

RAMSEY COUNTY

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

DEC 22 2017

ELECTIONS

This report is a(n) (check one):		w registration X Amendment to registration	
The organization is for a (check one): Candida		late Committee Political Commit	tee X Political Fund
Committee Nam	e Faegre Baker Daniels Gove	ernment Fund	
Candidate Name	(first and last)		
Mailing Address (include city, stat		rgo Center, 90 S. 7th St, Mpls, MN	I 55402-3901
Email_PAC@FaegreBD.com		Phone 612-766-7000	
Purpose or Office	e sought Supporting various ca	andidates of interest to the PAC	
Geographic Area			
Officers of the Co			
	Name	Address	Phone
Chair (required)	Richard A. Forschler	2200 Wells Fargo Center, 90 S 7th St, Mpls, MN 55402-3901	612-766-7000
Treasurer/ Secretary (required)	Laurie A. Schrader	2200 Wells Fargo Center, 90 S 7th St, Mpls, MN 55402-3901	612-766-7000
Other Principal Officers (if any)	Chris W, Swhear	2200 Wells Fargo Center, 90 S 7th St, Mpls, MN 55402-3901	612-766-7000
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of Committee Funds	Wells Fargo Bank	Sixth and Marquette, Minneapolis, MN 55479	612-667-1602
	Name	Address	Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name
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A I I I a constant of the cons
Address
Office sought
by candidate
Party Affiliation
(if any)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date)11/30/2017 are \$
I, Laurie A. SchraderCERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE TRUE AND CORRECT.
Signature: Lauri A. Brhadu Date: 12-12-17
ANY DERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS

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.