

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): New re		gistration X Amendment to registration	
The organization is for a (check one): Candidate Committee Political Committee Political Fund			
Committee Name	e St. Paul DFL		
Candidate Name	(first and last)		
Mailing Address (include city, stat	of Committee e, and zipcode) PO Box 40425	St Paul, MN 55104	
Email Phone			
Purpose or Office	e sought		
Geographic Area			
Officers of the Committee Name Address Phone			
Chair	Name Beth Commers	2294 Commonwealth Ave.	Phone 651-247-7009
(required)			031-247-7009
Treasurer/ Secretary (required)	Rick Varco	2265 Youngman Ave. #208	651-696-5367
Other Principal Officers (if any)			
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of Committee Funds	176 Snelling Ave N Associated Bank St. Paul MN 55014 (651) 646-8681		
Joinmittee Funds	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) are \$
I, Rick VarcoCERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.
Signature:

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.