

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one):	New regis	stration _.	X Amend	ment to regi	istration		
The organization is for a (check one): Candidate Committee Political Committee Political Fund								
Committee Name	MN VOTI	SSMAR	TER	formerly	St Par	1 Vote	s Supert	el
Candidate Name	(first and last)	NA						
Mailing Address of Committee (include city, state, and zipcode) 1360 W University Ave 104 #415 ST Paul MN 55/04								
Email into Stpallotes smorter comphone 763-703-0077								
Purpose or Office sought								
Geographic Area CAMSEY COUNTY and State of MN								
Officers of the Co								
1	Name		Address			Phone		t
Chair (required)	Shown Tow	le	1360 U Ave Sy	Juniver ite 184#	9174 415 MW 55104	763-7	63-0077	
Treasurer/ Secretary (required)	So C	ne as						
Other Principal Officers (if any)		,				1.0		
Other Principal Officers (if any)								
Depository(ies)/ Bank Location of Committee Funds	Name	976 Le	Xinaton Address	Pkwyn	St Paul S	55/08 Phone	76339/	-9494

Candidate or Party suppo	orted by Politi	cal Comm	ittee			
Candidate Name or Party	y Name	MN	Votes	Smar	ter	
Address _ 1360	Univer	sity	AveW.	Svite 104	#415 StPa	JIMW 55/0
Office sought by candidate	NA					**************************************
Party Affiliation	01 L					

THIS SECTION FOR POLITICAL COMMITTEES ONLY

(if any)

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) $9/12/17$ are \$ 50.00.
CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.
Signature: Date:

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.