committee
(include city, state, and zipcode) 300 Hardman Ave S, South St Paul, MN 55075

Email brad.ellsworth@afscmemn.org Phone (651) 450-4990

Purpose or Office sought Political activism and member education

Geographic Area Ramsey County and the City of St Paul

Officers of the Committee

	Name	Address	Phone
Chair (required)	Judy Wahlberg	300 Hardman Ave S South St Paul, MN 55075	(651) 450-4990
Treasurer/ Secretary (required)	Nickson Nyankabaria	300 Hardman Ave S South St Paul, MN 55075	(651) 450-4990
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/
Bank Location of
Committee Funds

Bremer Bank	633 Concord St S, South St Paul, MN 55075	(651) 451-6822
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) 1/30/2017 are \$ 0.

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

Signature:  Date: 1/30/2017

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.