

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n)) (check one):	gistration Amendment to reg	istration
The organization is for a (check one):			
Committee Name	. Martinez for War	d 4	
Candidate Name	(first and last) David Ma	rtinez	
Mailina Malalagas	of Committee	witt Ave, St. Paul, n	1N 55104
		Phone 612 - 86	
Purpose or Office	sought Saint Paul C	ity Council Ward 4	The state of the s
Geographic Area	City of Saint Par	11 Ward 4	Artic County
Officers of the Co		Address	JUN 1 4 2018 ELECTIONS
Chair	Name	T	1
(required)	David Martinez	1772 Hewiff Ave St. Paul, MN 55104	612 - 860-953
Treasurer/ Secretary (required)	David Martinez	1772 Hewiff Ane St. Paul, MN 55104	612-860-9536
Other Principal Officers (if any)		, , , , , , , , , , , , , , , , , , ,	
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of Committee Funds	Affinity Plus FCU	525 Park St Address St. Paul, MN 85103	651-312-9754 Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY

NA

Candidate or Party supported by Political Committee

Candidate Name or Party Name
Address
Office sought
by candidate ————————————————————————————————————
Party Affiliation (if any)
ë e
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) 6/14/18 are \$ 1,000.
CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE, TRUE, AND CORRECT.
COMPLETE, TRUE, AND CORRECT.
Signature: Nat Martif
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.